Disability Rights California
California's protection & advocacy system

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Mental Health Services Oversight and Accountability Commission
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Dear Commission Members:

Disability Rights California (DRC) appreciates this opportunity to provide input to the Mental Health Services Oversight and Accountability Commission ("MHSOAC" or "Commission") as MHSOAC examines the problem of overrepresentation of individuals with mental health needs in the criminal justice system. Having worked on behalf of thousands of individuals with disabilities who have had damaging experiences with law enforcement and incarceration, we urge the Commission to promote innovative thinking and bold steps to end the discrimination and improper treatment that people with mental health needs face.

DRC is the state and federally designated Protection and Advocacy agency charged with protecting the rights of people with disabilities in California. Our mission is to advance dignity, equality, independence and freedom for all Californians with disabilities. DRC has legal authority to inspect and monitor conditions in any facility that holds people with disabilities.

Utilizing this authority, DRC has conducted monitoring inspections and investigations of jails and juvenile facilities throughout the State. These investigations have placed significant focus on three issues impacting prisoners with disabilities: (1) the overuse and misuse of isolation and solitary confinement; (2) deficiencies in the provision of mental health and

medical treatment; and (3) discriminatory practices under the Americans with Disabilities Act and related laws.

In 2015, DRC initiated investigations of conditions in four county jail systems – Sacramento County Jail, San Diego County Jail, Santa Barbara County Jail, and Sonoma County Jail – and two juvenile detention systems – in San Francisco County and San Diego County. In 2017, DRC began monitoring three additional juvenile detention systems. DRC has released several investigation reports with findings and recommendations,[1] and is continuing to engage with these systems regarding identified problems. We are hopeful that in the coming months and years, these county jail systems, and others throughout California, will see meaningful improvements in the areas discussed in our reports.

DRC is also counsel in *Johnson v. County of Los Angeles* and *Hall v. Mims* (Fresno County), federal class action lawsuits that address treatment of jail prisoners with disabilities and are now in a remedial phase.

Jails are not designed to serve as mental health facilities. The operations and objectives of a jail conflict and directly interfere with efforts to deliver proper treatment of mental illness. The loss of autonomy, the separation from family and other support networks, and the harsh and often violent setting of a jail exacerbate mental illness and can cause psychiatric conditions to deteriorate. Jails are dangerous and damaging places for people with mental illness.

Through its extensive work across California, DRC has identified systemic failures that again and again harm people with mental illness, and that undermine local efforts to improve community services for this vulnerable population, protect public safety, and achieve smart investment of public dollars.

In this submission, we first discuss the troubling reality that individuals with mental illness face incarceration at an exceedingly high rate in California. Given this fact, we emphasize the urgent need for specific and targeted efforts to reduce the rates of incarceration for this vulnerable population, and to facilitate successful diversion and reentry. We provide examples of programs that have demonstrated compelling results, but remain underutilized. Finally, we emphasize that individuals with mental health needs who end up in a jail or prison must be provided with legally and constitutionally mandated treatment.

I. California Incarcerates People with Mental Illness at an Exceedingly High Rate.

The prevalence of people with mental illness in detention is staggering. A recent United States Department of Justice study found that jail inmates reported symptoms of psychological distress at a rate more than five times that in the general population.[2] The prevalence of serious mental illness among prisoners has skyrocketed in recent decades. California's incarcerated population is no exception, with a significant and persistent overrepresentation of people with mental health needs.

A. California's Criminal Justice Reforms Have Left Behind People with Mental Illness.

Even with the California Department of Corrections and Rehabilitation (CDCR) substantial population reduction over the last several years (following the United States Supreme Court finding that prison overcrowding was the primary cause of constitutional deficiencies in the treatment of CDCR prisoners with mental health and medical needs)[3], the prevalence of mental illness among prisoners has continued to rise. More than 30% of California state prisoners now receive treatment for a "serious mental disorder," an increase of 150 percent since 2000.[4]

While there is less data available on the prevalence of mental illness in California's county jails, DRC's jail investigations revealed similarly high rates of mental illness, of 30% or more. The acuity and severity of illness among the jail populations we observed is significant, and deeply troubling.

