

# **The Jailhouse Rocks**

Main Adult Detention Facility Inspection by Law and Justice Committee  
May 7, 2019

## **SUMMARY**

Our jail has changed. It is no longer a short-term holding facility for people awaiting trial and those serving sentences of one year or less. Due primarily to the Public Safety Realignment Bill of 2011, the average length of detention in our jail dramatically increased from days to years. Longer incarceration times have resulted in inmates who are likely to be older, sicker, and/or more mentally disturbed. In addition, the increase in the homeless population generally has resulted in an increase in the number of homeless within our jails. Just as in the community at large, their social service needs are great. Some have described our federal government as “an insurance company with an army,” so too, our jail might now be called “a health clinic with guards.”

The Sonoma County Civil Grand Jury wanted to know how our Sheriff and the Detention Division have responded to the increased social service challenges of medical, dental, and psychiatric care (including substance abuse treatment), as well as more extensive adult education. The Grand Jury discovered a mix of surprises, challenges, concerns, and reassurances in this complex entity.

Our jail does a good job doing jobs a jail is not designed to do. The Main Adult Detention Facility (MADF) in Santa Rosa is competently managing the challenge of its growing role. The current provider (Wellpath) appears to be delivering medical, dental, mental health and substance abuse treatments at a level at least equal to those formerly provided by the county Department of Health Services. Dental care has improved. The Sheriff’s Office has shown commitment to education through the steady improvement in the range of courses and learning opportunities. A new approach to treating inmates incompetent to stand trial is yielding dramatic results.

## **GLOSSARY**

<b>CDCR</b>	California Department of Corrections and Rehabilitation
<b>CFMG</b>	California Forensic Medical Group
<b>GED</b>	General Education Development
<b>JBCR</b>	Jail-based Competency Restoration
<b>MADF</b>	Sonoma County Main Adult Detention Facility

**Cognitive Behavior Therapy (CBT):** A talk therapy based on the assumption that a person’s mood is directly related to his or her patterns of thought or behavior. Negative thinking affects a person’s mood, sense of self, behavior, and even physical state. The goal of CBT is to help a person learn to recognize negative patterns of thought, evaluate their validity,

and replace them with healthier ways of thinking. CBT is an effective treatment for depression, PTSD, and many anxiety disorders.

**Moral Reconciliation Therapy (MRT):** A therapy similar to CBT developed specifically for an offender population. “Reconciliation” means an act of conscious decision making that includes the moral impact of one’s choices. Unlike CBT, MRT seeks to change a person’s personality as it relates to moral development.

**Realignment:** California’s Public Safety and Realignment Act (Penal Code Section 1170(h), 2011). This act mandates that counties, rather than state prisons, house felons who have never been convicted of serious, violent or sexual offenses (low-risk felons

## **BACKGROUND**

This report is self-initiated and not in response to any formal complaint or grievance. Each year the Grand Jury is tasked under California Penal Code 919(b) with “inquiring into the condition of public prisons.” Historically, the Sonoma County Civil Grand Jury has toured all three facilities under the Detention Division of the Sheriff’s Office: the Main Adult Detention Facility (MADF), the North County Detention Facility (NCDF), and the Juvenile Justice Center (JJC). This report will focus on MADF; brief comments regarding the NCDF and the JJC can be found in Appendix A.

This year, after touring all three facilities, the Grand Jury decided to investigate how MADF meets the medical, mental health, dental, substance abuse treatment, and educational needs of inmates. These social service needs have not been addressed in depth by previous Grand Juries since passage of the State’s Public Safety Realignment Bill. Under federal court order, California enacted this bill to alleviate overcrowding in its State prisons. It mandates county jails throughout California house low-risk felons serving prison terms of greater than one year. Counties receive funds from the State to offset the added costs of these longer-term inmates. The Grand Jury sought information about how the Sheriff’s Office is meeting this new challenge.

