

County of Santa Barbara - Santa Barbara Jail
ADA Transition Plan for Adult Detention Facility

VOLUME 1

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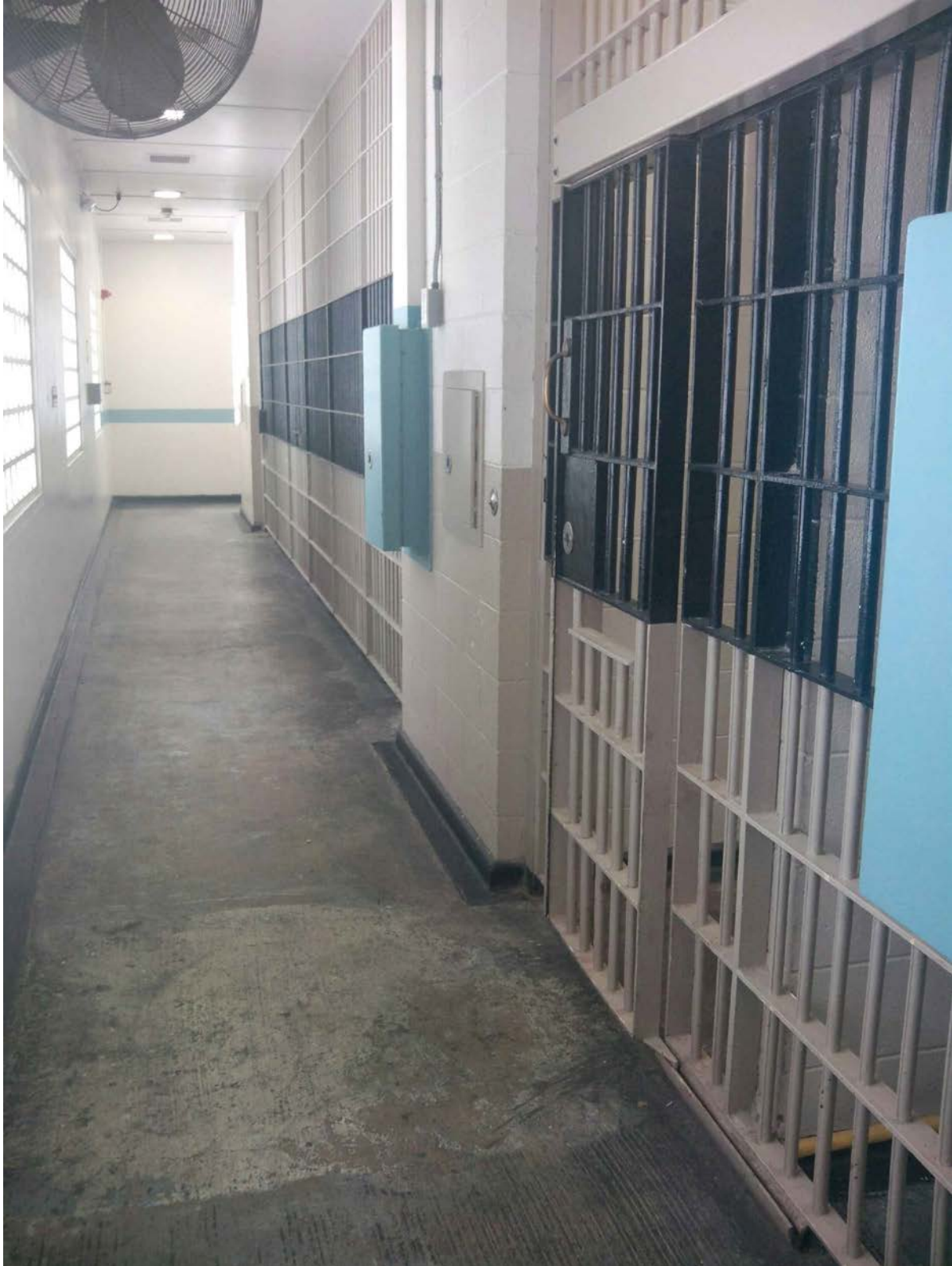
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INTRODUCTION AND BACKGROUND

Introduction

The County of Santa Barbara is located approximately 100 miles north of Los Angeles, California, and is sometimes considered the northern cultural boundary of Southern California. The County of Santa Barbara has a total area of 3,789 square miles, which includes a series of Channel Islands, four of which make up the Channel Islands National Park. The County is estimated to have a population of approximately 445,000, with its largest city being Santa Maria.

The County has two jails, the Main Jail with a Board of State and Community Corrections (BSCC) rated capacity of 819 inmates located in Santa Barbara and the New Jail with a BSCC rated capacity of 376 located in Santa Maria. The new Santa Maria facility, under construction is scheduled to open in early 2020.

Santa Barbara County Main Jail Facility is comprised of four (4) buildings:

- Main Jail - Built in 1963 and rated for 456 beds.
- Medium Security Facility - Built in 1963 and rated for 160 beds.
- Northwest Jail - Built in 1982 and rated for 75 beds.
- Intake and Release Center - Built in 1988 and rated for 128 beds.

Background

The following chart illustrates the annual average daily population (ADP) of the four combined facilities. The average ADP is 961. In 2013 and 2016, the population peaked to 1003 and 1016 respectively, and the lowest population was recorded in 2015 at 891. The new Santa Maria Jail Facility should significantly reduce the Main Jail's capacity.

Santa Barbara Jail Average Daily Population (ADP)											
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
ADP	944	981	965	899	981	1003	967	891	1016	970	951

Source: Custody Monthly Stats, Jail Management System Monthly Stats Report - Monthly Counts by Facility

ADA Assessment

The County of Santa Barbara has retained Vanir for the purpose of developing and delivering an *Americans with Disabilities Act (ADA) Transition Plan*. This plan sets forth the necessary steps to ensure compliance with the ADA and its implementing regulations with respect to the Santa Barbara Jail located in Santa Barbara, CA.

In order to conduct the site evaluation for ADA accommodations, Vanir staff and subconsultants visited the Santa Barbara Jail facilities multiple times in 2016 through 2018.

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Site Visits

The following chart captures the dates of Vanir's site visits to the Santa Barbara Jail. The visits included physical plant assessment, County briefings and presentations, and interviews. The visits also included Vanir's consultants (architectural, mechanical / plumbing, electrical, structural, and security electronics) who conducted assessments of the jail's physical plant and site.

ADA Assessment Trips to Project Site		
Date	Task	# Trips
September 6, 2016	ADA Assessment	1
September 7, 2016	ADA Assessment	
October 26, 2016	ADA Assessment & Briefing	1
November 8, 2016	ADA Assessment & Briefing	1
November 9, 2016	ADA Assessment & Briefing	
June 8, 2017	ADA Assessment Final Report	1
February 13, 2018	Implementation Plan Assessment	1
February 27, 2018	ADA Plan Assessment	1
March 28, 2018	ADA Plan Assessment & Interviews	1
March 29, 2018	ADA Plan Assessment & Interviews	
June 7, 2018	Jail Site Survey	1
	Total Trips:	8

Americans with Disabilities Act of 1990

The American with Disabilities Act (ADA) was enacted to integrate more than 43 million individuals with disabilities into mainstream society. The ADA affects correctional facilities as well as every other industry and profession across the country.

There are five sections to the ADA law. Title I and Title II have a direct effect on correctional facilities.

- Title I addresses employment practices and is overseen by the Equal Employment Opportunity Commission (EEOC).
- Title II addresses the delivery of state and local government programs, activities, and services. This includes the programs, activities and services of correctional facilities and is overseen by the Department of Justice (DOJ). Both private and commercial entities must follow the DOJ Standards for Accessible Design based on the Access Board's Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities (ADAAG), or a certified equivalent. State and local governments can follow either ADAAG or Uniform Federal Accessibility Standards (UFAS).

