

Covid19 Inspection of the Santa Rita Jail Facility by the Joint Neutral Monitor

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June 10, 2020

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Introduction

Over the last month, there have been numerous complaints from inmates, public defenders, private defense counsel, and other community activists, regarding alleged substandard conditions of confinement, and the alleged failure of the Alameda County Sheriff's to issue proper cleaning supplies, soap, toilet paper, and their alleged failure to implement/enforce CDC guidelines regarding testing, quarantines, and social distancing in the Alameda County Santa Rita Jail Facility.

As a result, on or about May 19, 2020 the parties to Babu v The County of Alameda, Gregory Ahern et.al, agreed to have Mike Brady, Joint Neutral Corrections Operations and ADA Expert, from Sabot Consulting, inspect the Alameda County Santa Rita Jail Facility to evaluate the policies, procedures, and practices that have been implemented to mitigate and control the spread of Covid-19. The parties agreed that I would be accompanied by counsel for plaintiffs, Kara Janssen, and counsel for defendants, Gregory B. Thomas. The parties also agreed that there would be no limitations placed on what I could see, where I could go or with whom I could speak during the Santa Rita Jail Inspection.

It goes without saying that these are extraordinarily difficult and dangerous times in which we find ourselves thrust today. Operating a large county jail such as the Alameda County Santa Rita Jail Facility is challenging, complex, and labor intensive in and of itself. There are approximately fifteen outside agencies who arrest and book suspects into the Santa Rita Jail Facility for crimes ranging from civil commitments to serious felony convictions.

In normal times, the Santa Rita Jail Facility would accommodate between thirty-four thousand (34,000) and thirty-eight thousand (38,000) bookings a year and a slightly smaller number of releases each year. The daily jail population would hover between two thousand nine hundred (2,900) and thirty-three hundred inmates (3,300) housed in eighteen housing units (18) of different security levels and configurations (dormitory style, single, and double occupancy cells).

In this strange, stressful, and dangerous new reality of the Covid19 pandemic the population has, by design, in response to the California Judicial Council, **Emergency Rule 4. Emergency Bail Schedule**, and in cooperation with the Alameda County District Attorney, the Alameda County Public Defender, the Alameda County Superior Court, and the Alameda County Sheriff, dropped precipitously to approximately 1850 inmates spread across the same 18 housing units. (5/27/2020 -1802 inmates; *06/03/2020 1866 inmates; 06/07/2020 1812 Inmates *Spike in population due to protest arrests.)

Prior to my May 27, 2020 Covid19 inspection, Ms. Janssen, Mr. Thomas and I had a conference call to come to an agreement on how the May 27, 2020 Covid19 inspection would occur. Both parties asked to whom I would like to speak, and the areas of the jail I would like to inspect. We came to an agreement that the inspection would begin by meeting with the Alameda County Sheriff's

Santa Rita Jail Facility Command Staff to review any and all policies, procedures, and practices that had been issued in response to the Covid19 pandemic, and to understand what operational adjustments had been made in response to CDC guidelines, Alameda County Public Health, and the Santa Rita Jail Facility medical provider's recommendations (Wellpath).

I would then meet with Wellpath's leadership team (Jen Diaz, Wellpath's Healthcare Administrator, Dr. Jess Waldura, Wellpath's Medical Director, and Mike Durbin, Wellpath's Director of Nursing) and other key personnel. I asked that all memo's policies, procedures, directives, CDC, and Alameda Public Health guidelines and directives be made available to me for review, and that key personnel be available to me to answer any questions I may have. It is important to note here that I told the parties that the meeting with Wellpath would not be a clinical review of their treatment decisions, but rather a: 1) review of their policies, procedures, and practices in response to CDC, Alameda County Public Health, NCCHC best practices, and 2) how Wellpath communicated these ever changing and evolving directives to and sought cooperation from the Santa Rita Jail Facility custody staff to ensure the safety, health and welfare of ALL the Santa Rita Jail facility inmates and staff.

It was agreed that I would then meet with the Santa Rita Jail Alameda County Behavioral Health management team to review their policies, procedures, and practices in response to the Covid19 pandemic, and how they were managing the stress levels, fear, and crises, of their inmate/patient populations. I also wanted to find out if there was any increased self-harming/suicidality among their most fragile inmate/patient population. I was particularly concerned about the higher acuity SMI population, the profoundly Intellectually Disabled and Learning Disabled populations and 1) how Covid19 prevention, hygiene, and education materials were being effectively communicated to these populations, and 2) how frequently mental health clinical staff (Psychiatrists, LCSWs and MFTs) were rounding and responding to crisis calls in the living units. Again, this was NOT going to be a clinical review of their practices but rather an inspection of their policy, procedure, communication, and practice changes in response to the Covid19 pandemic.

After I completed meeting with the above referenced parties, I would begin my onsite inspection of the Santa Rita Jail Facility Intake Reception area, then move to the housing units, transportation unit, and kitchen. In those areas I would interview inmates to see if they were consistently getting Covid19 education materials, masks, hand sanitizers, soap, toilet paper, cleaning supplies, and if they had adequate access to medical and mental healthcare. In addition, I would interview custody staff to see if they were following the more frequent laundry exchange, housing unit/cell cleaning and decontamination process, mandatory wearing of masks directives, consistently distributing soap, masks, toilet paper, cleaning supplies, etc. to inmates, and answering inmate's questions and concerns.

Onsite Inspections

May 27, 2020 Inspection

On May 27, 2020, Ms. Janssen, Mr. Thomas, and I met outside the Santa Rita Jail facility at 0830hrs. All parties were wearing face masks and social distancing. We were escorted into an anteroom where every person entering the jail went through a Covid19 screening and is required to wear a mask.