B. People with Mental Illness Are More Likely to be Arrested and Face Longer Stays in Jail.

People with mental illness are more likely to become involved with the criminal justice system.[5] (Meanwhile, they are also more likely to be the *victims* of crime.[6]) Once incarcerated, people with mental illness tend to stay in detention longer. In Los Angeles County, for example, prisoners with mental illness were found to spend 2-3 times longer in jail than similarly situated prisoners without mental illness.[7]

Here in California, discrimination against people with mental illness is "baked in" to state and local policies and practices, resulting in disproportionately high incarceration rates. To give one example, CDCR prisoners with serious mental illness or developmental disabilities have long been unable to participate in credit-earning programs that would reduce their term of imprisonment, placing a thumb on the scale towards

their spending more time incarcerated than the non-disabled prisoner population. (In early 2017, the State took steps to remedy this problem, committing to provide credits to prisoners with serious mental illness or developmental disabilities for their participation in treatment programs.[8])

In county jails, we have observed scores of criminal defendants found incompetent to stand trial and awaiting restoration-to-competency treatment. Because of limited restoration treatment beds and lack of community-based restoration programs, these individuals can spend months waiting to be transferred to facilities and programs that provide those services. Prisoners can end up spending more time waiting for competency restoration services than they would spend in jail if convicted. In the meantime, their mental and physical health severely deteriorates; many engage in acts of self-harm or commit suicide.[9]

Another significant contributor to the excessive lengths of incarceration for prisoners with mental illness is that, without appropriate treatment and other supports, many find it difficult to understand and follow rules,[10] resulting in loss of good time credits, additional criminal charges, and extensions of their term. Their placement in jail sets them up to fail.

Every community should track and analyze the rates at which people with mental illness are arrested, charged, and incarcerated. Where the numbers are disproportionately high, there are likely policies and practices making it so – and opportunities for smart, safe, and cost-effective reform.

C. The Problem Is Further Troubling When Evaluated in Conjunction with Gender and Race.

These trends disproportionately impact women and communities of color with mental health needs.[11] Between 1980 and 2014, the number of incarcerated women increased by more than 700%.[12] The prevalence of reported psychological distress is substantially higher among women as compared to men who are incarcerated.[13] African American and Hispanic women are significantly more likely to be incarcerated than white women.[14]

Discrimination and bias can also impact who receives treatment and who receives punishment for behaviors related to mental illness. For example, studies have shown that older white men manifesting a mental illness are more likely to receive treatment services, as compared to younger African American and Hispanic men, who are often seen as ‘malingerers’ and punished with solitary confinement and other deprivations that worsen their condition.[15]

II. There Is an Urgent Need for *Specific* and *Targeted* Efforts to Reduce the Rates of Incarceration of People with Mental Illness, and to Facilitate Successful Diversion and Reentry.

The current situation is dire. Jails are not therapeutic environments. They are not designed to be mental health treatment centers. Prisoners with mental illness are significantly more likely than those without mental illness to be abused.[16] They are more likely to commit suicide, the leading cause of death in jails.[17] Further, it costs significantly more to incarcerate prisoners with mental illness than prisoners without this condition.[18]

The over-incarceration of people with mental illness is directly at odds with California's stated commitment to providing treatment in the least restrictive manner appropriate, with respect for the right to "dignity, privacy, and humane care."[19]

Shocking stories of mistreatment, violence, and abuse against jail prisoners with mental illness and other disabilities have added urgency to the need for action and new thinking. In January 2017, Andrew Holland died in San Luis Obispo County Jail after staff placed him in a restraint chair for 46 hours in response to observations of him punching himself.[20] In Santa Clara County, three deputies were recently convicted of the August 2015 brutal beating and murder of Michael Tyree, a prisoner with serious mental illness.[21] In Sacramento County, James Joshua Mayfield, diagnosed with mental illness but denied necessary treatment, was paralyzed when he tried to kill himself by jumping off his cell bunk, leading to a major federal lawsuit and multi-million dollar settlement.[22]

By providing appropriate mental health services before, during, and after incarceration, communities can lower these numbers and provide treatment in more appropriate, integrated settings in the community.[23] Enhanced services are needed at all points where individuals with mental illness interact with the criminal justice system, from before arrest through reentry.

State and local policy reform efforts to reduce incarceration rates must specifically target the population of people with mental illness, and proactively accommodate their needs as they interact with community systems. Policy efforts must also specifically identify and address the intersectional disparities among people with mental illness that negatively affect women and communities of color.

We emphasize three strategic areas: (1) maintaining a robust community mental health system that supports people with mental illness in

ways that keep them out of the criminal justice system in the first place; (2) diverting individuals with mental illness who come into contact with law enforcement into appropriate placements with services; and (3) helping prisoners with mental illness safely and successfully reenter their communities and avoid future re-incarceration.