This Act was designed to provide equal opportunity to individuals with a disability without discrimination. Pertinent definitions and questions include:

- *Who is a Person with a Disability?*
 Anyone who has a physical or mental impairment, long lasting or permanent, that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

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- *What are Major Life Activities?*
Caring for one self, performing manual tasks, walking, seeing, speaking, breathing, learning, thinking, concentrating, interacting with others, performing manual tasks, and working. To be substantially limited means that such activities are restricted in a manner, condition, or duration in which they are performed in comparison with most people.
- *How Does This Relate to Facilities?*
All new buildings, built after January 26, 1992, must be accessible to and usable by persons with a disability. Existing buildings must also provide equal access to the disabled persons either by remodeling to current ADA construction standards, or by development of alternative procedures that provide an equivalent service to someone that is disabled.
- *Who or What Agency Inspects New and Existing Facilities for ADA Compliance?*
New construction is required to comply with current building codes which have the ADA requirements incorporated within them. However, the evaluation of existing buildings is the responsibility of the building Owner / tenants, not building departments. Unlike building code compliance, the ADA does require retroactive evaluation to current construction standards, and the opportunity to have non-compliant building elements grandfathered in as compliant is limited.

In practice, when the evaluation of an existing building reveals non-compliance, the building Owner / tenants must determine the most prudent course of action that will provide a maximum degree of ADA compliance in a reasonably brief period of time. While each situation is different, ADA compliance is often resolved through a combination of remodeling phased in over several years, and policy changes that together provide a high degree of access, without resulting in unreasonable financial burden on the building Owner / tenant.

Pertinent case law includes:

Pennsylvania Department of Corrections v. Yeskey (Decision of June 15, 1998); Ruled: ADA applies to detention facilities.

Armstrong vs. Schwarzenegger (CDCR) Program (1990) (Case #09-17144; Decision of September 7, 2010); Ruled: ADA applies to parolees in County jails.

Accessibility Standards and Codes

The County has undertaken the task of determining the status of its current detention facilities as it relates to ADA accessible accommodations, utilizing the most recent codes and standards. The codes used for this report are:

- 2013 California Building Code (CBC). Contains the most current of all general building code requirements (i.e. accessibility requirements, electrical and mechanical codes, etc.), as well as the physical plant regulations including the size and adjacency requirements for cells and dayrooms.

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- 2010 Americans with Disabilities Accessibility Guidelines (ADAAG) Judicial and Detention Accessibilities Guidelines for Buildings and Facilities.
- 1991 Americans with Disabilities Accessibility Guidelines (ADAAG) Judicial and Detention Accessibilities Guidelines for Buildings and Facilities. Individual elements within a facility that can be determined as compliant with the 1991 ADA standards, can generally be given a “safe harbor”, and do not require further modifications to comply with the newer 2010 ADA Standards.

Construction Standards (ADA Accessibility Standards, or Guidelines) in support of the ADA laws were developed in the early 1990's, with a new updated Standard issued on March 15, 2012, well after the Santa Barbara Jail was designed and constructed. These facilities are typically grandfathered to the codes and standards that were relevant at the time of original construction. This survey effort demonstrates the County's continuing proactive outlook toward providing accessibility to all Americans with disabilities by identifying any barriers and access within the facility, and prioritizing correction measures to mitigate, remove, or otherwise address the barriers.

The ADA specifies that Government Entities such as the Santa Barbara Jail, have an obligation under the ADA that is somewhat different than the obligation of Private Entities. Government Entities are required to perform a two-step process as follows:

1. Perform a “Self-Evaluation” of all the various programs, activities, and services provided to the public to determine if there are areas in which disabled inmates are unable to participate equally, and to develop policies and procedures to assure equal participation.
2. Develop a “*Transition Plan*” to correct any physical barriers (affixed or temporary) that limit disabled inmates from full and equal participation in the programs, activities and services that are made available by the Government Entity.

Facility Assessment and Checklist

Our surveyors used the *Vanir Mobile Assessment Programmer (Vmap)*, a proprietary tablet-based program, to aid in the assessment process. The Vmap is pre-loaded with all three design standards (2013 CBC, 2010 ADA, 1991 ADA) and is also pre-loaded with typical building types, room types, and element types. The assessors selected the appropriate building, room, and element types from pull-down menus, then measured the specific Santa Barbara Jail elements against all three standards for that same element type.

Each element within each functional use area (FUA) was reviewed against the ADA standards. Each ADA standard applies to detention facility operations as it relates to the public and inmate accessibility, while recognizing the safety and security integrity of the facility. A great deal of effort was spent in observing both the operations of the facility as well as ADA impaired individuals involved in each operation and /or activity.

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The surveyors reviewed all rooms as indicated on the floor plans and recorded areas of non-compliance. Rooms that are included in the survey results are rooms that have areas of non-compliance. Rooms that are not listed on the survey do not have ADA compliance issues.

ADA Targeted Impairments and Users

This study and review included the most common impairments that, from time to time, are experienced at the detention facilities: Mobility, Hearing, and Sight.

The review also took into consideration the following targeted users:

- Inmates, Pre-Sentenced
- Inmates, Sentenced
- General Public
- Inmates, Medical
- Attorney
- Visitors
- Inmates, Program
-

ADA Guidelines

Additionally, the review looked at the following ADA measures:

Mobility Impaired Involving Arms, Hands, Legs, Feet (i.e., Wheelchair Bound, Prosthesis, etc.)

- Space allowances
- Reach ranges
- Maneuvering clearances
- Surfaces conditions
- Stalls / partition swings
- Handrails
- Fixtures heights
- Entrances
- Grab bars
- Circulation
- Signage
- Elevator space
- Lifts
- Door widths
- Door opening force
- Slopes
- Ramps
- Shower stalls
- Thresholds
- Furnishings
- Closers
- Aisle widths
- Water closets
- Urinals
- Telephones
- Maneuverability
- Sinks
- Water coolers
- Counters
- Parking spaces
- Tableware
- Dispensers

Sight Impaired (Blind, Minimal Sight)

- Protruding objects
- Obstructions
- Clear aisle ways
- Marked crossings
- Illumination
- Hazards
- Head room
- Handrails
- Stair rise and tread
- Alcoves
- Signage
- Contrasting sign lettering
- Emergency sounding devices
- Communication devices
- Floor textures

Hearing-Impaired (Deaf, Minimal Hearing)

- TTY / Video Translation
- Paper & pencil
- Emergency visual devices
- Placards
- Closed-captioned TV
- Interpreters

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Project Approach

The ADA Assessment process utilized Vanir's proprietary tablet containing ADA computer-based software developed specifically for assessing the ADA compliance for correctional facilities. In addition to the tablets, our methodology included five tasks which were tailored specifically to the Santa Barbara Jail. The five tasks responded to the *Self-Evaluation* and *Transition Plan*.

Task 1: Research

Vanir met with appropriate County detention staff and management to discuss the specific ADA assessment needs and status of current accessibility compliance efforts. These discussions were augmented with County documents and Vanir's review of the existing inspection reports, inmate accommodations, complaints, ADA lawsuits, facility drawings, facility policies and procedures, inmate processing forms, interviews, and inmate management system data collection.

Task 2: Software Customization

Vanir developed an accessibility database system referred to as our proprietary vMAP system and through that development utilizes extensive tracking checklists, templates, and forms in the performance of assessment services to ensure that a systematic approach with clearly defined steps and processes are followed and no area is overlooked. Vanir's processes and tools ensure that the assessment and reporting is comprehensive, and the results are documented and reportable. Vanir tailored the tablet ADA computer-based software for the Santa Barbara Jail. The Vanir software was developed with pre-loaded requirements of the three independent standards (2013 CBC, 2010 ADA, 2010 CBC) and was set up in a manner to provide a checklist query that is typically room and element-dependent. Based on the County's drawings, the software was modified to pre-load project-specific rooms and elements. For example, if the preliminary research indicated that a specific room type was common in the jail facilities but was not currently available on the tablet, the Vanir team entered that particular room type ahead of time to make the job-site surveyors more efficient and effective. This allowed the surveyors to move from one room to another, take measurements and photos, and instantly have the data analyzed and permanently stored in the tablet, ready to be uploaded and shared.

Task 3: Field Surveys

The Vanir survey teams were comprised of two-person teams that work together to collect the survey data using a number of tools including the tablet, tape measures, templates, levels and clipboards. The survey teams assigned a building name and number, and room names and numbers and began their survey (see Functional Use Area checklist and associated rooms listed below the tasks). Typically, they photographed the room first, moving clockwise through the space, and accounted for each element that was encountered. The survey team would typically discuss the operational procedures with the correctional officers to determine the most appropriate ADA compliance standard. As the teams completed each room and each building they recorded on an associated floor plan any plan deviations or other information. The survey teams are trained to record the information in an impartial manner, without forcing the outcome in any direction. The integrity of the process is maintained by the strictly impartial position of the survey teams.

