

**November 6, 2020 COVID-19 Follow-Up Spot
Check of the Santa Rita Jail Facility by the Joint
Neutral Corrections Operations and COVID-19
Expert
FINAL REPORT**

Submitted to:

Ernest Galvan
Jeffrey Bornstein
Kara Janssen
Rekha Arulanantham
Attorneys at Law
Rosen, Bien, Galvan & Grunfeld, LLP

Gregory B. Thomas
Temitayo O. Peters
Attorneys at Law
Burke, Williams, & Sorenson, LLP

Paul Mello
Samantha Wolff
Attorneys at Law
Hanson Bridgett LLP

Produced by:

Mike Brady
Director
Sabot Consulting

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Introduction

Timeline:

- May 27, 2020 & June 3, 2020 Initial COVID-19 Inspection
- June 10, 2020 Initial COVID-19 Inspection Report
- July 7, 2020 COVID-19 Spot Check Inspection
- July 30, 2020 First COVID-19 Spot Check Inspection Report
- August 25, 2020 COVID-19 Spot Check Inspection
- September 7, 2020 Second COVID-19 Spot Check Inspection Report
- September 22, 2020 Third Covid-19 Spot Check Inspection
- November 10, 2020 Third Covid-19 Spot Check Inspection Report
- November 6, 2020 Fourth Covid-19 Spot Check Inspection
- December 31, 2020 Fourth Covid-19 Spot Check Inspection Report

On November 6, 2020, I conducted a Fourth unannounced (2-hours' notice at 1200hrs) Covid-19 spot check of the Santa Rita Jail (SRJ). These spot checks are designed to monitor compliance with current CDC/Public Health recommendations, and to monitor the progress of the implementation of the recommendations made in previous inspection reports of the SRJ.

During this spot check, I was accompanied by Assistant Sheriff Madigan, Captain Brodie, Captain Mattison, Lieutenant Bonnell, and the Watch Commander, Lieutenant Alvarez. I would like to take a moment to thank the ACSO Command Staff for their assistance during this tour.

I toured the following areas within the facility: Staff entrance, Intake-Transfer-Release (ITR), Main Kitchen including the kitchen worker breakroom, Housing Unit 24 (Women's Unit-all security levels), Housing Units 8 & 9 (Male Behavioral Housing Units), Housing Unit 6 East and West (Male maximum security). I also conducted interviews with a variety of staff and inmates throughout the facility.

In addition to touring the above-referenced areas, I also met and spoke with Wellpath leadership, HSA Jen Diaz (by phone), Natalyn Bergman, Assistant HSA, and Michael Durbin, Director of Nursing, regarding any changes they have made to their Covid-19 and Influenza A and B response plans.

It is important for me to reiterate here that I am not an epidemiologist, an infectious disease doctor, or a public health doctor. My observations, findings, and recommendations are based on my expertise in corrections operations, and the published CDC **“Interim Guidance on Management of Coronavirus Disease 2019 (Covid-19) in Correctional and Detention Facilities”** that was updated as of October, 2020.

As a result, I defer to the Alameda County Department of Public Health (“Public Health”) and other medical professionals on all clinical matters.

Onsite Observations November 6, 2020

General Observations

As is my practice on these follow-up COVID-19 inspections, I interview staff and inmates in each of the housing units and conduct random spot checks of cells/dormitories for soap, masks, cleaning supplies, and COVID-19 education materials that are at a 6th grade reading level.

All but two civilian staff were seen wearing masks throughout the inspection (a female custodial employee was seen wearing her mask below her nose, and one healthcare worker was observed with his mask below his nose). In all of the housing units except in Unit 6, inmates were wearing masks properly when out of their cells/dormitory living area. When I conducted my inspection of Unit 6 (maximum security inmates), I observed virtually all of the inmates in Unit 6 East, to be out of their cells sans masks and without social distancing. (It appeared to me that there were 100 or more inmates in all three Pods in Unit 6.) This is the same Housing Unit where there was no social distancing taking place and approximately ten inmates were not wearing their masks properly during my last inspection.