Prior to the State’s mandate, MADF housed persons awaiting a bail hearing, those awaiting trial and unable to make bail, and those serving sentences of less than one year. In the past eight years, MADF has housed 4,400 inmates who previously would have served their terms in state prison. This influx of felons represents approximately 19% of the average daily census of 741 men and women at MADF. Sheriff’s deputies and others who work at the jail reported to the Grand Jury that the influx of these inmates, who have more serious criminal histories, has significantly changed the milieu of the jail. This change introduced new correctional and social service challenges. In a Sonoma West newspaper interview (Jan 31, 2018), Sheriff Essick described the inmates who would otherwise be in state prison as criminally more sophisticated, older, in poorer health, and with a higher incidence of mental health issues.

During the same time that the Sheriff’s Office adjusted to Realignment, MADF experienced an increase in the number of incarcerated homeless persons. This increase is

a reflection of their increased numbers in the general population. While the heightened medical needs of an indigent population may seem obvious, no one anticipated that so many of our county's poor and homeless would receive significant medical and mental health care from the Sheriff's Office.

When jail terms were shorter, inmates could postpone routine doctor visits or dental checkups until they were released. Substance abuse treatment was limited and fewer educational resources were necessary. As inmates serve longer sentences, and more likely to be homeless, the jail has had to add more comprehensive medical, dental and mental health services. Older inmates with undertreated chronic conditions may require costly hospitalizations.

Historically, DHS partnered with the Sheriff's Office to provide medical, dental, and mental health services to inmates at the jail. As incarceration rates climbed nationwide, increasing the burden of health care services for counties and states, a market for private contractors of these prison services emerged. These private providers now compete with county health departments, increasingly winning contracts to serve local jails.

In 2008, the Sheriff's Office awarded the medical and dental services contract to California Forensic Medical Group (CFMG). In 2017, the contract for mental health services was awarded to CFMG as well. In 2018, CFMG merged with Correct Care Solutions to form Wellpath, based in Nashville, TN. This is the first Grand Jury MADF inspection since the changeover in mental health services from the county to Wellpath.

Adult jails are not required by law to provide education. However, as jails have taken on the job of prisons, counties have had to add education to the menu of services in order to comply with law and custom. The California Department of Corrections and Rehabilitation (CDCR) mandates certain educational offerings focused on earning a high school diploma or General Education Development (GED) Certificate at state-run and private contract prisons.

Robust research demonstrates that limited education is directly correlated to incarceration. While 18% of US adults lack a high school diploma, that figure for American prison inmates is 41%. And while 48% of Americans have had some amount of post-secondary education, the same is true of only 24% of prisoners. Inmates who participate in *any* form of education while incarcerated are 43% less likely to reoffend. An adult education program more than pays for itself in the form of successful rehabilitation. No other single intervention reduces recidivism to this degree.

## **METHODOLOGY**

The Grand Jury reviewed the following documents:

- 2011-2012 through 2017-2018 Sonoma County Grand Jury Reports
- Sheriff's Office Detention Division Policies and Procedures

- Board of State and Community Corrections (BSCC) 2016-2018 Biennial Inspection
- The Institute for Medical Quality Accreditation (IMQ) Report (2016)
- Sonoma County Department of Health Services Annual Survey (12-28-2018)
- Sonoma County Jail Quality Assurance/Peer Review Committee Meeting minutes for 2018

The Grand Jury inspected MADF and interviewed key staff and contract employees involved with MADF's intake team, medical clinic, dental clinic, behavioral health program, substance abuse team, and educational programming team.

The Grand Jury also inquired into injuries from use of force, other injuries, suicide attempts, and deaths in custody. This led to a review of the inmate complaint system concerning health matters.

In addition, the Grand Jury interviewed a psychiatrist who worked at the jail before mental health services were privatized. The perspective helped in understanding the strengths and weaknesses of the different service systems.

Finally, the Grand Jury spoke with officials in the Public Defender's office and the Probation Department to understand their perceptions of the strengths and weaknesses of the social services provided by MADF. Through their direct work with inmates, these two departments are positioned to hear unfiltered inmate feedback regarding care and educational opportunities at the jail.