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Task 4. Evaluation of Data and Recommendations

The data was uploaded to a main server and was evaluated for consistency and completeness. The ADA compliance status was then disseminated into three categories: 1) 1991 ADA compliance; 2) 2010 ADA compliance; and 3) 2013 CBC compliance. The surveyor teams then reviewed the data and developed recommendations based on criteria as developed by County staff. Recommendations were vetted for reasonableness, effectiveness, and cost. Vanir presented the *Self-Evaluation Report* to the County, solicited and recorded all feedback, as well as made changes as directed.

Task 5. Cost Evaluation

Each of the ADA Corrective Measures (ACM) were listed and accompanied by a cost estimate where appropriate. The cost estimate responded to design to correct the inadequacy including: material, labor, overhead and profit, escalation, market factor, general conditions, contingency, and cost applied County resources, etc. The cost estimate was provided in the final report.

Jail Functional Use Areas

The project scope focused on a detailed functional use area (FUA) checklist for our assessment of the jail facilities. The checklist served as a working instrument to apply the methodology discussed above for the reviewing the facilities and operations of the Santa Barbara County Jail facilities. The checklist responded to 11 inmate-accessible FUAs contained in a jail facility. The FUAs represent facility spaces / rooms divided into logical room categories including the following:

- **Public Area** – Lobbies, restrooms, entrances, vending area, etc.
- **Visiting** – Contact booths, visiting rooms, interview room, video visitation, telephone, TTY / TDD, etc.
- **Intake / Release** – Inmate processing area, ID area, interview rooms, holding cells etc.
- **Medical / Mental Health / Dental** – Medical / mental health offices, pharmacy, exam rooms, etc.
- **Inmate Programs** – Classrooms, industries, barber, etc.
- **Housing / Dayroom** – Cells, dayrooms, showers, combination toilet / sinks, etc.
- **Indoor Exercise / Recreation** – Gymnasiums, weight rooms, equipment storage, etc.
- **Outdoor / Quasi-Outdoor Exercise Yards** – Covered and uncovered exercise areas
- **Circulation Areas** – General circulation (staff, inmate, public), elevators, vestibules, stairs, corridors, etc.
- **Indoor Vehicle Sallyport** – Entry sallyport, vehicle area, pre-booking area, etc.
- **Outdoor Spaces** – Courtyards, fields, parking, circulation, etc.

Each FUA was reviewed to the ADA guideline accommodations. Each guideline took into consideration facility operations as it relates to the public, staff, and inmate accessibility, while cognizant of the safety and security integrity of the jail. Vanir's team noted and recorded areas of non-compliance.

Because our area of expertise lies within the construction management field, our report and feedback focus on and only address items in relation to physical impairments - specifically mobility, hearing, and / or sight. We recognize the importance of mental health care within the walls of the facility and that crucial updates

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should be made for the health and welfare of those inmates. However, this falls outside our area of expertise, so we will not be addressing it in detail within this report.

Document Review

In addition to photographing each room, assessing each space, and accounting for each element as described above, Vanir reviewed certain documents pertaining to operations of the jail facility, and accommodations in respect to accessibility. Further comment and / or recommendations on these documents as it relates to accommodations is included later in this report. These documents are listed below.

Manuals

- *Santa Barbara County Sheriff's Office Custody Operations Orientation Handbook* (July 18, 2016, Revision 1); (July 27, 2016, Revision 1)
- *Santa Barbara County Sheriff's Office Custody Operations Policy and Procedures Manual-Redacted* (July 18, 2016); (Sept. 20,2018, Updated March 7, 2019)

Reports

- Active ADA Inmate Alerts Report (Oct. 2016; March 2018; Sept. 2018; Oct. 2018; March 2019)
- Active ADA Inmate Roster (Aug. 2016)
- ADA Classification Report (Oct. 2016)
- ADA Inmate Compilation Report (Sept. 2018; March 2019)
- ADP Report (2008-2018)
- *Assessment of Custody Operations – Santa Barbara County Jail System* (April 2017)
- *Facility Condition Assessment – County of Santa Barbara* (2014)
- *Functional Program and Space List – Final Report* (Sept. 2013)
- Inactive Armstrong ADA Inmate Alert Report (Aug. 2016)
- Inactive Armstrong ADA Inmate Alerts (Oct. 2016)
- *Jail Staffing and Cost Analysis Report* (Nov. 2015)
- *Review of Mental Health Services Currently Provided by the Santa Barbara County Jail System* (April 2017)
- *Review of Santa Barbara County Jail Medical Services* (Sept. 2017)
- *Santa Barbara County Detention Center Property Condition Assessment* (Oct. 2015)
- *Santa Barbara County Grand Jury Report* (2016-2017)
- Santa Barbara County Sheriff's Office Custody Operations 2016 Fact Sheet

Samples

- Active Inmate Record and Caution Flag Sample
- Classification Housing JMS

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Forms

- Classification Assessment Form (10.2.13)
- Corizon Intake and Receiving Screening Form
- Disability Request for Accommodations Form (2016)
- Inmate Disability Notification and Tracking Form (2016)
- Inmate Grievance Form
- New Grievance Form and Process Memorandum (7.11.16)
- Inmate Request Form
- Legal Research Request Form (04.2011)
- Medical Unit Restriction Form
- Sick Call Request Form

Interviews

In addition to the ADA assessment, our team interviewed custody staff March 28-29, 2018. Follow up interviews were conducted remotely as needed. Our team interviewed staff across the spectrum custody and care with the following positions: 1) ADA / PREA Coordinator; 2) Booking Receiving Officer; 3) CFMG / Wellpath Health Services Administrator; 4) Classification Officer; 5) Custody Corporal; 6) Custody Deputy; 7) Inmate Welfare Specialist / Analyst; 8) Jail Lieutenant; 9) Jail Operations Training Officer; and 10) Senior Custody Deputy. Each staff member was assured anonymity to help alleviate any concerns they may have commenting on policies and procedures about the facility so the dialogue would be as open and candid as possible. Staff was informed that we would be listing only their position / title in the report.

Self-Evaluation Format

Vanir Construction Management, Inc. (Vanir) has packaged this report in two parts as follows:

PART 1, The Self-Evaluation and Transition Plan (Volume 1): Part 1 is a subjective recommendation designed to put Santa Barbara Jail on a path toward greater ADA compliance. These recommendations are based on several factors that change over time, such as: budget, demographics, advances in technology, future expansion projects, and ADA standards. Therefore, it is important that the *Self-Evaluation* and *Transition Plan* be reviewed and updated periodically to reflect current conditions.

PART 2, The ADA Assessment (Volume 2): Part 2 is an objective assessment of the existing conditions and comparison to existing ADA Standards. The ADA Assessment is fact-based and does not reflect opinions except as noted within the Recommendations and Priorities section, and in most regards, does not change over time.

A. Self-Evaluation

Overview

This section, titled “Self-Evaluation”, is a specific legal obligation under Title II of the Americans with Disabilities Act. It requires that government entities prepare a self-evaluation of their programs, activities, and services. These entities then determine if they are structured and administered in a way that denies access to those with disabilities, and if so, provide corrective actions.

Programs, Activities and Services

Each of the programs, activities, and services that are provided at Santa Barbara Jail have been evaluated as part of this report regarding access for those with disabilities. These areas are also commonly referred to as functional use areas (FUAs). The primary programs, activities, and services are listed below:

- Intake
- Booking
- Holding
- Transfer to other facilities
- Transfer to courts
- Access to legal counsel
- Housing
- Communication with family / friends / legal counsel
- Dietary / Food service
- Medical / Dental care
- Education
- Vocational training
- Religious services
- Exercise
- Entertainment
- Release

The *Santa Barbara County Jail ADA Assessment* specifically responds to upgrades, renovations, and remodels to accommodate inmates in all of the program areas identified above and the paths of travel. It is the County’s desire to provide the maximum response to ADA accommodations.