Once the Covid19 screening was complete, we met with the ACSO Command staff and other key custody personnel. We went over the binder of policies, procedures and practices the ACSO has put into play since March. We discussed and reviewed documents related to their new booking quarantine process, classification process, housing designations, multidisciplinary meetings regarding Covid19 and the number of Covid19 positive inmate movement process, tracking systems for each security level, transportation policy, distribution of masks, soap, laundry exchange.

Immediately after meeting with the ACSO Command staff and key custody personnel, we walked to area where Wellpath leadership offices are located in the Santa Rita County Jail. Once there we met with the Healthcare Administrator, Medical Director, Nursing Director, and other key personnel. I asked them to take me through their Covid19 response, plans, and process from mid-March until the date of our Meeting May 27, 2020. Wellpath produced several binders of information that was too voluminous to review onsite given the time restraints, but I asked the Wellpath administrators to walk me through their action plans and supporting documentation from March until the date of my current inspection. I was shown several binders of information that was well organized and demonstrated Wellpath's responsiveness to new information from the CDC, the Alameda County Office of Public Health, and other NCCHC best practices. I asked Wellpath management some difficult questions including what mistakes they had made during the course of this healthcare crisis. I found their answers to be forthcoming and candid. One answer that stood out regarding mistakes that were made was the Medical Director's statement that early in the Covid19 response, Wellpath focused on flattening the curve of the currently incarcerated patients rather than taking a multi-pronged approach by quarantining all newly incarcerated inmates for fourteen days once it had been determined the inmate was not going to be a cite and release. After several weeks and continued spikes in positive tests, the ACSO and Wellpath adjusted the quarantine time for newly incarcerated patients to 14 days.

My impression of the Wellpath administrators at SRJ is that they are thoughtful, candid, competent, well intentioned administrators who care about the inmate population and are open to constructive criticism. As needed, they refine their approach by modifying their policies, procedures and practices incorporating new scientific/medical information and directives provided by the CDC, the Alameda County Public Health Officer, and other best practice resources. However, the

finest policies, procedures, and practices have little value unless they are implemented and vigorously enforced. The best evidence of compliance in this pandemic is by testing, tracking and contact tracing. Wellpath and the ACSO do all of those things, and strong evidence of their compliance and of their continued process improvement is the fact that the number of Covid19 positive inmates in the Santa Rita Jail Facility continues to fall and hovers very close to zero. Having said that, now is not the time to hang out the “Mission Accomplished” banner. The ACSO, Wellpath, their managers, and their rank and file employees must continue to strictly enforce and abide by the Covid19 policies, procedures and practices as the state and county attempts to go back to business as usual. They must anticipate that there will potentially be an exponential increase in positive cases in the general public as people ignore the social distancing rules and best prevention practices, and that reality will substantially increase the risk of another round of Covid19 positive cases being introduced in the jail.

Next we met with the Alameda County Behavioral Health (ACBH) Clinical Administrator in her office. When asked to produce information regarding how ACBH is dealing with the Covid19 response, the Clinical Administrator produced a single binder of information that contained essentially similar information bulletins, directives, and processes that were produced previously by the ACSO and Wellpath. This expert had heard a rumor and was concerned that the ACBH clinicians were not continuing to engage and treat their inmate/patients out of fear of getting infected with the Covid19 virus. The clinical administrator assured me that was not the case and that her staff were continuing to meet with the ACBH inmate patients including responding to crisis calls in the Covid19 quarantine areas. She represented to me that he clinicians in some cases were donning full PPE in order to protect themselves and their families from exposure to the Covid19 virus. From our meeting with the ACBH administrator, my understanding is that the current clinical encounters were being conducted through the cell door. This tour was not an analysis of the actions of the ACBH, and while onsite, this expert did not have any opportunity to interview clinical staff or witness any clinical encounters. This expert had made arrangements to meet with Dr. Chaffin, the Chief Psychiatrist for the ACBH, out in the Behavioral Health Housing Unit 9 dayroom at 2pm to discuss what, if any, Psychiatry appointments were being conducted during this healthcare crisis. Dr. Chaffin assured me that the Psychiatrists were continuing to meet with their inmate/patient case load for initial and follow up appointments. It should be noted that the ACBH Psychiatrists do not engage in any talk therapy. Their function is principally medication management. While I did not have an opportunity to observe any Psychiatrists conducting initial or follow up visits, this expert did interview several inmates in the behavioral health unit who verified that those appointments were in fact occurring. One inmate I interviewed along with Ms. Janssen stated that she got most of her information regarding Covid19 from her psychiatrist.

As this expert has previously reported, ACBH staffing is severely understaffed, and this expert is concerned that the Covid19 pandemic and the necessary

response to contain the virus in the SRJ setting has exacerbated the challenges faced by ACBH clinical staff. I did not look at the data regarding the frequency of patient contact hours by Psychiatrists and other mental health providers in the SRJ, but their role in assisting inmates in dealing with the stress and fear of the Covid19 pandemic as well as the stress of being incarcerated is a critical one.