## **DISCUSSION**

### **MADF – Medical Care**

Providing medical care to a captive population is challenging. In recent years that challenge has grown in scope and scale. Wellpath personnel perform all medical evaluations and deliver care on site, unless the person requires emergency or hospitalization services.

Medical service needs are assessed at intake. MADF averages 45 bookings per day. Every person booked into MADF receives a medical screening from a nurse before they are assigned housing. On day shifts, a nurse works exclusively in the booking area. During the evening and night shifts, however, a single nurse covers the entire facility. Several sources reported that evening and night intakes are often delayed when the nurse is called away to other areas of the jail. This creates a backlog of inmates awaiting housing, stalled in what the correction officers see as an overcrowded, high-risk area of the facility. When the Grand Jury asked medical staff what one change would make their workflow better, all mentioned the need for a dedicated nurse in booking for the evening shifts.

U.S. health care providers are required to cooperate with public health guidelines around certain communicable diseases. These include tuberculosis, syphilis and other sexually-transmitted diseases, and HIV. MADF is no exception. Public health guidelines can involve mandated reporting of cases, following defined treatment protocols, or both. Such protocols often require monitoring for the duration of treatment to ensure compliance and public safety.

The Public Health Division of DHS regularly reviews MADF. They examine MADF's compliance with public health standards in the areas of environmental health, nutrition, medical and mental health care. The department issues a yearly report to the Board of Supervisors, the CDCR, and the Sheriff's Office.

Wellpath follows public health guidelines on identifying, reporting, and treating TB, syphilis, and HIV. Senior officials familiar with communicable disease protocols identified some concerns with MADF's handling of such cases. These officials suggested three specific changes:

- Screen all inmates for syphilis at intake because rates are rising in our county. This is particularly critical for women who might be pregnant.
- Maintain newly incarcerated HIV/AIDS inmates on the drugs they were taking prior to entering the jail. Changing medications during incarceration, and then transitioning the inmate back to their former regimen upon release, unnecessarily complicates a successful treatment plan.
- Partner with Sonoma County Public Health to boost vaccination rates, especially for flu.

One official noted that Wellpath could get free vaccines from the county if MADF had a medication refrigerator with temperature alarm capabilities. An important secondary benefit of improved communicable disease management of inmates is greater safety to the community when they are released.

These same communicable disease specialists believe that hand-offs from Wellpath to community providers at the time of an inmate's release could be strengthened. Released inmates needing to be monitored for treatment compliance sometimes "fall through the cracks." Wellpath and correctional staff noted that hand-offs are sometimes hindered when the Sheriff's Office cannot give Wellpath sufficient notice of an inmate's release. Inmate release dates can change with very little notice to the Sheriff's Office, and inmates cannot be held beyond their release date to complete treatment. Dedicated time for medical discharge planning is currently no more than 10 hours per week. Wellpath staff said that an increase in discharge planning hours would allow them to respond better to this dynamic situation. One source suggested a different solution: allow existing public health clinics to manage these illnesses at MADF, from diagnosis through completion of treatment.

## **MADF – Mental Health**

Our jail is the largest mental health facility in the county. This fact surprises most people but is well known within the mental health and law enforcement communities. About 45% of inmates at MADF have either a mental health or substance abuse issue. It is common to have both. Indeed, one source told us that among those inmates with a known substance abuse disorder, 85% also have an identifiable mental illness.

Everyone admitted to MADF receives a mental health screening, including a drug history and toxicology panel. Persons who appear aggressive, psychotic, or intoxicated are placed in a safety cell. MADF protocols require frequent documented observations of these inmates until they are deemed safe to enter the general population. The Wellpath mental health team provides training for the correctional officers in identifying and managing the manifestations of mental illness. In addition, a Wellpath psychiatrist assesses any individual who may need psychotropic medications to address a serious mental illness (e.g., depression, mania, psychosis), or to begin a drug detox regimen. Medications ordered by a doctor are filled at an outside contract pharmacy. MADF does not have an onsite pharmacist. Medications are packaged individually and dispensed by a nurse.