To the extent that improvements can be made to provide greater access to the disabled, these improvements are specified in the following documents:

1. *Santa Barbara County Jail ADA Assessment, Volume 1*
 - *Custody Operations Policy and Procedures Manual* Review and Comment
 - *Custody Operations Orientation Handbook* Review and Comment
 - Inmate Custody Forms
2. *Santa Barbara County Jail ADA Assessment, Volume 2*

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General Comments and / or Recommendations

Vanir's primary findings focused on three areas:

1. Gaps in the intake, booking, placement, and release processes that could exclude individuals with impairments from accessing needed accommodations;
2. Gaps in the documents and forms that would allow an inmate with a disability to be excluded from identification and proper accommodation; and
3. Physical plant deficiencies relating to ADA accessibility guidelines.

Vanir has identified a number of recommendations that bridge the gaps in standard operating procedures, physical plant accommodations, policy, procedures, and forms. The recommendations are presented in three categories: immediate, short-term, and long-term.

Immediate (Begin Within 1 Year)

- **Establish an ADA Compliance Coordinator Position**

The success of integrating inmates with disabilities into the institution initially is a full-time effort. This ADA Compliance Coordinator should have sufficient rank and authority (Lieutenant or higher) to implement and further develop the recommendations in this report. The ADA Compliance Coordinator position should obtain ADA code and standards training, attend accessibility conferences, update policy and procedures, and conduct training of other staff.

Update: Since the writing of the first draft, the Sheriff's Department has allocated a full-time Corporal position as ADA and Prison Rape Elimination Act (PREA) Coordinator.

- **Streamline Policy and Procedures**

Update and simplify policy and procedures for inmates with disabilities. Consider one section that responds to every aspect of a disabled inmate's process and accommodation in one section of the *Custody Operations Policies and Procedures Manual*. Currently, the policy and procedures contain applicable sections inserted throughout the entire document, which become difficult to follow and incomplete. Vital parts of the procedures reside in the *Custody Operations Orientation Handbook*, which is not a custody staff order of duties.

Below is a sample of a *Policy and Procedure* section devoted solely to inmates with disabilities.

1. POLICY STATEMENT
2. DEFINITIONS
3. MANDATES
4. GENERAL INFORMATION
5. COMPLIANCE WITH ADA
6. FORMS
7. ACCOMMODATIONS FOR DISABLED PERSONS
8. ACCOMMODATIONS FOR INMATES IDENTIFIED AS DISABLED
9. DISABLED INMATE NOTIFICATIONS

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10. DISABLED VISITOR ACCOMMODATIONS
11. PROCEDURES
12. IDENTIFYING DISABLED INMATES DURING BOOKING PROCESS
13. BOOKING PROCESS FOR DISABLED INMATES
14. IDENTIFYING DISABILITIES ON HOUSED INMATES
15. ADA DIVISION REPRESENTATIVE RESPONSIBILITIES
16. ADA COORDINATOR RESPONSIBILITIES
17. MEDICAL STAFF RESPONSIBILITIES
18. CLASSIFICATION STAFF RESPONSIBILITIES
19. PROGRAM STAFF RESPONSIBILITIES
20. COURT MOVEMENT RESPONSIBILITIES
21. GRIEVANCE PROCESS
22. DISCIPLINARY PROCESS
23. REVISION HISTORY

- **Staff Should be Trained and Routinely Made Aware of Their Responsibility in Working with Disabled Inmates**

Update “policy and procedure” criteria and formalize training that sensitizes staff to needs of inmates with disabilities. Vanir conducted interviews of key staff that have the responsibility for training staff on the supervision of inmates with impairments. Since our review and comment of the policies and procedures, the Sheriff’s Office took steps in modifying these and accompanied that with the training of staff. See Staff Interviews in this report, and Staff Interview Questions and Responses in Appendix A.

- **Establish an Automated System to Identify and Track Disabled Inmates in the Institution** The booking forms should include data fields to denote inmates with specific disabilities. This data should be utilized during classification to assist in placing inmates with disabilities within the institution. The captured fields will allow data collection for future ADA planning. Currently, this monitoring is done by hand and recorded on an Excel chart after the fact.

- **Sheriff’s Jail Management System (JMS)**

While interviewing staff, it was conveyed that the system is old and does not respond to today’s inmate management challenges. The system does not allow creation of an inmate disabilities database; therefore, a manual system is employed. However, there is opportunity to miss inmates in the system or for human error. It is important to track all inmates that enter and leave the facilities to substantiate and address all critical ADA needs.

- **Obtain Sign Interpreters**

The institution should have an accessible sign language interpreter when requested by hearing-impaired inmates. An interpreter can be essential throughout key points of the booking and arraignment process, (i.e. booking, classification, court commission, court hearing, etc.).

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- **Provide Fixed TTY / TDD Units for Those That are Hearing-Impaired**

A fixed TTY /TDD should be available at every phone bank where hearing-impaired inmates are accommodated or housed. TTY / TDD use should be as convenient as other fixed phones and accessible to the hearing-impaired inmate as desired. Video visitation could allow some hearing-impaired inmates to sign without the use of a TTY / TDD. However, should a hearing-impaired inmate need to contact a hearing person that does not have access to the video visitation system or their own TTY / TDD device, a TTY / TDD with a relay service should be provided for the inmate. Electronic technology has changed significantly in the past decade, and the ways to communicate with the deaf have also changed and become more mainstream. Smart phones, tablets, and computers have allowed the deaf and hard-of-hearing to communicate through a Video Relay Service with an application (app) connected to their device called P3 Mobile, which is a free download on most app sites. Examples of these sites include: AnswerNet, Purple, and GTL Solutions.

- **Formalize Procedures for Providing Library Services to Disabled Inmates**

Establish the level of service the institution desires to maintain in providing library services to inmate with sight impairments through policy and procedures. This should include items in braille or in an audio format.

Short-Term (Begin Within 1-2 Years)

- **Mainstream Inmates with Disabilities Throughout the Entire Institution**

Inmates with disabilities should be housed throughout the facility based on classification. Cells / housing units should be available to the classification unit for appropriate placement and accommodation to inmates with specific disabilities. If inmates are ill, they can be placed in the Medical Unit.

- **Re-Assess the Role of Classification and Medical in Assigning Disabled Inmates to Housing Units**

Streamline the “housing placement system” involving classification and medical. As the medical provider, CFMG / Wellpath does not share triage reports with custody staff due to HIPPA laws. This has caused issues in other facilities resulting in disciplinary action taken against inmates when custody officers were unaware of the inmate’s specific disability and communication or physical limitations.

- **The Responsibility of Each Affected Unit – Medical, Classification, Social Services and Custody Staff – in Addressing Inmates with Disabilities Should be Clearly Delineated** Through policies and procedures, formalize the responsibilities of each agency as it relates to responding to inmates with disabilities in all sequences of the custody, care, and release processes.

- **Modify Custody Operations Orientation Handbook**

Modify the *Custody Operations Orientation Handbook* with additional information responding to the services available to inmates with disabilities.

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Policy and Procedure Review and Recommendations

The *Santa Barbara County Sheriff's Office's Custody Operations Policy and Procedures Manual* is one of the most important management tools available to the corrections practitioner. Policies and procedures provide direction to staff by communicating the organization's philosophy and work plan. They serve as an invaluable aid in promoting consistency, efficiency, and professionalism in the performance of facility responsibilities by standardizing the methods by which such responsibilities are accomplished.

The management and operations chapters of the *Custody Operations Policy and Procedures Manual* focus on a wide range of correctional concerns and special needs of its inmates. For instance, inmates with mobility impairments may be assigned a specific housing unit that best accommodates their needs. In contrast, inmates with hearing impairments may be able to be accommodated in all units with special devices provided for their use, such as TTY / TDD.

The purpose of Vanir's review is to ascertain the level of written processes incorporated into the *Custody Operations Policy and Procedures Manual*. This focuses primarily on written procedures that specifically respond to "persons with disabilities", and how they are to be accommodated in the detention facility.

Update: The *Custody Operations Policy and Procedures Manual* originally reviewed have been modified based on Vanir's comments to provide a clear and concise response to inmates with disabilities in Sections 209, 243, 301, 365, 366, 368, 373, 376, and 383 (see chart below for additional comments). Also see "Staff Interviews" section regarding other operations, including disciplinary medical programs.