Based on the aforementioned meetings, interviews, and high level document review, subject to a more detailed review of the documents that have been provided, it is this expert's opinion, that the ACSO has a thoughtful, well organized, science driven, Covid19 multi-disciplinary action plan and a process in place that progressively relies on the latest information and direction from the CDC, the Alameda County Public Health Officer, and Wellpath's subsequent implementation of those directives in consultation with Custody Command staff. There are daily multi-disciplinary meetings, multi-disciplinary communications, and updates regarding the status of each living unit in the Santa Rita jail, the number of inmates who have been tested, the number of inmate tests that are pending, the results of tests that have returned from the lab, how many inmates have been removed from general population because they are displaying Covid19 symptoms, the number of inmates who have been removed from quarantine, the number of inmates who have been released from new booking quarantine into their appropriate security level housing, the status of the vulnerable inmate population living units, and an up to the minute color coded chart of the status of various living units:

- Blue – New Book Housing Units where all newly incarcerated inmates who are asymptomatic are housed for fourteen days (14).
- Green - Inmates who are currently healthy/ asymptomatic with no known Covid19 risk or exposure.
- Yellow - Inmates with exposure to Covid19, asymptomatic.
- Red – Patients with known or suspected Covid19 (positive test or symptomatic)

The next phase of this May 27, 2020 inspection was to go to as many of the SRJ living units as possible and to interview a sampling of the inmate population in each housing category. This expert started the facility inspection in the Intake, Transfer, Release area (ITR), and then moved to the inmate housing units, the Outpatient Housing Unit (OPHU) and finally inspected an inmate transport vehicle.

Immediately outside the ITR entrance off to the right, I observed a tent area where all incoming inmates are met and preliminarily screened for Covid19 symptoms which includes Covid19 related screening questions, temperature check, and symptomology check. Upon arrival the inmates remain in the transport vehicles and are brought to the tent one at a time for their initial healthcare screen. The intake screening nurse was dressed in the appropriate PPE, and after each inmate is screened in the tent the area is sanitized with a

disinfectant. If the inmate displays Covid19 symptoms, they go through an expedited booking process and are then escorted to a designated red housing unit, Ad Sep, or the OPHU for further screening and testing within 48 hours of their arrival and day 10 of their mandatory 14-day quarantine. Inmates who are asymptomatic go through the normal booking process including a secondary healthcare screening and are placed in a Blue designated housing unit or an Ad Sep unit where they are tested within 48 hours and day 10 of their mandatory 14-day quarantine. In the ITR area, I observed that all the ACSO staff, Wellpath staff, and arresting officers I encountered were wearing masks. The area was clean and at the time of my inspection, and it appeared that all necessary Covid19 precautions were taking place.

I have a concern about potential cross-contamination by inmates who should be placed in a Red designated quarantine housing unit for Covid19 inmates who test positive being housed in an Administrative Separation (Ad Sep) housing unit with asymptomatic and otherwise healthy inmates. It is my recommendation that all inmates who are symptomatic and/or test positive for Covid19 be housed in the Red designated housing units for positive inmates. This is especially true if the inmates in the Red housing units only program out alone. I defer to the wisdom and experience of the ACSO classification staff, but this is an area that may have an opportunity for process improvement in the prevention of cross contamination and inadvertent spreading of Covid19 to an otherwise healthy population.

I have the same concern with the newly booked asymptomatic inmates housed in Ad Sep for a 14-day quarantine that otherwise would be housed in a Blue designated quarantine housing unit.

Over the last several months there have been several complaints by inmates, attorneys, and community activists that are fearful of inmates getting infected by those inmates that otherwise would be housed in Red or Blue quarantine areas. Those complaints and fears should be taken seriously, and, if possible, addressed by changes in the Covid19 classification policy and housing practices.

The next areas that were inspected were the inmate housing units. A significant amount of time was spent in the Behavioral Health living units, and the Ad Sep units for males and females. I observed that the housing unit's day rooms were clean as well as the housing unit showers. The hallway floors leading to and from each housing unit were clean and polished. The housing deputies were wearing the appropriate PPE during my presence in the housing units. Plaintiffs' Counsel and I asked to speak with several specific inmates face to face in the dayroom areas of the living units as well as several random inmates. All of the inmates who were brought to the dayroom were told that the purpose of our visit was to determine if they were getting Covid19 education materials, soap, toilet paper, masks, and cleaning supplies, and asked if they would mind speaking to us. All of the inmates we had brought to the dayroom were willing to speak with us and spoke openly about their experiences while in the SRJ. After most of the interviews, I accompanied them back to their cells and checked for soap, masks,

toilet paper, and hand sanitizers. I also conducted at least 3 random cell checks in each living unit we visited to determine if they had been provided adequate soap, toilet paper, cleaning supplies, masks, educational materials, tablets.

I found that each inmate that we interviewed in the day room and the inmate's cells where I conducted spot checks consistently had an adequate supply of toilet paper, hand sanitizer, soap, masks, and tablets.

During the course of our interviews and spot checks we heard the following complaints:

- In some instances, inmates did not know that cloth masks could be swapped for clean masks during laundry exchange.
- Others did not know that their paper surgical masks could be replaced if they got torn or soiled.
- One inmate was concerned that she was being asked to clean her cell with the same towel with which she used for her person.
- Several inmates complained that some of the Housing Unit Officers were not wearing their masks at all in the housing units.
- Several inmates stated that they were not given adequate cleaning supplies or given an opportunity to clean their cells.
- One inmate stated that she did not want to use a mop to clean her cell that had just been used by another inmate or inmates to mop their cells. She was afraid of cross contamination.
- Several inmates were fearful when inmates were moved into their living units who have come from red or yellow living areas.
- One inmate stated that he had not gotten any Covid19 education materials.
- One inmate complained that the officers were not cleaning the phones and common areas in the living units between inmate programming.