As an experienced corrections expert, it was clear to me during this inspection of Unit 6 that this was not an anomaly for this Unit. When the inmates were directed to put on their masks or return to their cells, inmates were sucking their teeth, making faces, and their body language told me the enforcement of the mandatory mask order was not something they were accustomed to on a regular basis. While this observation was made while inmates were waiting to be fed, a reprieve from the mandatory mask order should only be allowed when inmates are actively eating and drinking, not when waiting to be fed or in the chow line.

Of concern to me as a general observation, is that I observed some inmates in several Living Unit Pod dayrooms during chow time with their masks off who were no longer actively eating or drinking. It is my expert opinion that staff should monitor inmate mask compliance during meal time and enforce the Inmate Mandatory Mask Station Order when it is clear the inmate has finished their meal and is no longer actively eating or drinking. I recognize this is more work for staff, but the consequences of not being hypervigilant about enforcing the Inmate Mandatory Mask Station Order may result in serious illness or death.

During this inspection, as with previous inspections, the SRJ facility and kitchen/dry storage area was clean and well maintained. The floors were polished, holding cells and safety cells were clean, and Pod dayrooms were free of debris and the Housing Unit Deputies could articulate how frequently the high touch surfaces and common areas were disinfected. In each of the housing pods I inspected, I asked about education materials, soap and mask distribution, cell/dormitory cleaning schedules, high touch surface cleaning, and laundry exchange. All inmates interviewed indicated that they were given cleaning supplies when requested. On this occasion, I asked the Housing Unit Deputies to show me

the soap, mask, and cleaning supplies that were readily available to inmates. Each Housing Unit had sufficient supplies of all three that were readily observable.

Staff Entrance

On November 6, 2020 at 1400hrs, I met with Captain Brodie and Assistant Sheriff Madigan outside the staff entrance. There I observed the recently constructed staff screening shed where all staff must have their temperatures taken and answer the standard Covid-19 screening questions prior to being allowed to enter the secure perimeter of the jail. We were properly wearing face masks and social distancing. I had my temperature taken and I was asked the appropriate Covid-19 screening questions prior to be allowed inside the secure perimeter.

Meeting with Command Staff

Once inside the secure perimeter, I met with Assistant Sheriff Madigan, Captain Brodie, Captain Mattison, and Lieutenant Bonnell regarding population numbers, and available closed-door space for newly booked inmates for medical isolation and quarantine. At the time of this November 6, 2020 inspection, there remains adequate space for medical isolation and quarantine, but because of the inmate population numbers steadily growing over the last several months, the ACSO may have to consider additional efforts to reduce the size of the inmate population especially if there is an influenza A and B outbreak within the secure perimeter of the jail. At this time, however, it is my expert opinion that there still is adequate space to appropriately control the introduction of the Covid-19 virus within the secure perimeter.

On my next follow-up inspection, I will do a more comprehensive review of what efforts the ACSO is making to control/reduce the size of the SRJ inmate population. It should be noted that like the 57 other counties, the California Department of Corrections and Rehabilitation has temporarily suspended new prison commitments and this has elevated the SRJ population by 177 inmates that otherwise would not be in their jail. In addition to the CDCR inmates stuck in limbo, there are approximately 43 inmates who are being held in SRJ awaiting transportation to State Hospitals for Penal Code Section 1370 restoration to competency. These two populations represent 10 percent of their current population of 2178 inmates, leaving SRJ at 58% of their BSCC-rated capacity of 3717 (including the Behavioral Health Units). Unfortunately, I do not see either CDCR or DSH taking on new inmate/patients in the foreseeable future given the spikes in their Covid-19 positive rates in recent weeks. Reading the CDCR Covid-19 dashboard, there are over 10,000 active inmate cases as of the release of this report.