The *Custody Operations Policy and Procedures Manual* contains the following sections:

GENERAL INFORMATION

- 100. Definitions
- 101. Number of Personnel
- 102. Inspection and Operations Review
- 103. Public Information Plan

CHAPTER 2 ADMINISTRATIVE

Records and Public Information

- 200. Custody Records
- 201. Photo Line-Ups
- 202. Civil Commitments
- 203. In-Custody Marriages
- 204. Significant Incident Notifications
- 205. Significant Incident Alert Notification List
- 206. Significant Incident and In-Custody Deaths
- 207. Court Orders for Temporary Releases
- 208. Prison Rape Elimination Act (PREA)
- 209. ADA: Americans with Disabilities Act

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Emergency Procedures

- 220. Escapes
- 221. Response to Bomb Threats
- 222. Fire Suppression/Natural Disaster and Evacuation Plan
- 223. Hostage Taking
- 224. Self-Contained Breathing Apparatus
- 225. Civil Disturbance
- 226. Civilian Personnel Evacuation Plan

Health Care

- 240. Health Care
- 241. Mental Health Care
- 242. Suicide Prevention
- 243. Special Care Inmates
- 244. Communicable Diseases
- 245. Automated External Defibrillators (AED)
- 246. Inter-Facility Transfer of Medical / Mental Health Records

CHAPTER 3 OPERATIONS

Inmate Management

- 300. Counts
- 301. Inmate Classification
- 302. Inmate Movement
- 303. Use of Sobering / Observation Cell
- 304. Use of Safety Cells
- 305. Bed Assignment

Safety and Security

- 320. Cell Extractions
- 321. Door Security
- 322. Facility Access
- 323. Hospital Transport and Guard Procedures
- 324. Incident and Offense Reports
- 325. Key Control
- 326. Use of Restraint Chair
- 327. Safety Checks
- 328. Searches
- 329. Storage and Use of Less Lethal Equipment and RIPP Hobble
- 330. (Not Used)
- 331. Use of Video Recording Devices
- 332. Metal Detector (Magnetometer)
- 333. Possession or Use of Electronic Devices While on Duty
- 334. Use of Restraints
- 335. Movement Chair

Booking and Release Information

- 340. Processing Inmate Money and Property
- 341. Release Criteria

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342. Foreign Nationals

Inmate Programs

- 360. Commissary
- 361. Grievance Procedures
- 362. Inmate Clothing and Personal Hygiene
- 363. Inmate Discipline
- 364. Inmate Visitation
- 365. Inmate Education
- 366. Inmate Orientation
- 367. Inmate Recreation
- 368. Library Services
- 369. Inmate Mail Guidelines
- 370. Books and Periodicals
- 371. Acceptance and Processing of Currency, Checks and Money Orders
- 372. Religious Head Coverings
- 373. Religion
- 374. Obtaining Inmate Signatures
- 375. Inmate Welfare Special Revenue Fund
- 376. Community Release Programs
- 377. DNA Sampling
- 378. Inmate Drug Testing
- 379. Voting
- 380. Pro Per Inmates
- 381. Indigent Inmate – Essential Services
- 382. Ombudsman Program
- 383. Telephone Calls

CHAPTER 4 SANTA MARIA BRANCH JAIL

This facility closed in July 2017, past policies can be found in the 2016 and prior editions of the P&P Manual.

CHAPTER 5 MEDIUM SECURITY FACILITY

Medium Security Facility (MSF)

- 500. MSF General Information
- 501. MSF Inmate Counts and Perimeter Checks
- 502. MSF Orientation
- 503. MSF Work Crews

CHAPTER 6 TRANSPORTATION UNIT

Transportation Unit

- 600. Transportation General Information
- 601. Court Holding Facility
- 602. Receiving and Processing Court Orders
- 603. Transportation Temporary Security Enclosures
- 604. Transportation Unit Radio Use
- 605. Inmate Transports
- 606. Use of Transportation Shotgun

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- 607. Use of Patrol Rifle (AR-15)
- 608. Transportation Unit Keys
- 609. Holding / Transport Classification
- 610. Out of County Transports
- 611. Emergency and Unusual Events
- 612. California Highway Patrol (CHP) Pull Program

Overall, the *Custody Operations Policy and Procedures Manual* is comprehensive, however, there are some responses to inmates with disabilities that are confusing and difficult to find, thus lost in a volume of words. Some examples of these are listed in the following chart.

SANTA BARBARA SHERIFF'S OFFICE CUSTODY OPERATIONS POLICY & PROCEDURES MANUAL		
Page No.	Reference	Review Comments
63	Chapter 2 Administrative / 209. Americans with Disabilities Act / 209. Telecommunication Device for Deaf (TDD)/Teletypewriter (TTY)	Department should consider adding Video Relay Interpreting (VRI); a service and devices provided free.
103	Chapter 2 Administrative / 243. Special Care Inmates: III. Definitions: People With Disabilities	"Impairment" is listed three times. Not clear what disability this refers to. May need to clarify the nature of the impairment.
104	Chapter 2 Administrative / 243. Special Care Inmates: IV. Procedures, Item 2.	"If the inmate is pre-trial, does not post bail, or is not eligible for citation release, notify Pre-Trial Services and request an immediate evaluation for release;" Unsure how this applies to Special Care Inmates.
104	Chapter 2 Administrative / 243. Special Care Inmates: IV. Procedures, Items 3, 4 & 5.	Does the inmate require Wellpath Administrator and Physician's opinion prior to assignment of alternate housing? Flow chart could be useful here. How does this take place, written or verbal?
122	Chapter 3 Operations / 301. Inmate Classification, Item 1. Purpose.	"Physical and mental health needs". There is no discussion to inmates with disabilities other than the reference to physical. Should "physical" be removed since the creation of Section 209.
239	Chapter 3 Operations / 365. Inmate Education, Item 1.	No mention of inmates that require special considerations such as signers, closed captioning. Some programs may not be appropriate to wheelchairs, (i.e. work crews, kitchen workers, etc.). Are there other jobs within those areas that can be accomplished by inmates with impairments?
241	Chapter 3 Operations / 366. Inmate Orientation, Item 2.	This refers to a "copy", thus a handbook. There is no mention of a <i>braille Custody Orientation Handbook</i> for a sight impaired inmate. Recommend one be produced.
243	Chapter 3 Operations / 368. Library Services	Item IV. Indicates that there are braille books available to inmates requesting them. While a good start, these books are often free by service organizations and would be advantageous for

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		inmates with sight impairments that have more of a choice.
260	Chapter 3 Operations / 373. Religion, Item IV.	No mention of hearing-impaired inmate accommodations, nor is it mentioned in Section 209. Are signers available?
266	Chapter 3 Operations / 376. Community Release Programs, Item IV.	Program assignment is based upon several classifying factors, which may include the participant's health (both physical and mental). Are wheelchair inmates prohibited?
292	Chapter 3 Operations / 383. Telephone Calls, Item 1.	The jail contains inmate phones throughout the housing units. However, not true for TTY/TDD phones or video relay consoles. These need to be requested by the inmate and may not be provided timely. Recommend that housing unit specifically design for inmates with impairment contain fixed TTY/TDD or a video relay console. Also, extra time may be needed as a result of the pace of the translation.

Santa Barbara County Sheriff's Office Custody Operations Orientation Handbook (2016, Revision 1) Review and Recommendations

Santa Barbara County Sheriff's Office Custody Operations Orientation Handbook contains the following sections:

I. Introduction

II. Rights and Responsibilities

201. Rights
202. Responsibilities
203. Prison Rape Elimination Act (PREA)
204. Americans with Disabilities Act (ADA)
205. Lower Bunk Assignment

III. General Rules

301. General Rules
302. Housing Unit Rules
303. Laws
304. Disturbance Procedures
305. Security Concerns
306. Lockdown / Facility Count
307. Request Forms
308. Personal Hygiene
309. Condition of Cells
310. Linens
311. Clothing
312. Releasing Property
313. Tobacco Products
314. Destruction of County Property

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- 315. Special Diets
- 316. Searches and Urine Tests
- 317. Jewelry
- 318. Telephones
- 319. Contraband

IV. Disciplinary Procedures

- 401. Disciplinary Procedures
- 402. Minor Violations
- 403. Major Violations
- 404. Rule Violations
- 405. Inmate Disciplinary Review Board (IDRB)

V. Classification

VI. Transportation

VII. Services

- 701. Maintenance
- 702. Haircuts
- 703. Trust Accounts
- 704. Commissary
- 705. Mail
- 706. Books and Periodicals
- 707. Visitation
- 708. Marriage Guidelines
- 709. Library Services
- 710. Legal Research Program
- 711. Propria Persona (Pro Per)
- 712. Ombudsman
- 713. Grievance Procedure
- 714. Voter Registration and Voting

VIII. Programs

- 801. Recreation
- 802. Volunteer Services Programs
- 803. Religious Services
- 804. Educational Programs
- 805. Sheriff's Treatment Program (STP)
- 806. Discharge Planning

IX. Alternative Sentencing Bureau (ASB)

- 901. Sheriff's Work Alternative Program (SWAP)
- 902. Electronic Monitoring (EM)
- 903. Electronic Monitoring (EM) FAQs

X. Health Services

- 1001. Medical Services

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- 1002. Medication
- 1003. Dental Treatment
- 1004. Mental Health
- 1005. Suicide Prevention
- 1006. Hospitalization
- 1007. Emergencies
- 1008. Medical Grievances

Overall, the *Custody Operations Orientation Handbook* is written for the inmate and provides information regarding their rights and Sheriff's rules while in custody. These are not written for staff as is the *Policy and Procedures Manual*, therefore, not enforceable to the custody operators of the facility. There are some responses to inmates with disabilities that are confusing and difficult to find, thus lost in a volume of words. Some examples of these are listed in the following chart.