On the other hand, other inmates in the same housing units stated the following in response to my questions regarding education materials, provision of soap, hand sanitizer, toilet paper, and masks:

- One inmate stated that the ACSO was providing education materials, soap, hand sanitizers, toilet paper, and masks with precision. He stated the ACSO was on top of all of it. He stated he also used and really liked the "Calm" meditation app on the tablet.
- One inmate stated he had gotten plenty of soap, toilet paper, clean clothes, hand sanitizers, education materials, cleaning materials, masks and that he knew he could contact the Housing Unit Deputy if he needed more of those items. He also stated he felt he has sufficient information on how to

- reduce the risk of catching the virus by frequently washing his hands and keeping his cell clean.
- Three inmates stated that they had attended the Five Keys Covid19 education program and found it valuable, informative, and interesting.
 - Several inmates stated they had accessed the Covid19 information on their Tablets and found it useful and informative.
 - A female inmate stated she had received adequate education materials on Covid19 prevention, she knew about the need to wash her hands frequently, she had plenty of soap, hand sanitizer, toilet paper, masks and she had could clean her cell every day with cleaning supplies provided by the Housing Unit Officers.
 - Several of the female inmates in the Behavioral Health Units stated that they still were having regular appointments with their Psychiatrist and as I recall one female inmate stated she was still able to see her therapist.
 - Other inmates on the spot checks felt that they could get what they needed for cleaning and personal hygiene.

In the housing units Sabot inspected on May 27, 2020, this expert could sense the unease of some of the inmates and their very real fear of getting sick from the virus. A common problem in jails is the fact that the housing unit officers are stretched thin by their regular duties and when you add the additional Covid19 duties to the mix, their ability to consistently communicate information to inmates in a timely manner and to be as responsive as they normally would be becomes exponentially more difficult. Lack of information and consistent practices by Housing Unit Deputies drives up the fear and stress of inmates. In the Santa Rita Jail Facility, because of staffing shortages, the Command Staff have instituted a significant mandatory overtime program to fill the vacant posted positions. As a result, there oftentimes is not a regular Housing Unit Officer who is assigned to a living unit that can develop positive pro-social relationships with the inmates and have a consistent manner in which he/she runs his/ her housing unit. Historically some Deputies on mandatory overtime lack adequate information on what functions they need to be performing when in a particular housing unit and do not take the initiative to get the proper information. This expert is aware that Housing Unit Deputies get a daily briefing which includes Covid 19 directives at each shift muster. I will make recommendations on how to solve/ significantly mitigate these issues at the end of this report.

The next area of inspection and inmate interviews was the Outpatient Housing Unit (OPHU). Upon arrival I observed the OPHU area to be clean and the floors to be polished. The empty cells were free of trash and also appeared to be clean. We interviewed an inmate in the OPHU who was on a Federal Marshall's hold. In her thoughts and expressions, she appeared to have some significant mental health issues. This expert witnessed Wellpath staff interact with her during pill call, and the Wellpath medical personnel were wearing appropriate PPE and

interacted well with the female inmate. The female inmate was in quarantine in the OPHU as a newly book. She had been in the OPHU for 5 days. She was not being actively treated for any medical condition. She was housed in the OPHU because there is no other place to house newly incarcerated females that are quarantined. The OPHU does not have a dayroom or exercise yard attached to it or another dayroom or exercise yard easily accessible to quarantined females in the OPHU. This female inmate had not received any out of cell time in the 5 days because of the lack of a dayroom or exercise yard in the OPHU or adjacent areas. This is unacceptable, and the ACSO must modify this practice to give female inmates on quarantine the same access to out of cell time as the male inmates in the Blue designated housing units. Although we did not interview any additional inmates in the OPHU, this is an area where there are opportunities for improvement in who is housed in this area, for how long, and how will they get the same out of cell time privileges as inmates who are housed in other areas of the jail. This is an area to which I intend to return on my spot checks.

The next area of inspection was to look at an inmate transport vehicle. A transport vehicle was brought to the transportation area. The transportation officer was wearing appropriate PPE and remained onsite to answer questions from this expert. I do want to note here that on the way to view the inmate transport vehicle I did observe a female non-badge staff member not wearing her mask. She was in an office at a computer. In fairness to her, I could not tell if she was eating and she was not within 6 feet of another person. I brought what I observed to the Facility Captain's attention and she immediately took corrective action.

The transport vehicle had six areas that inmates could occupy. A single stool like seat in the front behind the passenger seat. A larger compartment that can hold multiple inmates along the left side of the van behind the driver's seat. A smaller multiple inmate compartment along the right side of the van behind the stool on the passenger side. An even smaller multiple inmate holding area in the back, and an additional single stool area for one additional inmate. While it may be possible for the ACSO to transport 3 or 4 inmates safely if they are all fitted for N95 masks and each inmate wore the mask properly the entire time they were in the van, there would be an increased risk to do so.

The final area of inspection on May 27, 2020 took place in the kitchen food preparation area. There have been some complaints from inmates and families that social distancing and mask use was not occurring consistently while inmates were prepping meals to serve other inmates.

We were met by an ASCO Lieutenant and his direct reports in the kitchen area where they briefed me on how the kitchen operates, how many inmates are in the area during the day and the policy on wearing appropriate masks while working in the kitchen. The officer was very knowledgeable and provided a detailed description of what occurs in that area on a daily basis. We arrived at close to 7pm so we did not have an opportunity to observe the kitchen in full

operation, but there were a few inmates in the kitchen doing some food prep for snacks.

Much to my surprise, after a full day of observing 99.9% of the ACSO badge and non-badge staff wearing masks and appropriate PPE, the Lieutenant who was with us in the kitchen had his mask pulled down under his chin. The lieutenant's direct reports were all wearing their masks properly, but for around 20 minutes the lieutenant continue to have his mask under his chin. What was particularly shocking to me was that the other 6 people in the room all were wearing their masks properly the entire time. It goes without saying that in a paramilitary organization, leadership and command staff must be role models for their direct reports and must strictly adhere to policies, procedures and practices in order to credibly demand that of their staff. Clearly that did not occur in this situation.