A. Community Mental Health Services Can Reduce Entanglement with the Criminal Justice System.

Experts agree, and more and more systems have found, that robust community-based mental health services can lower the number of individuals with mental illness in jails and prisons – with cost-savings and better outcomes. The first recommendation of the Judicial Council of California's 2011 Task Force for Criminal Justice Collaboration on Mental Health Issues is to focus on "[c]ommunity-based services and early intervention strategies that reduce the number of individuals with mental illness who enter the criminal justice system."[24]

While California law requires county behavioral health departments to provide a full range of specialty mental health services, such as targeted case management, medication support, crisis intervention and community-based residential treatment, DRC has found significant gaps or delays in services for those at risk of incarceration and for those reentering after a term of incarceration. Counties and the State should ensure that critical services are fully funded and available for this population.

In addition, there are several successful models for engaging individuals through treatment in their own community, which DRC strongly believes must be developed and expanded across the State. Some evidence-based programs include:

- **Assertive Community Treatment (ACT)**: ACT is a multidisciplinary, wraparound, individualized model of service.[25] ACT is designed for people who have not had success with traditional treatment models, including those with previous incarcerations and psychiatric hospitalizations.[26] ACT programs have reduced arrests, bookings, incarceration time, and the need for inpatient psychiatric services. For example, the Thresholds' Justice Program in Chicago found an 89% reduction in arrests, an 86% reduction in jail time, and a 76% reduction in hospitalizations among program participants.[27]

- **Full-Service Partnerships (FSPs)**: Similar to ACT, FSPs provide wraparound services to clients with a history of high hospitalization usage and experience with the criminal justice system. California counties

that have implemented FSPs have seen success in reducing incarceration of individuals with mental illness. For example, Sacramento County found a 66% decrease in arrests, a 50% decrease in jail occurrences, and a 43% decrease in jail days for participants in its FSP program.[28]

- **Supportive Housing**: Having a safe and secure place to live is foundational to well-being and success in the community. Supportive housing draws on the idea that stable housing can help individuals with mental illness live in the community more successfully. It can be provided through multiple integrated sites or in designated buildings. It can be employed with other supports, such as ACT or FSPs, to improve outcomes, both for individuals and the community. One program, Pathways to Housing,[29] which uses a "Housing First"[30] model, reduced incarceration among participants by 50%, and reduced hospitalization episodes by 71%.[31] State supportive housing programs should be expanded, and supplemented with local investment in crisis placements, peer support programs, and other services.

B. Diversion Efforts Bring Individual and Community Benefits.

Even with expanded community mental health services, some individuals with mental illness will come into contact with the criminal justice system. Therefore, a crucial part of a successful treatment system is one that diverts individuals who can safely and effectively be treated and supervised outside of jail and prison settings. The diversion of criminal defendants with mental illness can improve both mental health and criminal justice outcomes.[32] Such benefits can even be found with individuals facing felony charges[33] and with co-occurring substance abuse disorders.[34]

Law enforcement and the courts can play a meaningful role in diversion efforts:

- **Law Enforcement**: As the first line of connection to people with mental illness in many cases, police officers can help channel people into appropriate treatment and services, avoiding jail detention altogether. Some communities have wisely utilized mental health professionals during interventions[35] and provided Crisis Intervention Training to officers.[36] One program, Law Enforcement Assisted Diversion (LEAD), has been implemented in several jurisdictions nationwide, and boast a 58% decrease in arrests by participants.[37] While a few local agencies in California are exploring or developing LEAD programs, this sort of program would benefit law enforcement efforts across the State.

- **Mental Health Courts**: Another option for diversion is the mental health court,[38] where defendants can voluntarily consent to treatment in lieu of incarceration. These programs have been found to be cost-effective. San Francisco, for example, runs a diversion program through its mental health court, which saved over $2.7 million in only three years.[39]

C. Successful Reentry Requires Coordinated Efforts Across Agencies.

For individuals with mental illness who do become incarcerated, robust reentry services are essential. People with mental illness are at greater risk of returning to incarceration after release.[40] The lack of community-based mental health and substance abuse treatment services, coupled with a lack of diversion programs, contributes to this terrible cycle. Reentry efforts must specifically address the service needs of this population.

Reentry assistance staff must proactively engage those prisoners approaching their release date. We have observed systems relying on prisoners to request or seek out reentry assistance themselves. Such a structure is destined to fail when it comes to people with mental illness and other disabilities.