SANTA BARBARA COUNTY SHERIFF'S OFFICE CUSTODY OPERATIONS ORIENTATION HANDBOOK (2016, REVISION 1)		
Page No.	Reference	Review Comments
2	General	Handbook is not available in braille. Recommend obtaining braille copy of <i>Orientation Handbook</i> .
8	204. Americans with Disabilities Act (ADA) Policy; Sign Language Interpreter to Explain Form	Requires three business days to provide a signer. This may be excessive, especially if a person is admitted or booked on a Friday. Recommend reducing the time for those that need a signer.
8	205. Lower Bunk Assignment	The <i>Custody Operations Policy and Procedures Manual</i> differs slightly from the <i>Orientation Handbook</i> . Recommend coordination between the two.
10	302. Housing Unit Rules; Item 1, Orientation Video	Is a hearing-impaired version of the Orientation Video available? If not, recommend providing closed captioned.
14	318. Telephones	No mention of TTY/TDDs. Recommend adding TTY/TDD to telephone section.
25	706. Books and Periodicals	Recommend more braille books, periodicals, and materials.
27	709. Library Services	Recommend more braille books, periodicals, and materials.
34	901. Sheriff's Work Alternative Program (SWAP)	Is there a program for the impaired inmates to accomplish the same end goals of work for jail time? Recommend providing some form of SWAP program for impaired inmates.

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Santa Barbara County Miscellaneous Forms

SANTA BARBARA COUNTY MISCELLANEOUS FORMS		
Page No.	Reference	Review Comments
1	Sick Call Request	No comment
1	New Grievance Form and Process	No comment
1	Legal Research Request Form	No comment
1	Inmate Request Form	No comment
1	Inmate Grievance Form	No comment
1	Corizon Intake Receiving Screening Form	No longer in use (CFMG/Wellpath form not provided)
1	Classification Housing JMS	Classification system JMS does not contain ADA information. The JMS has an ADA module that would benefit the Sheriff's Office and may reduce the ADA Coordinator maintaining separate Excel files.
1	Classification Assessment Form	No mention of lower bunk assignment. All information is write-in and not recoverable in an automated format.
1	ADA Forms - Documents – four-part NCR (Disability Request for Accommodations);	The use of carbon paper is outdated. Consider automating form.
1	ADA Forms - Documents three-part NCR (Inmate Disability Notification and Tracking Form)	The use of carbon paper is outdated. Consider automating form.
1	Inmate Disability Notification and Tracking Form	Used to create the "Armstrong ADA Inmate Alerts" manual database. The use of carbon paper is outdated. Consider automating form and collect information for ADA Inmate database.
1	Medical Unit Restriction Form	No comment

Recommendations

- 1 Vanir has conducted many needs assessments and often tries to get information that some of these forms contain, and not available because of the way they are kept and maintained. We believe it would be advantageous to automate as many of these forms as possible. This can be

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accomplished through kiosks located in the housing units with these forms pre-loaded and accessible to inmates. The information then can be collected to create meaningful data for future planning, staffing, and life cycle operational costs.

2. No mention of how inmates with sight impairments are to use the forms or know about them since the *Custody Orientation Handbook* is not in braille.

Activity Gaps and Physical Plant Deficiencies

Part II of this report identifies findings and includes the following:

1. The specific impairment as it relates to Titles II and III of the ADA law;
2. Physical plant deficiencies by room, element, and code;
3. References to the *American with Disabilities Accessibility Guidelines* published by the Department of Justice; and
4. A priority index responding to the remedy of the gap or physical plant deficiency.

INMATE INTERVIEWS

Vanir was unable to interview any inmate with qualifying ADA impairment during our site visits. Based on the chart in the Current Accessibility Needs section, there have been three sight impaired and three hearing-impaired inmates in the last seven years, and none during our visits. At the time of the Vanir visits to the Jail, no inmates with qualifying accessibility impairments were identified by staff or by the Jail disability tracking system.

STAFF INTERVIEWS

In order to conduct the site evaluation for ADA compliance, Vanir staff and subconsultants visited the Santa Barbara Jail facilities several times in 2017 and 2018. In addition to the ADA study being developed to address the most pressing concerns, our team met with custody staff March 28-29, 2018. Follow up interviews were conducted remotely as needed. Each staff member was assured anonymity to help alleviate any concerns they may have commenting on policies and procedures at the facility so the dialogue would be as open and candid as possible. Staff was informed that we would be listing only their position title in the report. Vanir interviewed key individuals from eleven positions that come in contact and supervise inmates on a daily basis. They are:

Staff Interviews March 28-29, 2018
ADA / PREA Coordinator (1)
CFMG / Wellpath Health Services Administrator (1)
Classification Officer (1)
Corporal (2)
Custody Deputy (1)
Inmate Welfare Department Specialist / Analyst (1)

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Lieutenant (1)
Receiving Officer (1)
Senior Custody Deputy (1)
Training Officer (1)

Vanir developed a set of questions that Disability Rights California was most concerned with the management of accommodations for individuals with disabilities. Vanir produced 42 questions, and eight (8) topic areas. Disability Rights California agreed to the questions and asked to include 16 additional questions they had in the various topics. Vanir, during the interviews, asked all questions to the staff that had responsibility or knowledge of a particular topic. During the interview process, Vanir made best efforts to fully capture each statement from the respondent as the conversation occurred. The conversations were not audio recorded.

Questionnaire Topics and Staff Responses

At the time of our interviews, staff were completing their annual policy review and noted that there were not any substantial changes to ADA policies and procedures at the time of our visit. Vanir received an updated copy of the *Custody Operations Policy and Procedures Manual* in March 2019. An ADA section was added to capture necessary procedures in one written location regarding impaired or disabled inmates in the facility.

The following summary responses of those interviews have been edited for brevity and are listed as bullets under each topic below. The interview questions and full responses are listed in Appendix A. Direct quotes have been edited to make coherent thoughts without changing the intent of the statement since most people do not talk in sentence structure.

A. Policies and Procedures

- Staff stated that every attempt is made to use alternate sentencing through the use of Own Recognizance Program (OR), ankle bracelets, etc. to reduce the number of disabled or impaired inmates requiring accommodations within the facilities.

Vanir Recommendation: None

B. *Custody Operations Orientation Handbook (2016, Revision 1)*

- The *Custody Operations Orientation Handbook* is only available in English and Spanish. It is not available in braille, but it has been discussed. The Braille Institute is in town.
- Inmates receive the *Custody Operations Orientation Handbook* from the property officer with all other items when they dress in for housing. Inmates that are cited and released do not receive the *Handbook*.
- Officers do not ask if the inmate can read and comprehend the *Custody Operations Orientation Handbook*.

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- The majority of the population is Spanish speaking. Many inmates speak Taiwanese, Mandarin, Joaquin, Farsi, Portuguese, or German. The jail subscribes to a translation service available over the phone that's available to officers from dispatch.
- The Orientation Handbook video used to play at 4:00PM daily in every housing unit. It is not closed captioned but visually impaired inmates can listen to it. It has not been recently updated. Staff did not note whether or not it is still played daily.
- Staff noted that there isn't much available for hearing-impaired or blind inmates.