I was able to observe the small group of inmates preparing inmate snacks and their food service supervisor. They were not properly social distancing and one inmate had her mask pulled down below her nostrils. Her mouth remained covered, but her nostrils were uncovered which is a violation of the Covid19 protocols the ACSO has in place. I asked the food service supervisor why the inmates were not appropriately socially distanced, and she explained that they normally are, but the other food prep machine was down, and this was the only food prep area available for the inmate workers. This is an issue that needs to be addressed by the ACSO. A contingency plan should be put in place for times when machines break, and alternative food prep spaces should be made available to the inmate workers or there must be a commensurate reduction in inmate workers to allow for appropriate social distancing. Civilian Food Supervisors should also be trained to enforce the CDC, Public Health, and ACSO policies, procedures, and practices governing the use of proper protective equipment.

We left the secure perimeter at approximately 1900hrs.

INTERIM DEVELOPMENTS

A few days later it was agreed that I would return to the SRJ to finish the site inspection by returning to the Santa Rita Jail Facility to inspect the Blue and Orange Designated Areas and to view an additional inmate transport vehicle.

In the interim, a black man in Minneapolis tragically and unnecessarily died at the hands of several Minneapolis police officers. The resulting outrage across the nation and world resulted in massive protests. As a result, I became concerned that these protests may very well result in an exponential increase in the Santa Rita Jail Facility Population. I spoke with Assistant Sheriff Madigan and he assured me that he and his Command staff were working on a contingency plan in case there were mass arrests.

Unfortunately, during the Black Lives Matter protests over the murder of George Floyd at the hands of four Minneapolis police officers, the protests in Alameda

County turned violent with significant vandalism, looting and burning of cars/buildings. As a result, the Alameda County Sheriff imposed an emergency curfew in an attempt to eliminate the violence, vandalism, looting, and burning of buildings and cars. These violent confrontations, destruction of property and violations of curfew resulted in a Santa Rita Jail population spike in arrests and bookings over a one-week period. Over a 6-day period there were 486 arrests (06/01 -99, 06/02 – 122, 06/03 – 93, 06/04 -58, 06/05 – 68, 06/06 – 46). The SRJ population spiked to a high of 1866 and has now dropped to a population of 1802 because of the California State Supreme Court Judicial Council Emergency Rule 4 Emergency Bail Order.

June 3, 2020 Inspection

Sabot Consulting's County Jail Operations and ADA Expert, Mike Brady, returned to the Santa Rita Jail on June 3, 2020 to complete the Covid19 inspection as agreed to by the parties. On this site visit, Plaintiffs' Counsel and Defendants' Counsel were not present.

During this site inspection, I inspected the Orange designated housing units for medically vulnerable men, the Orange designated housing units for vulnerable women, the Blue designated housing units for new books for men, the Blue designated housing units for women, housing unit 35 opened to accommodate the spike in the inmate population from protest arrests, conducted random cell checks for hygiene supplies/ PPE, interviewed a number of inmates from each unit, and inspected a much larger inmate transport vehicle.

On this inspection, I was accompanied by Assistant Sheriff Madigan, Santa Rita Jail Commander Sanchez, Santa Rita Jail Captain Mattison and other members of the ACSO management team. They wanted to come along because they wanted to see what I saw, and I welcomed them because I wanted them to see and hear what I saw in real time.

The first stop was the Blue Designated housing units for men (14-day quarantine housing for new inmates). During the walk from the Captain's conference room in the administration area of the jail, I took the time to inspect the safety cells, floors, living unit common areas. The areas were clean with polished floors and the safety cells did not have dirty toilets, trash/food or bodily fluids on the floor.

Upon entering the living unit, I saw the Housing Unit Deputies wearing the appropriate PPE and conducting their Post Order duties. I walked the decks and randomly selected occupied cells for the Housing Unit Deputy to open. Each inmate was asked to sit on his bunk, and I told them the purpose of my visit and ask them a series of questions regarding what educational materials they had received regarding Covid19, soap, toilet paper, hand sanitizer, masks, a fish kit, and tablet. Here are some examples of what I was told:

- One inmate told me he has received soap, a cloth mask, a paper mask, toilet paper, hand sanitizer and education materials. He stated he felt he

- had enough information to know what he needed to do to help prevent getting the virus.
- One inmate told me he needed a new paper mask. His was torn and he did not know he could ask for another one. I could see his mask was in fact torn. At the Assistant Sheriff's direction, he immediately received a new mask. I could see he had adequate soap, hand sanitizer, a cloth mask, and toilet paper. He stated he did get to clean his cell regularly.
 - One inmate stated he had not received Covid19 education material. I asked him if he knew he could access that information on his tablet, and he said he did not know that. He had soap, masks, hand sanitizers, and toilet paper. He also said he was given the opportunity to clean his cell regularly.
 - One inmate was in a wheelchair. He had a rod in his leg from getting shot and he stated he was in pain. I asked him what was causing his pain, and he said, "he was kicking". He told me he had been in custody 2 days. I asked him if he told medical, he was withdrawing from meth and opioids when he went through medical screening. He said he did not tell them. I asked the Lt. that was with us to contact medical and notify them that the inmate was going through withdrawals and to schedule an appointment. I confirmed the Lt. had informed Medical and had asked them to schedule an appointment to see this inmate.
 - Another inmate told me he was good and had gotten everything he needed. While I was in his cell, I independently verified he had all the necessary PPE and hygiene equipment.
 - Cells 29/32 were offline. The Housing Unit Deputy told me that every time an inmate left after the 14-day quarantine, they take the cell offline until it can be cleaned and disinfected for the next inmate.
 - One inmate was struggling to get his pin to work in his tablet. I asked him if he had asked the officer for help in getting his tablet to work. He told me that he had asked the Housing Unit Deputy for help, but the Deputy did not know how to help him. When I inquired of the Deputy, he told me he was on mandatory overtime and was not familiar with the tablets.
 - Another inmate had been in custody for 7-8 days. He had a tablet and knew how to use it. He had all the PPE and hygiene products. He stated he accessed the Covid19 information on his tablet. I asked him if he felt he was properly screened for Covid19 when he came through booking and he told me he was.
 - One inmate told me he was out to court and just got back and did not have any hand sanitizer. Hand Sanitizer is handed out at lunch and he was out to court, so he missed the distribution.