Intake-Transfer-Release (ITR)

As the name implies, this area of the facility is where inmates are received into the facility from numerous law enforcement agencies, transferred out to other agencies, or released to either a community program or the community at large. I inspected the ITR where inmates are screened and booked into the SRJ. On the way to the ITR, I observed all badge staff and all but two civilian staff properly wearing face masks. Immediately outside the ITR I

observed a newly constructed Tuff Shed that is to be used for the initial newly incarcerated inmate healthcare/Covid-19 screening. I did not observe any arrestees being screened by healthcare staff on this inspection, but I did interview the nurse on duty and he was very familiar with the appropriate protocols and was wearing the appropriate PPE during my interview. The new sheds satisfy my concerns about employee screening and new booking screenings during inclement weather.

I also inspected the booking area and observed the area to be clean and all staff to be appropriately wearing PPE.

See my November 10, 2020 follow up inspection report for how this area is sanitized and the “Cite and Releases” are separated from the “Keepers”.

Main Kitchen

On this follow-up inspection, I arrived in the kitchen area at approximately 1500hrs during the evening meal preparations. A brief survey of the area revealed several inmate workers on the food preparation line. They were all properly wearing masks and gloves, but not able to social distance because of the design of the tray assembly machines. Since my last inspection on November 6, 2020 where I observed there was no social distancing on the food tray assembly line and there was no social distancing in the inmate breakroom, Sergeant Barnes has taken the initiative to correct those deficiencies. Currently, inmate meal breaks are staggered, there are no more than 10 inmates allowed in the inmate break room at one time, and they are required to socially distance. In addition, he is in the process of having plexiglass shields manufactured to place between each inmate on the food assembly line. When I interviewed him, he thought they would be completed and installed prior to my next inspection in the month of December. Sgt. Barnes should be commended for taking the initiative to develop creative solutions to the problems identified in my last report.

As I stated earlier in this report, on this inspection, the kitchen was clean, proper cleaning protocols were in place, the equipment was maintained properly, and the dry storage area was neatly organized and free of any sign of pestilence or rodents. Each time I have inspected the kitchen over the last 5 months, and I do so thoroughly, the kitchen has been very clean. Pest control comes every day, and the Alameda County Health Inspector found no issues with cleanliness, food temperature, or storage. Any complaints about kitchen cleanliness and food preparation in this regard were unable to be substantiated based on what I saw during my spot-checks over the last 7 months.

Housing Unit 24 (Woman’s Unit-All Security Levels)

This is a challenging Unit to manage. There are inmates of all security levels and needs in this unit, including SMI inmates, high profile cases, and Ad Sep inmates. Some have to come out alone while others can program in groups.

I interviewed one female inmate in this housing unit. She indicated they receive cleaning supplies when requested and felt safe in terms of exposure to COVID-19. Custody staff in this Housing Unit are generally the same female deputies I have seen over the last 5 months.

They consistently enforce the mandatory mask orders, cleaning schedules, laundry and mask exchange, and they actively problem solve for this super user population.

Housing Units 8 and 9 (Male Behavioral Housing Unit-BHU)

Each time I inspect these challenging and very important BHUs, I am impressed by the consistency in staffing, the compassion demonstrated by the Housing Unit Deputies, and their individualized knowledge of how to deal with the inmates in these Living Units. Many of the inmates in these living units are unstable and have a difficult time regulating their behavior through no fault of their own. They need consistency, kindness, understanding, empathy and compassion in order to feel safe. These dedicated Deputies and their Supervisors provide that to these inmates. Behavioral Health clinical staff are severely short staffed, and according to some of the inmates, have cut back on the mental health services they provide. As a result, the first responders called upon to defuse disagreements, calm and reassure these fragile inmates, and help them solve their day-to-day problems are the Housing Unit Deputies and their Supervisors. During this inspection, I saw the consistent familiar faces that I have seen for the last 5 months, and when I asked them pointed questions about cleaning schedules, mask compliance, social distancing, availability of soap, cleaning supplies, inmate cell cleaning, problem solving, and individual inmates each Deputy readily provided a clear understanding of each of those obligations, and knowledge of individual inmate's behavioral health needs and challenges.

This Housing Unit was clean, adequately staffed, and had sufficient PPE readily available to the inmates who need them.