Vanir Recommendation: Provide closed captioning for Orientation Handbook video for hearing-impaired inmates. Provide *Custody Operations Orientation Handbook* in braille and consider a Spanish speaking version as well.

C. Training

- All new employees complete orientation, including policies and procedures, prior to working and must sign off that they've read them. They work with the Training Officer and have a two-week orientation during which they are not assigned to a post. During this time, they read policies and are quizzed by a Corrections Training Officer (CTO). Once the CTO and officer sign off, the new employee is assigned to a squad and various CTO's to complete the training process. The CTO continues to quiz them throughout their orientation period. The Custody Deputy Academy is 12-weeks long and policies and procedures are specifically reinforced. Employees have been let go for not passing the Academy.
- Staff complete updated security training yearly and sign an acknowledgement form saying they've completed the course.
- All new program volunteers undergo a background check, attend a two-hour PREA class, and a two-hour security orientation training before coming on board.
- Policy changes are distributed to staff via email noting what was changed or added, with the new policy attached. If the policy change is specific to a module, it might be printed and hung in the office. Depending on the severity of the change, it may or may not be included in the quarterly training.
- Compliance is ensured by providing staff training specific to each post. By supervising daily operations, officers can ensure newly distributed policies and procedures are being followed. Additional follow up occurs to ensure compliance; however, there is no sign-off acknowledgement or tests to ensure trainees have reviewed them.
- Interviewed staff had not received any training regarding use of force for a mobility issue specifically and noted that it is not included in the standard training. As is the case with non-ADA inmates, officers use only the amount of force necessary to diffuse a volatile situation. The amount of force used is extremely important when dealing with a pregnant female inmate.
- Staff has been meeting twice a month to update policies for the facility. There may be a four-hour class held once the changes have been finalized.

Vanir Recommendation: Hold semi-annual retraining regarding policies and procedures for all staff. Require written acknowledgement of all new policies and procedures reviewed. Provide use of force staff training for impaired inmates.

D. Information Management System and Tracking

- An accommodation form was implemented in December 2017 / January 2018. Staff is still maintaining the ADA log, both active and inactive, including the type of impairment. Staff asks impaired inmates if they have what's needed and follow up as necessary.
- The facility also maintains paper files on every ADA inmate, including booking sheets, Armstrong sheets, and any medical information on active / inactive inmates for backup.
- The facility changed to ATIMS January 2018 which has a lot more flags than the old system (such as the type of assistive device or notes). Medical is requesting that classification add special flags such as glasses, etc.
- Staff has been debugging the new system that's the established footprint for a new one in approximately one year.
- The new ATIMS system will be fully integrated to reduce redundancy / overlapping questions between medical, intake, and classification.
- The ADA Disability Notification and Tracking Form addresses the types of cells and assistive devices needed with the classification officer. The ADA form follows the inmate throughout the intake and classification process. The nurse performs intake and delivers it to the receiving officer. It then follows the inmate to housing and the form is delivered to the classification officer.
- ADA officer flags ADA inmate files in JMS, creates a folder, then sends the information to transportation. It is not as efficient as staff would like. Many staff are unfamiliar with the new JMS system. The JMS system can flag if an inmate needs a wheelchair.
- For the most part, the system is automated. Medical requests are on the wall and accommodation sheets are still paper. If housing officer looks in ATIMS, he'll see any inmate flags. The system hasn't been fully integrated yet and the facility will be going to yet another IMS in one year. Falling through the cracks is still a problem in ATIMS, one of the main reasons a new one is planned.
- The Inmate Management System is a medium grade system. The one in operation now will only be for the transition to reach the next level. It will be automated with less hand counting, collect database information on inmates, and make projections for the future.

Vanir Recommendations: Provide an "inmates with disabilities" module with the new Inmate Management System. The module should identify inmates with specific disabilities and allow staff to track and identify those inmates throughout the intake, classification, incarceration, courts, and release processes. The modules should allow for checking the box rather than write in so as to allow staff to accumulate data on the number of inmates requiring special accommodations.

E. Intake / Release

- There are several opportunities in the intake process with the arresting officer, receiving officer, medical staff, and the classification officer for the inmate to convey any impairments or special needs prior to being housed. The booking officer receives the information and does not meet with the inmate.
- In receiving, everyone is held in holding cells and every inmate that clears triage is interviewed by staff prior to housing placement.
- During classification, staff can explain the bail process as needed. They can read a list and information but are restricted from recommending a bail agency. The officer gives the inmate five bail bonds options, asks if they want to contact any of them, and then the officer dials the number on behalf of the inmate.
- The ID officer provides the inmate with their charges. The classification officer explains the charges to the inmate if they are unable to read them, as will any other staff along the way.
- Booking / Intake and video arraignment will occur at the new facility. There will not be video arraignment at the Main Jail, however, staff noted they would prefer to complete some tasks this way.

Vanir Recommendations: Provide an inmates with disability module with the new Inmate Management System. The module should identify inmates with specific disabilities and allow staff to track and identify those inmates throughout the intake, classification, incarceration, courts, and release processes. The modules should allow for checking the box rather than write in so as to allow staff to accumulate data on the number of inmates requiring special accommodations. The *Policies and Procedures Manual* should identify the procedure whereby inmates with sight or hearing impairments are to contact a bail bondsman.

F. Medical

- Medical triage is performed in pre-booking to assess the inmate with the arresting officer present. Medical must first evaluate all inmates before entering through sallyport doors. If an inmate is not approved for intake by triage, the arresting officer transports the inmate to the hospital. Since CFMG took over, medical staff are completing triage first, instead of the next day.
- Page 3 of the Medical Intake Form contains an ADA section that enquires about personal medical devices, communication issues, or use of ASL.
- Medical and classification collaborate to determine the best assignment for the inmate. Medical staff can recommend, not approve, placement in an observation cell as well as housing classification.
- Health care staff determines inmate accommodation needs for such items as a wheelchair, cane, etc. Wheelchairs are available in the sallyport, medical, and holding cells. If the inmate possessed a wheelchair at intake, the doctor will determine whether or not the inmate gets to keep it. Braces with metal have to be removed because they can be used as a shank.

- Fluorescent vests are provided to impaired inmates by CFMG/ Wellpath that specifies the impairment so that others are alerted (i.e., "can't hear/speak"). The inmates are always instructed to wear the vests so the officers are aware of the impairment, but the staff we spoke with has never had to use them.
- Any inmate can submit an Inmate Request Form and medical will see them within 24 hours, unless it is a weekend. Most inmate requests are transportation related due to mobility issues.
- If an inmate needs the ADA van, a notice is sent to transportation on a daily basis.
- The Medical Escort Team (MET) works solely with medical to move inmates to / from treatment rooms. New issues such as infections are relayed to the MET escort so it can be relayed to medical.
- Collaboration as a team includes purchases for assistive devices and / or equipment that may be needed.
- The facility is working towards National Commission on Correctional Health Care (NCCHC) accreditation which will require some custody changes, such as the custody policies. One example of this change is the classification of isolation cell inmates. Medical staff will begin determining an inmate's ability to be placed in an isolation cell. This already occurs unofficially but will be official policy once accreditation is achieved.

Vanir Recommendation: None; the Sheriff's Office has significantly addressed medical needs in the *Policy and Procedures Manual* for the impaired inmates.

G. Population and Housing

- The Medium Security Facility (MSF) is predominantly a pre-sentenced population.
- Medical and classification work together to determine housing assignments. It is then up to the shift commander and upward to work on accommodations if there are any issues.
- Housing receives a notice from medical triage if an inmate is impaired and requires special accommodations.
- With mobility issues, many times the classification officer has met with the inmate before the nurse has. Medical only talks to the classification officer about conditions that would affect an inmate's housing (usually via a form).
- The housing officer and classification officer speak with one another after an ADA inmate has been placed. Usually the ADA inmate has been separated from other inmates in receiving. The inmates are generally by themselves and have the necessary assistive devices making it a visible impairment.
- If they are placed in housing, medical gives the officers a note that is placed on the wall and in every modular office. Additionally, a flag is added to their file or typed into the system to note the impairment.