Effective reentry requires well-defined, structured coordination between jail staff, county behavioral health, Medi-Cal, and other programs. It also requires coordination between treatment providers inside and outside the jail. Los Angeles has developed community-based treatment programs for criminal defendants that continue even after a patient's criminal charges are resolved, a remarkable effort to promote continuity of care.[41] Programs that include ACT, supportive housing, and stronger, coordinated community services are core to reentry efforts, and have been supported by the United States Department of Justice in a number of cases.[42] Supportive housing has been found to be particularly effective.[43]

Many California counties, cities, and towns lack reentry services almost entirely. We have found insufficient funding and capacity even in communities that have taken steps to implement these kinds of efforts.

III. People with Mental Illness Who End Up in Jail Must Receive Adequate Treatment.

County sheriffs' departments did not ask to become the administrators of some of California's largest mental health care providers. But today's reality is that a significant number of prisoners have some form

of mental illness. In part due to California's Public Safety Realignment legislation, county jails house prisoners with longer sentences than in the past. We have identified individuals serving sentences of up to twenty years or more in a county jail. As discussed above, the rates and acuity of mental illness in jails appear to be rising as well.

These trends create additional responsibilities, and opportunities, for local agencies in the treatment of their own community members who have mental illness. Just as any jail bears responsibility for providing prisoners with food, clothing, and shelter, it must meet the mental health treatment needs of its population.

There is not a separate or distinct standard of care for prisoners – rather, the community standard of mental health and medical care must apply. While there are logistical challenges and necessary adjustments in approach that result from the constraints of confinement settings, jails must strive to achieve the standard of care that would apply in the community in which they exist.[44] As a recent Marin County Grand Jury recognized, "the care that is provided [in jail] must meet the 'community standard' of care that is provided to non-incarcerated persons."[45]

DRC's jail investigations have shed light on the awful state of mental health care in California jails.[46]

A. Lack of Access to Appropriate Levels of Care

Through our monitoring of jails throughout California, we have found counties insufficiently equipped to deliver all levels of mental health treatment, or to provide placements that are conducive to treatment.

"Treatment" for prisoners with mental illness is generally limited to medication and non-private, non-confidential interviews with mental health staff through cell-doors. Exchanges between mental health staff and their patients are often done through food slots or the cracks between the door and the frame. The lack of adequate treatment, including group or individual therapy, or other structured out-of-cell therapeutic activities, is a significant problem in many systems.[47]

In the wake of one DRC investigation, and recognizing the need for a more complete spectrum of care, Sacramento County recently implemented an intensive outpatient mental health care unit.[48] The unit is designed to serve people who are not in the midst of an acute mental health crisis but who need daily attention and treatment. The program is intended to reduce incidents of decompensation and self-harm requiring

placement in an acute care unit, and to provide a step-down unit for people who have been stabilized following a mental health crisis.

Programs such as the one rolling out in Sacramento County remain rare in California jails, but they are essential to provide a complete spectrum of treatment for those with mental illness. Not all illness can be treated with medication alone, and it is cruel and counterproductive to allow people with higher treatment needs to decompensate without sufficient treatment. Jails should not wait for an emergency or acute situation to provide care.

B. Overuse and Misuse of Solitary Confinement for People with Mental Illness

There is growing consensus that the isolation of prisoners with mental illness should be avoided due to serious psychological and physical risks of harm.[49] Solitary confinement is an extraordinarily dangerous place for someone with mental health needs.

We have observed widespread overuse and misuse of solitary confinement in California's jails, particularly for people with mental illness. Conditions in these settings are characterized by extreme social isolation and inadequate mental health monitoring or treatment. We found isolation units that are very austere, with little to no out-of-cell time, enforced idleness, and lights left on constantly for days at a time.[50] In some facilities, prisoners demonstrating symptoms of mental illness are seen as disruptive, and can be placed behind multiple doors in "quiet cells" or in "deep isolation."[51] Windows on isolation cell doors are sometimes covered, increasing the level of isolation. Such practices add to the risks of harm for people with mental health needs.