Treatment for mental health issues at MADF centers on skills training rather than psychotherapy. Cognitive Behavior Therapy (CBT) principles are taught primarily as learning modules, rather than explored within individual or group therapy (the latter being usual practice in the community). As with medical care, this approach to mental health services is a compromise designed to fit a correctional environment. This approach works in this setting where motivation is often low and length of treatment uncertain.

## **MADF – Substance Abuse**

The drug epidemic in America has not spared our jails. The sharp increase in methamphetamine and opioid abuse in the last decade has only added to the crisis. The substantial overlap between drug use and mental health issues in jails led researchers to find a treatment to address both. Created in 1978, Moral Reconciliation Therapy (MRT) seeks to blend elements of CBT and 12-Step recovery programs. The focus of MRT is to identify one's dysfunctional "unconscious" decisions, and then consciously make different, more "moral" choices. MRT has become the single most used treatment modality in American prisons. Wellpath is a strong supporter, stating that MRT is central to their jail programs.

However, MRT has its critics. Most of the recent outcome studies on MRT show limited efficacy. Two of our sources thought Wellpath could do better by expanding their CBT offerings.

One approach to drug abuse treatment at MADF is Starting Point. Starting Point is a community residential drug treatment program in partnership with MADF. This

innovative program treats inmates who have serious substance abuse problems and are at risk for homelessness. Starting Point staff work closely with dedicated case managers to prepare inmates who are going to residential treatment or transitioning back into the community. Inmates who are offered only psycho-social drug treatment—AA meetings or basic drug education—without community support after release are much more likely to relapse.

Maintenance medications have become the cornerstone of opioid addiction treatment in the community. A maintenance medication is a prescribed opioid that, when taken regularly, reduces drug cravings and decreases the likelihood of illicit use. The use of these drugs, most commonly Suboxone or methadone, within a correctional setting is controversial. Suboxone and methadone are controlled substances requiring special licensure and handling. State law allows counties to adopt their own jail medication standards and practices. San Francisco County uses Suboxone and methadone maintenance routinely. Marin County allows an inmate to stay on maintenance medication if they obtain an outside physician's waiver. San Mateo County recently started medication assistance treatment (MAT) which was the focus of a National Public Radio feature entitled "County Jails Struggle with a New Role as America's Prime Centers for Opioid Detox" (see link to NPR feature in Appendix B).

Many jails, including MADF, do not use maintenance medications. Addicts who enter the jail dependent on either street narcotics or a prescribed maintenance medication are taken off "cold turkey." Proponents of this approach point out that the jail is a controlled environment with minimal opiate availability. They argue that this makes MADF an ideal setting to get off any drug and begin recovery. Furthermore, Suboxone and methadone have a "street value," giving inmates an incentive to divert them for profit.

Opponents argue that opioid withdrawal is extremely uncomfortable, making a detoxing inmate at higher risk for disruptive behavior. Some call this inhumane and counterproductive. However, the most important reason to support the use of maintenance medications is that they substantially increase sobriety rates for addicts in the community.

### **MADF – Jail-Based Competency Program**

Mental health treatment in a jail has a dimension unique to the correctional setting. Persons charged with a crime must be competent to stand trial, or their cases cannot proceed. Serious mental illness is the chief cause of temporary incompetency. Historically, MADF transferred such inmates to a state hospital which would then treat them until they were deemed competent. This was not an efficient system: the wait for a bed at a state hospital could take months, the treatment itself was long and non-specific, and – perhaps most importantly—inmates could refuse medications that might improve their condition. That system was also more costly.