In addition, for those inmates who, because of the severity of their mental health or developmental disabilities, need significant adaptive supports, these deputies do their best to provide that support including cleaning the inmates' cells and prompting them to eat, shower, and make medical appointments.

Housing Unit 6 (Male Maximum Security)

As I wrote earlier in this report, when I conducted my inspection of Unit 6 (maximum security inmates), I observed virtually all of the inmates in Unit 6 East to be out of their cells sans masks with zero social distancing. (It appeared to me that there were 100 or more inmates in all three Pods in Unit 6 without masks on and not social distancing.) This is the same Housing Unit where there was no social distancing taking place and approximately ten inmates were not wearing their masks properly during my last inspection.

As an experienced corrections expert, it was clear to me during this inspection of Unit 6 that this was not an anomaly for this Unit. When the inmates were directed to put on their masks or return to their cells, inmates were sucking their teeth, making faces, and their body language told me the enforcement of the mandatory mask order was not something they were accustomed to on a regular basis. While this observation was made while inmates were waiting to be fed, a reprieve from the mandatory mask order should only be allowed

when inmates are actively eating and drinking not when waiting to be fed or in the chow line.

In addition, the Housing Unit Deputy assigned to Housing Unit 6 East was alone and was fresh out of the academy. In my expert opinion, the ACSO needs to assign experienced Deputies and Supervisors to this Unit where possible. This is a very difficult and highly sophisticated population that will intimidate and run all over staff if given the opportunity. I recognize that this is a huge challenge with the existing vacancies among badge staff, but mask compliance and social distancing will be much easier to achieve with the presence of more experienced staff.

Of additional concern to me as a general observation is that I observed some inmates in several Housing Unit Pod dayrooms during chow time with their masks off who were no longer actively eating or drinking. It is my expert opinion that staff should monitor inmate mask compliance during meal time and enforce the Inmate Mandatory Mask Station Order when it is clear the inmate has finished their meal and is no longer actively eating or drinking. I recognize this is more work for staff, but the consequences of not being hypervigilant about enforcing the Inmate Mandatory Mask Station Order could result in inmate serious illnesses or deaths.

Wellpath

I met with the HSA (via phone), Assistant HSA, and Director of Nursing regarding what, if any, changes had been made since my last follow-up inspection. I was provided with an updated “Santa Rita Jail Covid-19 & Flu Outbreak Control Plan” which incorporated the influenza outbreak plan in the Covid-19 outbreak plan. It is a very detailed plan that details processes for 1) Record Keeping, 2) Communication, 3) Supplies, 4) Influenza Vaccine Criteria, 5) Staff Protection, 6) ITR procedures, 7) Color Coded System (with Dark Red and Purple Added), 8) General Quarantine Procedures, 9) Sick Call Protocol, 10) Covid Testing Protocol, 11) Influenza Testing Protocol, 12) Influenza Treatment Protocol, 13) Monitoring Protocol, 14) Environmental Controls and Hygiene, 15) Management of Inmate Workers during Quarantine, 16) Court, 17) Visiting/Attorneys, 18) Programs, 19) Weekenders, 20) Non-Essential Workers/Outside Contractors, 21) Transfers during Quarantine, and 22) Release/Discharge Planning. This is a very detailed collaborative document that clearly lays out a very thoughtful plan. Wellpath and the ACSO should be commended for their proactive and thoughtful planning during this double threat of Covid-19 and Influenza.

In addition, I was provided with a training curriculum for the “TWINDEMIC” that was used to train ACSO Command Staff and ACSO Deputies at all 4 shift musters and medical staff training at staff meetings. Wellpath also has the training logs (sign in sheets for the trainings).

I asked the Wellpath HSA, Jen Diaz, if they were offering all inmates Covid-19 tests prior to being released from Jail, and Ms. Diaz told me that they needed at least 48 hours of notice to provide those tests because if they did not have at least a forty-eight hours’ notice,

the test results would not be back in time to notify the inmate of the results and Public Health has informed them that they do not have the resources to track down the inmate in the community.