California's jails often place prisoners with mental illness in solitary confinement *because* of their mental illness. In some jails, "mental illness" is a classification that, by policy, warrants placement in an isolation unit.[52] Such policies are often justified by claims that it is for the safety of the prisoner with mental illness. The evidence shows that such a policy has it exactly backwards. The rates of psychological deterioration, self-harm, and suicide, are highest in isolation units. As a California federal court noted, "placement in [solitary confinement] of already fearful inmates may only serve to make them even more fearful and anxious, which may precipitate a state of panicked desperation, and the urge to die."[53]

We have also observed jail practices where prisoners identified as suicidal or in acute distress are stripped of their clothes and placed in

rubberized “safety cells,” with no bed and no toilet other than a grate in the floor, for many days at a time, without meaningful treatment.[54]

Jails should proactively work to prevent the placement of people with mental illness in solitary confinement settings. In the rare cases where a person with mental illness must be placed in isolation, such placements should be as brief as possible. In addition, mental health staff should be meaningfully involved, to provide evaluations, input as to the person’s risk factors and need for treatment, and clinically appropriate care for the entirety of the person’s stay in isolation.[55]

Therapeutic mental health units for prisoners with mental illness who may have difficulty functioning in a general population unit provide a useful alternative to the use of solitary confinement. The recently implemented intensive outpatient program in Sacramento County Jail, for example, has shown encouraging results.

C. Inadequate Staffing to Deliver Care

DRC has found severe deficiencies in the level of staffing necessary to deliver adequate mental health care. This includes mental health and medical staff that provide evaluation and treatment, administrative staff that manage operations, and the custody staff needed to ensure that patients get to appointments. Jail staff consistently report to us that inadequate staffing is among the most serious challenges they face to providing the treatment they recognize to be necessary.[56]

D. Lack of Accurate or Complete Medical Records

Another key component for adequate care is the maintenance of accurate, complete, and confidential treatment records. We have seen time and again how poorly maintained treatment records lead to delays in treatment, or no treatment at all, for prisoners with mental illness.[57]

We strongly encourage counties to utilize a well-developed electronic system of jail mental health and medical records, and to strive for effective coordination across treatment providers to ensure continuity of care when people with mental illness enter and exit detention.

E. Problematic Medication Practices

Jails have a responsibility to administer psychotropic medication with appropriate clinical supervision and periodic evaluation. DRC has reported on practices revealing a lack of regular evaluation, failures in medication

continuity, and practices that violate California laws on involuntary medication administration.[58]

F. Failures in Suicide Risk Screening and Prevention

DRC has found significant deficiencies in how jails approach the prevalence of suicide and self-harm among prisoners, a frighteningly common issue for people with mental illness in jail.

San Diego County Jail has what appears to be among the highest reported incidence of suicides in California jail systems – approximately 27 suicides since January 2010, including approximately 17 since January 2014. Based on data we have reviewed, the San Diego County Jail annual suicide rate has in some years exceeded 100 per 100,000, more than eight times the overall suicide rate for the county, and as much as three times the national jail suicide rate.[59]

In addition to the individual lives lost, a jail's high suicide rate indicates a broader, more systemic problem with the treatment of people with mental health needs and other disabilities who are at elevated risk of suicide and other harms in the harsh jail setting.

We have found suicide prevention efforts in jails to be generally inadequate, and even counterproductive. Measures that purportedly reduce the risk of suicide have resulted in extraordinary deprivation and suffering – for example, the confiscation of clothing, books, and other personal property from scores of prisoners with suspected mental health needs, and lengthy placements in solitary confinement "safety cells" without treatment. These practices exacerbate mental illness and discourage prisoners to disclose suicidal thoughts in the future, for fear of being put into isolation.[60]

Conclusion

While there are serious, deeply entrenched problems in how our communities over-incarcerate and under-serve people with mental illness, we are hopeful that positive changes lie ahead. We welcome the opportunity to provide input for this important project, and look forward to working with MHSOAC, and state and local agencies, to improve the lives of people with mental illness.

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[19] *See*, *e.g.*, Cal. Welf. & Inst. Code § 5325.1(a) ("It is the intent of the legislature that persons with mental illness shall have rights including, but not limited to . . . (a) A right to treatment services which promote the potential of the person to function independently. Treatment should be provided in ways that are least restrictive of the personal liberty of the individual."). "Return to Main Document"

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[31] *A Way Forward: Diverting People with Mental Illness* at 4-5 (citing Fairmont Ventures, Inc., Evaluation of Pathways to Housing PA (January 2011)). "Return to Main Document"

[32] *A Way Forward: Diverting People with Mental Illness* at 7 (e.g. San Francisco's diversion program has found that participants are 84% less like to be rearrested and 55% less likely to be charged with a new violent crime; Miami-Dade County's program, which reduced recidivism for misdemeanants from 75% to 20% and down to 6% for individuals with felony arrests). "Return to Main Document"

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arrested, incarcerated, or had other encounters with the criminal justice system due to conduct related to serious mental illness)). "Return to Main Document"