As the waiting time for state hospital beds lengthened to nearly a year, and the number of inmates awaiting treatment increased, population pressure and spiraling costs necessitated

a different approach. In March 2017, the Sheriff's Office adopted a relatively new, innovative program called Jail Based Competency Restoration (JBCR). Originally piloted in San Bernardino County, JBCR has dramatically shortened the time from arrest to disposition for persons incompetent to stand trial due to mental illness. JBCR can be adapted to treat a few individuals in the general jail population, or multiple inmates on a separate unit. The dedicated JBCR housing module at MADF currently has 12 beds. During the Grand Jury's inspection nine inmates were participating in the program. MADF averages 20 to 30 incompetent detainees per year.

JBCR has three components in its Triangle of Competency Model: assessment, psychotherapy and medication.

- Assessment consists of a battery of psychological tests focused on thinking and memory, looking specifically to identify malingering or intellectual impairment. These cognitive tests can be repeated to document progress.
- Psychotherapy is tailored to restoring legal competency. Counselors explain the judicial process, help inmates understand the negative impact of their symptoms, and teach them how to assist their defense counsel.
- Psychiatric medication is the most impactful but also the most controversial. If a person's legal incompetency is caused by symptoms of psychosis (for example, in schizophrenia, bipolar disorder, or chronic methamphetamine/hallucinogen abuse), antipsychotic medication is often the only effective treatment.

What happens if an inmate refuses to be medicated? California has robust laws that protect individuals from being forcibly medicated. Psychotropic medications cannot be prescribed as punishment, or simply to make a person more compliant. Jail staff can petition the court for an order to involuntarily medicate, as long as they prove that the treatment serves the inmate's best interests. Participating effectively in one's legal defense is an important civil right, which may avoid an indefinite confinement (whether in jail or a hospital). Mental illness can sometimes preclude this right; medication can restore it.

Former MADF doctors seemed reluctant to pursue involuntary medication petitions. However, since Wellpath began implementing the JBCR program, petitions are now sought in all appropriate cases. One well-informed source--not connected to the Sheriff's Office--called the JBCR program a "game changer." Inmates at MADF have been reaching competency levels in an average of 70 days. This is in sharp contrast to the former practice of ten-month waits for transfer to begin treatment. Other facilities using the JBCR program are averaging 90 days or longer to reach competency. Staff from other California jails now visit MADF to learn how the program is achieving such remarkable results.

**MADF – Dental Care.**

A recently remodeled dental clinic, located within MADF, is staffed 16 hours a week by a licensed dentist and dental assistant. The clinic is equipped with a dental chair, x-ray machine, and the usual instruments needed to provide dental care. There were approximately 725 visits each year during 2017 and 2018.

Dental services provided at MADF include exams, x-rays, extractions, temporary restorations and managing dental trauma. Emphasis is placed on oral hygiene and dental education. Cleanings are provided as needed. Dental services not provided include orthodontics, cosmetic dentistry, crowns, root canals, dentures and implants.

When an inmate submits a request to see the dentist, a nurse triages the request. The nurse determines a priority level of the request (Dental Priority 1/Dental Priority 2) and places the inmate on the service list. Dental Priority 1 cases are scheduled for the next clinic day. All inmates who request dental services are examined by the dentist.

Between June and August, 2018, the dental clinic was closed for remodeling. During that time, a total of 194 inmates were still able to receive care. If inmates required immediate services, they were referred out to an oral surgeon or a general dentist. The dentist and assistant went outside their office to provide toothbrush cleanings and fluoride treatments on site.

During the remodel, the dentist and dental assistant developed and taught a one-hour oral health curriculum for the inmates. The curriculum included information on diet, oral hygiene, the scope of jail dental care, and a list of outside resources. Inmates who attended received an informational packet. Of particular note were two handouts entitled "How to Take Care of Your Teeth, Even When You are High" and "What is 'Meth Mouth'?"

### **MADF -- Adult education**

MADF currently offers almost 60 classes per week, addressing a wide variety of topics and needs. Mental health-related courses, such as substance abuse education, cognitive behavioral therapy, and behavior modification are very popular. Other courses aim to enhance life skills such as parenting and anger management.