Wellpath also has a Covid-19 response set of binders which tracks their initial Covid-19 response and all changes that have been made to date. What I really liked about this concept is all of the policy and procedure changes have been track changed so in reviewing the binder one can readily see how the policies, procedures and practices have changed since March of 2020. In addition, the binder contains the multi-disciplinary meeting notes from March to the date of this report.

This is one of the most organized, thoughtful, and proactive Covid-19/Influenza responses I have seen in the many jails and prisons in which I am an expert.

In my last report, I wrote:

“Mr. Durbin noted SRJ became aware of the outbreak on Saturday, September 12, 2020 but that contract tracing to determine the spread to housing unit 3C did not occur until Monday, September 14, 2020. The delay in contact tracing may have had an impact as a total of 17 inmates ultimately tested positive for COVID-19 exposure after the two housing units were put on quarantine status. The ACSO and Wellpath may want to consider implementing mechanism for immediate contacting tracing that is available 24 hours a day/ seven days a week. I recommend that they discuss this seeming gap with Public Health, and I defer to Public Health on this issue.”

I misunderstood what Mr. Durbin was saying. Contract tracing does immediately occur in the SRJ and Classification is immediately notified when a positive inmate or staff member is discovered. Public Health does not get involved until Monday if it is on a weekend, but contract tracing does occur at the SRJ on weekends and the appropriate precautions are put in place immediately to prevent/mitigate the spread of the virus.

Mr. Durbin also noted that SRJ continues to have about a 30%-40% refusal rate for the COVID-19 test. He also stated that most of the refusals come from inmates who are heavily under the influence or are off their medication upon arrival at the jail. Fortunately, SRJ treats all refusals as presumptive positives for quarantine purposes. However, I recommend that Wellpath continue to approach the inmate multiple times during their quarantine and re-offer them a Covid-19 test.

Findings and Recommendations

- **Finding:** While inspecting Housing Unit 6, I observed a large number of inmates out of their cells in all three pods. None were wearing masks and there was little if any social distancing.
 - **Recommendation:** I recommend programming inmates in smaller numbers in this solid door higher security unit until the inmates in this Housing Unit are mask compliant. Until the Housing Unit 6 inmates are mask compliant, I recommend no more than quarter tier feeding and programming at a time in this Unit. Programming in smaller numbers will mean less out of cell time, but if social distancing is strictly enforced, it will mitigate the potential spread of the virus if it is introduced to the pod. We must recognize social distancing is very difficult to enforce when inmates continually ignore the direction given by staff and the education materials readily available to them on their tablets and on the TV. Once this Housing Unit becomes mask compliant, SRJ can return to a modified programming schedule that allows for social distancing, and should direct individual inmates to return to their cells who are not mask compliant. The SRJ should discipline those inmates who do not comply with the mask order repeatedly with a loss of privileges. I am very concerned about inmates being out of their cells in large numbers while NOT wearing their masks properly.
 - **Recommendation:** The Station Orders issued by Assistant Sheriff Madigan and Commander Sanchez must be strictly enforced and staff and supervisors who fail to do so should be also disciplined. The ACSO and Wellpath have done an excellent job keeping their Covid-19 positive numbers close to zero in spite of the jail population increasing, but the failure to enforce the mandatory mask orders for inmates, has the potential to undermine this excellent work. The result could have a devastating impact on the health and welfare of staff and inmates.

- **Finding:** The CDCR and DSH populations are steadily increasing and are negatively impacting the ability of the SRJ to keep their population at or around 50% of BSCC rated capacity.
 - **Recommendation:** The ACSO should continue to aggressively approach CDCR and DSH and prod them to accept the ever-increasing populations of new commitments. The Orange County Sheriff's Department is suing CDCR regarding their refusal to accept new prison commitments from county jails. I would urge the ACSO to join in that lawsuit, if it comes to pass.
 - **Recommendation:** The Department of State Hospitals also has a current significant Covid-19 outbreak, and as a result, DHS is also refusing to accept new inmate-patients in their restoration to competency programs. This will only exacerbate the already lengthy wait time for beds to become

available at one of the State Hospitals. As a result, at some point in the future when staffing allows, I strongly recommend that the ACSO take advantage of recent changes in legislation and funding that allows local jails to establish their own restoration to competency programs. I recommend that the ACSO pursue a local 20 bed licensed restoration to competency program administered by DSH. This will be helpful in managing the size of the SRJ population, reducing the drain of scarce AFBH resources, and getting these seriously mentally ill inmates the help they so desperately need.