The next area of inspection was the Orange designated housing unit for women (housing unit for vulnerable female inmates). On the way to the Orange housing unit for women I inspected the safety cells, floors, and the common areas outside. Those areas were clean, floors polished, no trash, grass was cut, and the area was free of debris. Safety Cells were clean of trash, bodily fluids, and the toilets were clean. Not surprisingly, the women's cells were much cleaner and organized than the men.

During the inspection of this housing unit, I once again selected random occupied cell on both tiers and interviewed everyone in their cells.

Here is what I learned from the inmates:

- One inmate had been in the SRJ since 2016 but was moved to this area a month or so ago because of her underlying medical conditions and her age. This inmate stated she was getting at least two hours of out of cell time in the morning and two hours of out of cell time in the afternoon/evening. She stated she had soap, hand sanitizers, toilet paper, and a cloth and paper mask. She said she had received information and education materials related to Covid19 and washing her hands frequently. She stated she has everything she needs and feels comfortable asking the Housing Unit Deputies for supplies if she runs out. I also independently observed that she had soap, toilet paper, hand sanitizers, masks and a tablet.
- One inmate related she had been in the Orange designated housing unit since May 4, 2020. She too stated she had no complaints, and that she had adequate soap, hand sanitizers, masks, and toilet paper which I also observed in her cell. She stated that she gets at least 2 hours of out of cell time in the morning and two hours in the afternoon. She also told me she uses the tablet and has seen the Covid19 information on the tablet. She loves the calm app and uses it to help her sleep at night.
- One inmate expressed concern that she was being asked to use the same towel for cleaning her cell and her body. I asked her to clarify what she meant, and she told me she knows both go back to the laundry and the towels used for cleaning are not kept separate from the towels issued for personal use. She stated that on A shift, the Housing Unit Deputies are not cleaning and disinfecting the dayrooms and phones between uses like they are supposed to do. She was also concerned that this living unit gets overflow from the Yellow designated housing units and is worried about cross contamination. She has been in this unit for approximately two months. She stated she got sufficient education materials on Covid19 and understands what she needs to do to protect herself from getting the virus. She stated she has adequate soap, masks, hand sanitizers, toilet paper and that if she runs out, she can ask the Housing Unit Deputy for more supplies. She also stated she gets plenty of out of cell time each day.

The next housing unit I inspected was an Orange designated housing unit for men (male housing unit for vulnerable inmates) On the walk to this housing unit, I observed the outside yard area, the hall floors, safety cells and dayroom areas. All areas were clean without debris or trash. The floors were clean and polished. The safety cells were clean and without trash, discarded clothing, human waste, and the toilets were clean.

There were several inmates out in the dayroom in this living unit and I spoke with both of them. Here is what they told me:

- One inmate told me that he was getting all the personal hygiene supplies he needed and knows he has to ask the Housing Unit Deputy for more if he runs out. He is getting at least 2 hours out in the morning and two hours out in the afternoon for dayroom time. He was given materials on how to protect himself from the infection and stated he understood them. He uses the tablet but did not know how to access the calm application and while I was in the dayroom another inmate showed him how to access it. As I was leaving the unit, he showed me what the “Calm App” looked like on the tablet, and I could hear the meditation music.
- One inmate told me he was getting all the supplies he needed, but he felt he should be single celled because he is on immunosuppressants due to a kidney transplant a few months ago. He was in the dayroom when I spoke with him.

During my random cell checks in this housing unit here is what inmates told me:

- One inmate stated he had no complaints and did not care to speak with me.
- One inmate I spoke with on my random cell checks did not have any soap, toilet paper, shampoo, hand sanitizer, or a tablet. I asked him how long he had been in that unit, and he told me he just a few hours because he had just returned from a safety cell. The Assistant Sheriff asked the housing unit deputy to get this inmate soap, toilet paper, shampoo hand sanitizers a mask, and a tablet. This inmate felt a little fragile to me, so I did not continue asking him questions.

The next housing unit I inspected was Housing Unit 35 which was opened specifically to house the arrestees from the Black Lives Matters protests. There were approximately 50 inmates housed in two separate dormitory style living areas. The first occupied dormitory was on the top tier to the far left, and the second occupied dormitory was on the bottom tier, but one housing unit to the right in order to accomplish a measure of social distancing from the other occupied dormitory. The top tier was out in the dayroom and I spoke to them as a group in front of the dayroom TV. The inmates who responded to my questions stated that they had been provided Covid19 education materials, bar soap, masks (although none of them were wearing their masks), toilet paper, and hand

sanitizers. They stated they were getting over three hours a day of dayroom time in the morning and three hours a day of dayroom time in the evening. One inmate in that group told me he was struggling to get his pin to work. I asked him if he had asked the Housing Unit Deputy for help with this problem. He told me he had asked, and the Housing Unit Officer told him he could not help him. Upon further inquiry, I discovered that the Housing Unit Deputy was on mandatory overtime and the Deputy did not know how to solve the inmate's problem with the tablet. Because I spoke with approximately 20 inmates in a group setting in the dayroom, I did not walk the decks of the dormitories in this living unit to do spot checks.