[43] Dennis P. Culhane et al., *Public service Reductions associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing*, 13 Housing Policy Debate 1, 107, 129-33 (2002). "Return to Main Document"

[44] The United States Supreme Court has asserted that "a prison that deprives prisoners of basic sustenance, including adequate medical care, is incompatible with the concept of human dignity and has no place in civilized society." *Brown v. Plata*, 563 U.S. 493, 510 (2011). Notably, courts have recognized that a jail's pre-trial detainees, who have not been convicted of any crime, are afforded even greater protections than convicted prisoners. *See Hernandez v. Cty. of Monterey*, 110 F.Supp.3d 929, 934 (N.D. Cal. 2015); *Castro v. Cty. of Los Angeles*, 833 F.3d 1060, 1070 (9th Cir. 2016) (citing *Kingsley v. Hendrickson*, 135 S.Ct. 2466 (2015)). "Return to Main Document"

[45] 2016-2017 Marin County Civil Grand Jury, *Care of Mentally Ill Inmates in Marin County Jail,* 21 (2017). "Return to Main Document"

[46] The Marin County Grand Jury's recent findings (at 23) are consistent with much of what DRC found in its investigations in other counties:

> Current staffing and organization of mental health care in the Jail is inadequate, and appears not to conform to California law and code nor to court rulings regarding the care that should be provided to incarcerated persons. In particular, delays in assessment and treatment of recently booked mentally ill inmates, lack of adequate local processes to address emergency mental health crises, inadequate 24/7 clinical coverage, and the use of safety cells for acute mental illness episodes need to be addressed as soon as possible. There appear to be clear violations of the rights of inmates to adequate care based on, and equivalent to, "community standard" care. "Return to Main Document"

[47] *Report on Inspection of Sonoma County Main Adult Detention Facility (Conducted on August 25, 2015)*, Disability Rights California, 5; *Report on Inspection of the Sacramento County Jail (Conducted April 13-14, 2015)*, Disability Rights California, 10-11; *Report on Inspection of the Santa Barbara County Jail (Conducted on April 2, 2015)*, Disability Rights California, 13. "Return to Main Document"

[48] Ellen Garrison, *As Need Skyrockets, Sacramento Jail to Expand Aid to Mentally Ill,* Sacramento Bee (Mar. 23, 2017) Link to article here "Return to Main Document"

[49] US DOJ, Use of Restrictive Housing – Final Report at 99; National Commission on Correctional Health Care, Position Statement - Solitary Confinement (Isolation) (2016); American Bar Association, Standards for Criminal Justice: Treatment of Prisoners (3d ed. 2011), Standard 23-2.8 Segregated Housing and Mental Health; American Psychiatric Association, Position Statement on Segregation of Prisoners with Mental Illness (2012); Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 66th Sess., U.N. Doc. A/66/268 (Aug. 5, 2011). "Return to Main Document"

[50] DRC Sacramento County Jail Report at 6-7, DRC Santa Barbara County Jail Report at 10-12. "Return to Main Document"

[51] DRC Sonoma County Jail Report at 12, DRC Santa Barbara County Jail Report at 10-12. "Return to Main Document"

[52] DRC Santa Barbara County Jail Report at 10-12. "Return to Main Document"

[53] *Coleman v. Brown*, 28 F.Supp.3d 1068, 1097 (E.D. Cal. 2014). "Return to Main Document"

[54] DRC Santa Barbara County Jail Report at 6-10. "Return to Main Document"

[55] U.S. Department of Justice, Report and Recommendations Concerning the Use of Restrictive Housing – Guiding Principles, 8 (Jan. 2016); Braggs v. Dunn, No. CV214CV601MHTWO, 2017 WL 2773833 (M.D. Ala. June 27, 2017). "Return to Main Document"

[56] DRC Santa Barbara County Jail Report at 8; DRC Sacramento County Jail Report at 8, 13; DRC Sonoma County Jail Report at 3. "Return to Main Document"

[57] DRC Santa Barbara County Jail Report at 15. "Return to Main Document"

[58] DRC Santa Barbara County Jail Report at 15-16; DRC Sonoma County Jail Report at 7-9. "Return to Main Document"

[59] Margaret E. Noonan & Scott Ginder, U.S. Department of Justice, Bureau of Justice Statistics, *NCJ 242186, Mortality in Local Jails and State Prisons, 2000-2011 - Statistical Tables* (August 2013), Link to publication here "Return to Main Document"

[60] DRC Santa Barbara County Jail Report at 16. "Return to Main Document"