- **Finding:** Wellpath continues to do an excellent job with their Covid-19 response and adapting to the new reality of a possible influenza outbreak in addition to a Covid-19 outbreak. In discussions with Wellpath leadership, they stated that they could not offer tests to every inmate leaving the jail without sufficient time to have the results returned prior to the inmate leaving the jail because Public Health does not have the resources to track down inmate test takers in the community (some of whom are homeless).
 - **Recommendation:** I recommend that Wellpath continue to offer Covid-19 tests to inmates where at least 48 hours' notice of release is provided and also provide current Covid-19 testing location information for Alameda County for all inmates who are released from the SRJ. Having the resource information in hand upon release will allow individuals to seek a Covid-19 test on their own while in the community. While this is not ideal, given the resource limitations at Public Health, this is a reasonable alternative. I discussed this recommendation with SRJ Wellpath leadership.
 - **Recommendation:** I recommend that Wellpath share information with the current inmate population and every newly incarcerated inmate regarding the availability of flu shots, the signs and symptoms of influenza A and B, how to avoid getting the flu, and what to expect if they get the flu in the Wellpath tri-fold they currently distribute regarding Covid-19. This information should be at a 6th grade reading level and should also be made available in the Tablets and prominently posted on the walls in the Housing Units.

Conclusion

The ACSO, for the most part, continues to do an excellent job at keeping the Covid-19 virus at bay and out of SRJ. During this inspection, I did discover one Housing Unit with inmates who were clearly not mask compliant and were not social distancing.

In addition, in this Housing Unit (Unit 6), it was apparent that the mandatory mask orders had not been enforced for quite some time. This is a huge mistake and must be corrected and consistently enforced. It is my expert opinion that until the SRJ Command Staff starts disciplining inmates for failing to comply with the mandatory mask orders, and starts disciplining badge staff for failing to enforce the mandatory mask orders and social distancing among the inmate population, this will be the ACSO's Achilles Heel and maximum compliance will not be achievable.

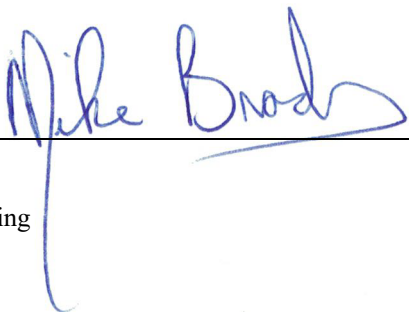
I am also concerned about the SRJ population level creeping up in size, and on my next inspection, I will take a comprehensive look at what the SRJ, Alameda County pretrial services, and the courts are doing to control/reduce the size of the SRJ population. The current population is approximately 58% of the SRJ BSCC rated capacity including the two BHUs, but that could change dramatically over the holidays. The CDCR and DSH populations waiting for transport to CDCR and State Hospitals are 10% of the current SRJ population. If CDCR and DSH do not begin to accept new commitments, this population will only increase as time goes on. This is very concerning.

Finally, with Covid-19 spreading in our communities like wildfire, SRJ must offer Covid-19 tests to staff and incentivize voluntary test taking to help detect the asymptomatic positives in badge staff and civilian staff in order to prevent/mitigate the introduction of Covid-19 inside the secure perimeter of the SRJ.

On my next follow-up inspection, I will address this among other concerns I have expressed herein.

Signature

Submitted on behalf of Sabot Technologies, Inc. dba Sabot Consulting to the County of Alameda.

A handwritten signature in blue ink that reads "Mike Brady". The signature is written over a horizontal line.

Mike Brady
Director
Sabot Consulting

December 31, 2020

Date