Once I completed my inspection of Unit 35, I went outside and inspected a larger inmate transport vehicle. Upon inspection this vehicle had two 9-person secure compartments with one in the front of the vehicle and one in the back, and 12 two-person secure compartments along the side of the vehicle. Each compartment was equipped with a spit shield halfway up the open grates in the door to each unit.

The June 3, 2020 Covid19 inspection of the Santa Rita Jail Facility terminated at 1900 hours.

Findings and Recommendations

Based on my meetings with and interviews of numerous badge, medical, and mental health staff, a high level document review, subject to a more detailed review of the documents that have been provided, it is this expert's opinion, that the ACSO has a thoughtful, well organized, science driven, Covid19 multi-disciplinary action plan and a process in place. The Covid19 response plan relies on the latest information and direction from the CDC, the Alameda County Public Health Officer, and Wellpath's subsequent implementation of those directives in consultation with Custody Command staff. There are daily multi-disciplinary meetings, multi-disciplinary communications, and updates regarding the status of each living unit in the Santa Rita jail, the number of inmates who have been tested, the number of inmate tests that are pending, the results of tests that have returned from the lab, how many inmates have been removed from general population because they are displaying Covid19 symptoms, the number of inmates who have been removed from quarantine, the number of inmates who have been released from new booking quarantine into their appropriate security level housing, the status of the vulnerable inmate population living units, and an up to the minute color coded chart of the status of various living units:

- Blue – New Book Housing Units where all newly incarcerated inmates who are asymptomatic are housed for fourteen days (14).
- Green - Inmates who are currently healthy/ asymptomatic with no known Covid19 risk or exposure.
- Yellow - Inmates with exposure to Covid19, asymptomatic.
- Red – Patients with known or suspected Covid19 (positive test or symptomatic)

The Santa Rita Jail Covid19 action plan and process does not suffer from intentional indifference, negligence, or neglect. It is quite the opposite. It is a great example of what can be accomplished in a custodial setting when the different disciplines work together, allow themselves to be guided by science, and are willing to adjust their course of action based on new information, research and direction from national, state, and local experts.

A testament to their efforts is the fact that they had no positive Covid19 cases in the Santa Rita Jail Facility since June 3, 2020.

Has the implementation of the Covid19 response action plan been perfect? No

During the two-day onsite inspection of the SRJ, I did not find any systemic problems that are materially undermining the efforts of the ACSO to control/mitigate/eliminate the spread of this deadly virus. However, I did find a number of opportunities for process improvement that should be addressed, and there must be a process in place going forward to detect and correct these problems, so they do not become systemic problems.

I also want to point out that many of these findings and recommendations are not required under Title 15 or the ACA. However, I make these recommendations to reduce the stress of the unknown on inmates, to increase compliance with the Covid19 response plan, to assist the SRJ in reducing the number of inmate grievances and complaints that generate a lot of unnecessary extra work for management, the Grievance and Appeal Unit and the attorneys for both parties. View the recommendations in this category as “Best Practice” or “Process Improvement” recommendations.

The episodic issues and recommended fixes are as follows:

- **Finding:** Inmates in the OPHU do not have any out of cell time or dayroom time while being housed in the OPHU. There is no dayroom or outdoor exercise yard connected to the OPHU. At least one female inmate had been in the OPHU for 5 days and had not been out of her cell. Sabot did not interview any male inmates in the OPHU but suspects that they are in the same position.

Recommendation: The ACSO should find a way to allow inmates in the OPHU to get out of their cells for some unstructured dayroom time or outdoor exercise. While this may not be constitutionally required, there is no compelling reason not to offer the OPHU inmates out of cell time in the dayroom or outdoor recreation time if it can be accomplished safely.

- **Finding:** The kitchen workers and supervisors do not always wear their masks properly and social distance in accordance with the established policies, procedures and practices at the SRJ.

Recommendation: The ASCO needs to be more vigilant in its enforcement of properly wearing masks and social distancing in the kitchen. The ACSO should develop a contingency plan for kitchen workers to socially distance when equipment breaks or in other emergencies.

- **Finding:** Inmates are not uniformly provided educational materials on Covid19 prevention in a manner that is multi-faceted, consistent, readily available, easy to understand, and effectively communicated

Recommendation: Create a Covid19 prevention fact sheet that is given to every new inmate upon arrival in the housing unit. The fact sheet reading level must be at a 6th grade reading level. The fact sheet should be available in English and Spanish at a minimum. The fact sheet should be available in large print for those who have vision problems. I recommend a font of 16 for the large print. The fact sheet should be available in an audio format for inmates who cannot see large print. The audio format can be made available in the tablets as can the large print. Inmates should be told that if they are having a hard time reading or understanding the information provided, they can ask for assistance from a Housing Unit Deputy or another classification as long as that other

classification is readily available to assist the inmate. Particular attention should be given to the Developmentally Disabled population to ensure the information is effectively communicated to them.

- **Finding:** Inmates are not uniformly provided with information on when and how to ask for more soap, hand sanitizer, toilet paper, masks. Inmates are not uniformly provided with information on when they can clean their cells and that cleaning supplies will be provided.

Recommendation: Create a fact sheet that is uniformly handed out to every inmate when they arrive at their assigned Housing Unit. This fact sheet must also be available in large print, audio, in Spanish and English, and in the tablets. Housing Officers should give inmates an orientation on how the Housing Unit Program works (out of cell time, laundry exchange, religious services, education programs, etc.). Particular attention should be given to the Developmentally Disabled population. This population may require regular prompts to clean their cells, wash their hands, shower, etc.