The jail offers a variety of academic courses as well. These include basics such as reading comprehension and English as a Second Language (ESL). Individual tutoring is also available. The jail recently adopted a self-directed program, EDOVO (EDucation OVER Obstacles) which uses wireless tablets. The tablets can access a number of academic or vocational courses. One key advantage is that tablets can be used by administratively segregated inmates who cannot attend group classes. Inmates are given incentives to complete courses by attaining points for time spent in study. Those points may be used to gain access to movies, music and games on the tablets. Additionally, inmates may enroll in six-week, one-credit Santa Rosa Junior College courses in math, English and culinary arts. A job skills program is offered through Goodwill Industries, providing guidance on resume preparation, interviewing skills, and good work habits.

The GED preparation courses are taught by a private licensed instructor. While MADF currently offers GED preparation, it is not yet able to award the certificate of completion. This shortcoming will be remedied by fall 2019, when MADF adopts a program known as Five Keys. Five Keys is a nationally recognized, non-profit educational corporation that operates accredited charter schools. It will provide inmates the option of obtaining the GED certificate or earning an actual high-school diploma through independent study and class work. The diploma program should enhance employment opportunities for inmates upon release, as a high school diploma is more highly valued than a GED by some employers. Santa Rosa Junior College is aware of Five Keys, and plans to integrate its courses with theirs.

## **Conclusions**

Our jail does a good job doing jobs a jail is not designed to do. While the Grand Jury anticipated that the Detention Division would oversee MADF competently, we were pleased how well it appears to be meeting the challenges of its outsized role. The decrease in inmate complaints over the last two years, while not fully understood, may indirectly reflect how well the Sheriff's Office is providing these additional medical and social services.

Wellpath appears to be delivering medical, dental, mental health and substance abuse care at levels at least equal to those formerly provided by DHS. Several areas, most notably dental care and the Jail Based Competency Restoration program, show distinct improvements. The new dedicated mental health unit, projected for completion in 2020, will allow the jail to go further in providing specialized care to individuals who would struggle in a general correctional population.

The Sheriff's Office has shown commitment to education through the steady improvement in the range of courses and learning opportunities. The adoption of Five Keys, a provider that understands the unique challenges of the correctional environment, should further enhance opportunities.

The Grand Jury was impressed with the professionalism and dedication of those working at the jails, both managerial as well as line staff. For example, when the dental clinic was closed for remodeling, the dentist and her assistant responded by creating a dental hygiene program which they taught to the inmates. Whether speaking with staff in their work areas, or formally interviewing managers, the Grand Jury found people were enthusiastic about sharing their accomplishments and forthcoming in identifying remaining challenges. They were, on the whole, positive and proud of their contributions to improving MADF. Many made clear their commitment to working in the detention environment.

While most of the challenges identified in this report have been adequately met, some concerns were identified.

- Many sources told us that additional nurse hours dedicated to the booking area would significantly streamline the booking process during the evening and night shifts.
- Sonoma County Public Health desires a tighter working relationship with Wellpath to increase screenings for STDs (especially syphilis), to improve the hand-off process for inmates with reportable cases, and to initiate a comprehensive vaccination program.
- Wellpath's practice of changing successful HIV/AIDS medication regimens on admission is problematic. Two outside sources asserted that changing the drug protocols of HIV/AIDS patients on admission was driven by cost containment at the expense of therapeutic considerations.
- The jail's current practice of routinely stopping all support medication for opioid addicts should be examined. This practice was questioned by at least two sources and deserves reassessment.
- Wellpath's reliance on Moral Reconciliation Therapy as the core of its therapy and substance abuse treatment is perhaps outdated. A few outside sources told us that Cognitive Behavior Therapy is more effective and addresses a wider range of therapeutic goals.

## **FINDINGS**

The Sonoma County Civil Grand Jury has determined that:

F1. The Main Adult Detention Facility, through its contractors, is providing quality medical care, drug treatment, dental care, mental health treatment, and adult educational opportunities to its inmates. The Sheriff's Office is to be commended for its management of social services at MADF.

F2. The Jail Based Competency Restoration program has significantly reduced the time needed to restore inmate competency to stand trial. The Sheriff's Office is to be commended for implementing this program.