- **Finding:** There are allegations by inmates that staff are not wearing masks and cleaning the dayrooms and phones after every inmate or group has out of cell time in the dayroom. There are also complaints that there are insufficient sanitizers for the inmates to clean the phones prior to their use. Some inmates are concerned about using the same mop to clean their cells when other inmates have just used the same mop to clean their cells. Other inmates are concerned about having to use the same towels for showers that they use for cleaning their cells. Sabot did see a few staff not wearing masks. Sabot did not see any issues with cleaning in the living units. I group these cleaning issues all together based on commonality.

Recommendations: In my experience, there needs to be a greater supervisor presence on the decks and in the living units to ensure the policies, procedures and practices are consistently being followed. I recognize and also observed during this inspection that the Santa Rita Jail Facility is currently understaffed with Sergeants. I recommend that the ACSO immediately begin to stand up the Compliance Unit. The ACSO can have the Compliance Unit Captain and the Compliance Unit staff have a regular presence on the living units to ensure staff are wearing the PPE properly, are cleaning properly, are providing the information discussed above uniformly and in a timely fashion. The Compliance Unit could easily develop an internal self-auditing tool to use for internal compliance audits. I also recommend that the Santa Rita jail Commander and the Santa Rita Jail Captain conduct random cell and living unit spot checks on the different teams. I believe their unannounced spot checks will go a long way toward ensuring strict compliance.

- **Finding:** There is not a Jail Ombudsman or neutral third-party confidential complaint line in place at the SRJ. Nor is there an Inmate Advisory Committee (IAC)

Recommendations: Neither an Ombudsman or an Inmate Advisory Council is required, but both would go a long way toward resolving inmate related issues informally and reducing the workload of an already overburdened badge staff. The IAC would allow the inmates an informal process in which to air their complaints, make recommendations for improvements and problem solving. You may be surprised how much you could learn from the inmate population, how much the tension level would be reduced, and how much staff time would be saved by implementing these two initiatives. They work well at CDCR and in the Santa Clara County Jail.

- **Finding:** Inmates are not being educated on the ACSO's Covid19 response plan, and the lack of information is creating fear, distrust, and stress. The lack of information is also generating a large number of unnecessary complaints because of the lack of information regarding the quarantine process, color coded housing units, testing protocols, etc.

Recommendation: Create a fact sheet or video that explains the Covid19 response plan from beginning to end. Run it on the TV multiple times a day and make it available in the tablets. It is my expert opinion that this increase in information will exponentially reduce the fear-based complaints, the stress and fear of the inmates, and the staff time required to deal with these complaints.

- **Finding:** Inmates who are new books and Ad Sep are housed in Ad Sep housing units with other non-quarantined inmates. This is also true of the female population who are new books. Often times females and male positives are housed in the OPHU where they have no dayroom time or outdoor rec time.

Recommendation: Explore the possibility of housing different security levels in the same Red or Blue pods as the other inmates if everybody is programming out alone. This could reduce the risk of cross contamination. I defer to the wisdom and experience of Classification staff, but a little creativity may go a long way toward reducing any risk of cross contamination.

- **Finding:** I had an opportunity to inspect the inmate transportation van and a larger transport vehicle. It will be challenging to transport larger numbers of inmates in these transport vehicles without exponentially increasing the risk of exposure to the Covid19 virus especially if they are new books, Yellow designated inmates, or Red designated inmates.

Recommendation: During this dangerous time try to transport no more than 2 or 3 inmates at the same time if possible. I recognize that as the

courts open back up and begin demanding in person court appearances this will become more challenging if not downright impossible. This will become a challenge sooner than later if the State Supreme Court rescinds Emergency Rule 4 - Emergency Bail. I have reviewed and commented on the interim proposed transportation plan. I have not reviewed the final plan, but in discussions with SRJ Command staff it is my understanding they are currently transporting inmates consistent with that plan. I recommend that Red, Blue and Yellow inmates should never be transported unless it is an emergency, to a hospital or in response to a court order. Video arraignments, and video preliminary hearings should continue until the Covid19 virus has an effective vaccine. I recognize this is beyond the control of the ACSO.

Conclusion

It has been my experience with the ACSO Santa Rita Jail Command staff that they are open, transparent and willing to make adjustments in their day to day operations when to do so makes sense for their operation or to come into compliance with the law. My experience in this inspection was no different.

I hope the ACSO Santa Rita Jail Command staff and the Assistant Sheriff will see the wisdom of following my recommendations even if they are not required by Title 15, or the ACA.

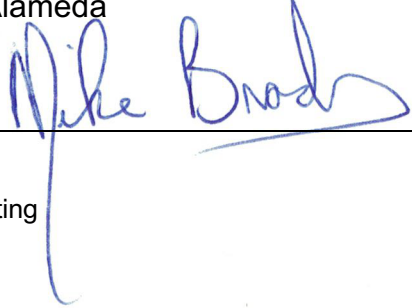
I also appreciate the dedication, transparency, and commitment to providing excellent care that Wellpath has demonstrated in dealing with this incredibly dangerous, contagious and oftentimes fatal virus. Their commitment to providing quality care to the inmates in the Santa Rita Jail Facility is obvious and a breath of fresh air.

It is my intention to return for unannounced spot checks from time to time and I will summarize my observations, findings and recommendations in some form after each unannounced visit.

No jail will ever be perfect in performing its duties, but I am convinced that this jail is committed to doing whatever it takes to keep the inmates in their care, custody and control safe and healthy. Over the last few decades, county jails have done things like they always have and have never been scrutinized like they are today. The days of doing “what we have always done” for county jails are over, and the ACSO and Command staff at the SRJ must adapt to this new reality and embrace the change or lose control of their jail to a plethora of class action lawsuits, remedial plans, and court orders. The choice is theirs to make.

Signature

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



Mike Brady
Director
Sabot Consulting

June 10, 2020

Date