F3. Insufficient nurse staffing in the intake/booking area contributes to delays in the admissions process during evening and night shifts.

F4. Treatment of communicable diseases at MADF— namely, tuberculosis, HIV/AIDS, syphilis and other STDs — could be improved through broader screening on admissions and more thorough discharge planning.

F5. The lack of a comprehensive vaccination program at MADF is a missed opportunity.

F6. MADF's current practice of never using maintenance medication to treat opioid addiction is controversial.

F7. Inmates admitted on HIV/AIDS medications outside the Wellpath formulary are switched to alternative medications which may not be as effective or well-tolerated.

F8. The inability for inmates to earn GED certification is a weakness in the MADF education program.

F9. Discharge coordination is insufficient to ensure effective medical hand-offs.

## **RECOMMENDATIONS**

The Grand Jury recommends that:

- R1. MADF add nurse hours to the booking area during evening and night shifts by December 31, 2019. [F3]
- R2. MADF screen all inmates for syphilis at intake by December 31, 2019. [F4]
- R3. MADF add discharge planning hours to strengthen hand-offs to appropriate health care providers by December 31, 2019. [F9]
- R4. MADF consult with an outside medical specialist to review its HIV/AIDS drug protocols and produce a report by December 31, 2019. [F7]
- R5. MADF reevaluate its policy on the use of support medications for opioid abuse reflecting current best practices by December 31, 2019. [F6]

## **REQUIRED RESPONSES**

Pursuant to Penal code section 933.05, the Civil Grand Jury requires responses as follows:

[R1 through R5] The Sonoma County Sheriff.

## **APPENDIX A**

The Grand Jury toured all three detention facilities in Sonoma County. While we did not formally inspect the North County Detention Facility or the Juvenile Justice Center, some observations are worth noting.

Our Juvenile Justice Center (JJC) is a state-of-the-art facility. Opened in 2005, the JJC is located on Rancho Los Guilicos Drive, adjacent to the old Juvenile Hall. It houses youth up to age 18. The JJC has the feel of a new building. It is spacious, has two open-air gymnasiums, and a large garden tended by the residents. There is an onsite Boys & Girls Club day room for teens which features games, a large TV, snacks, and comfortable furniture. Use of the room is a reward for good behavior.

The JJC housed an average of 35-40 residents/day in 2018, a number that is decreasing due to shifts in both demographics and policy. Police, detention staff and county youth social services work together to find alternatives to incarceration for juvenile offenders. Youths facing detention are now more likely to be kept with their families, housed with a relative, or placed with a temporary foster parent.

A low number of incarcerated youth is a good problem for a county to have. Yet, at least two staff members at the JJC worry that low census might tempt the county to consider

repurposing the building. Our sources believe that a viable alternative to closure would be to make the JJC a regional juvenile detention facility serving several counties. Such a plan may already be under consideration.

The North County Detention Facility houses men who are non-violent and low-risk. An inmate must earn the privilege of a low security environment. Therefore, behavior problems and injury rates at NCDF are significantly lower than at MADF. On the date of our visit, NCDF had only 341 inmates. Some modules are deliberately under-occupied to accommodate changing needs. For example, in 2018 an inmate started a fire at MADF, temporarily shutting down an entire module. Those affected inmates were quickly and securely moved to the NCDF for the duration of the remodel.

The NCDF operates a tree farm and a Service Dog Training program. The latter is a source of considerable pride for both staff and inmates. The men were full of praise for this innovative program. They proudly showed off (and talked at length about) their dogs. Staff pointed out that inmate behavior problems in this program are very low, and morale very high. Staff believe the canine program also reduces recidivism.

## **APPENDIX B**

**<https://www.npr.org/2019/04/24/716398909/county-jails-struggle-with-a-new-role-as-americas-prime-centers-for-opioid-detox>**

Reports issued by the Civil Grand Jury do not identify individuals interviewed. Penal Code Section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Civil Grand Jury.
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