- Impaired inmates may be housed in general population. In some cases, the officer may first become aware of their presence when approached by either the impaired inmate, or another inmate on their behalf.
- Inmates with new impairments (such as severely intoxicated, hit their head, etc.) must be cleared by medical or sent to the hospital.
- Hearing-impaired inmates can be housed anywhere depending on their classification.
- The majority of inmates are repeat offenders (at least 80%) so staff already knows their needs.
- Staff noted that there have been very few sight and hearing-impaired inmates. Mobility impairment has been the biggest issue. There have been only two deaf inmates in the last two years.
- Staff noted that it would be helpful if ADA patients were housed in one part of the jail for easier medical staff response. Getting inmates in and out of cells with medical equipment is very difficult.
- There is very limited ADA space for a protective custody inmate that adequately balances the safety and security of the facility.
- The doors with glass in the Old Tank all have intercoms, but others do not, requiring an inmate to shout for help. Cells in the North West and Intake and Release Center (IRC) all have intercoms. Staff noted that the New East ISO has more than one, and maybe all, have intercoms. The intercom is connected to Central Control and serves as an alternative to radios. Emergency / panic buttons across the hall are for staff use that sounds an alarm in Central Control.
- South Dorm is for medical and ADA because it has the most accessible conditions for cell or open dorm environment. Staff has had to place some high-risk inmates in there until they can be moved. Staff reports that inmates are usually happy.
- Wristband colors are color coded for security levels and are not set up for ADA. The facility does not have scanners for the barcodes.

Vanir Recommendation: When any impaired inmate is assigned to a housing unit, the transportation officer should contact the custody officer in charge of the impairment status of the inmate to be housed. It would be helpful to have colored wristbands identifying the impairment of the inmate so staff can better provide for their accommodations. Consider housing inmates with impairments in appropriate accommodations (i.e., intercoms, permanently mounted TTY / TDD, showers, closed captioned television, proper heights and reaches, etc.).

H. Visitation

- In addition to face to face visitation, the facility is considering some video visitation in the future.
- Staff noted that the North County facility may have video devices with “TTY / typewriters”.

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- Staff noted that they believed some of the visiting windows should be lower for wheelchair viewing.
- Some areas downstairs don't have benches for wheelchair access or elevators. Staff brings in chairs if there is an issue sitting on benches.
- Seeing eye dogs are allowed during visitation if they are not disruptive to anyone else; however, staff noted that they have yet to see one come downstairs to the visitation area.

Vanir Recommendation: Provide ADA accommodations for visiting for both inmates and public (see *Transition Plan*).

I. Programs and Classes

- The facility partners with Santa Barbara City College and must have at least 20 students to hold a class. There is a maximum number of students per classroom based on State Fire Marshal regulations.
- There are schedule and time allotments for programming and classes. All classes are less than two hours each.
- All programs are available to all inmates regardless of impairment for general population inmates only. There are no specific programs focused on inmates with impairments.
- Each inmate, regardless of impairment, must be cleared to attend programs and classes.
- Program and class participation are voluntary and open to all inmates wanting to participate if they meet the qualifications.
- One inmate in wheelchair took a computer class approximately five years ago.
- Providers and volunteers make every effort to fill the allotted program and class time with as many different subjects as possible.
- Narcotics Anonymous and Alcoholics Anonymous are held in the housing units.
- A lot of programs are in the evening at the Medium Security Facility (MSF), so inmate workers can attend classes. The religious programs and Sheriff's Treatment Program are scheduled.
- If a mobility impaired inmate is in general population and cleared to attend classes, they may attend programs if they are given access via wheelchair. Usually, an officer brings the mobility impaired inmate down first since it takes longer to escort them through the facility.
- Inmates contact Inmate Services to request library books, legal information, etc. Inmates utilize the Inmate Request Forms when making requests. The Legal Research Association in San Francisco is under contract and ships braille materials the next business day upon request.
- The Library has approximately four different genres. Books are ordered based on usual genres requested by all inmates.

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- There is only one officer to escort inmates to and from the programming area. Some programs have an officer stationed there. If there are more than five inmates there are two officers.
- Sheriff staff is not always posted in program and classrooms. There is a call box and radio in classrooms, and service providers are told what to do by an officer in case of emergency.
- Service providers are considered visitors and as such have limited access and are escorted to / from classrooms by an officer.

Vanir Recommendation: Clarify and provide, in both the *Policy and Procedures Manual*, and *Custody Orientation Handbook*, the eligibility requirements pertaining to programs for inmates with disabilities. In the *Policy and Procedures Manual*, Section 209 Page 66, specifies a list of criteria which is not apparent in the *Custody Orientation Handbook*.

J. Assistive Devices

- Staff noted that CFMG / Wellpath honors any assistive device an inmate enters the facility with.
- The jail's nurse practitioner or doctor determines what assistive devices (such as canes and wheelchairs) are necessary on a case by case basis after meeting with an inmate.
- The use of an inmate's personal cane may be allowed based on their security classification. However, all personal wheelchairs are stored, and a jail issue wheelchair is provided to reduce the introduction of contraband into the facility.
- The inmate's classification level is taken into consideration for safety of both staff and inmates when issuing assistive devices.
- Staff noted that there are cases where an inmate is issued an assistive device and it is not removed once deemed no longer necessary. In such cases, medical staff alerts the supervisor to address the issue and remove the item from the inmate's possession.
- If an inmate is in poor health or too frail to use a wheelchair on their own, staff or other inmates may assist by pushing their wheelchair as needed. If an inmate is moving too slowly, an officer may push their wheelchair to assist.
- Staff stated that there have been instances with mobility impaired inmates purposely breaking assistive devices on an ongoing basis and filing complaints with the ACLU that the facility is not in compliance.
- If inmate abuses equipment they can be written up and lose visitation and / or commissary privileges, or more. Additional charges may be brought against the inmate as well.
- The facility is working on purchasing new shower benches. Inmates were breaking the shower benches and the chairs that replaced them. Medical is working to purchase a surplus of shower chairs so they are available when needed.

Vanir Recommendation: See *Transition Plan* for refurbishing showers with benches. In all cases, staff shall make every effort to provide assistive devices to inmates with disabilities. During the booking process, staff shall work with the medical provider and inmate to determine which

assistive device is best suited for the inmate with disabilities. Consideration should also be given to the inmate's capacity to harm themselves or others. The County shall explore procuring assistive devices that hold up to inmate abuse and assure timely repair or replacement of broken and non-functioning devices.

K. Communication

- Usually, a deaf inmate will write a note to an officer noting that they are deaf and cannot hear so that the officer is aware of their impairment.
- Officers use white boards to write notes to alert other officers to the presence of impaired inmates. The white board is used to alert officers of inmate issues such as fighting, spitting, wheelchair use, etc. Staff may not list a hearing impairment on the white board.
- One staff member noted that they may be away from a computer for up to six hours. Therefore, a flag in the system would go unnoticed unless it was written on the staff white board or posted in the office. Unless there is a handwritten note from another officer, the officer may be unaware of the impairment.
- When shift changes, officers review / brief relief officers coming on post of any issues or inmate impairments they should be aware of.
- The officer's squad holds briefings for impaired persons every two weeks where they share the information with the other officer in the module.
- Hearing and / or speech impaired inmates may use Inmate Request Forms, paper, and golf pencils available to all inmates to communicate with staff.
- No special materials or systems are provided by staff for hearing, speech, and / or visually impaired inmates to communicate with attorneys and / or other professional providers.
- Being able to hire someone who knows ASL is extremely difficult. There have been two nurses and several officers on staff that know ASL.
- There are no sign language interpreters on staff, but an accommodation would be made if requested. Staff would reach out to the college or public for an interpreter if needed. Interviewed staff did not recall any interpreter requests during their 25-year tenure.
- Staff noted that it is difficult to escort hearing-impaired inmates without utilizing a "hands on" approach to direct them where to go, especially in an emergency.
- No comments were provided regarding communication with speech and / or visually impaired inmate communication.

Braille Materials

- Legal paperwork is provided in braille.
- There are a few books in braille that were acquired from the Santa Barbara Braille Institute. All other library books are donated.

- The braille books in the Library are westerns and romances that were requested by one inmate and are over five years old.
- Braille material requests are quite rare, and staff was unable to provide a demographic as such.
- Staff recalled one request for braille materials three years ago.
- Officers distribute the braille materials upon request and return them when finished.

Vanir Recommendation: The use of written placards for common words or phrases has been used successfully in other facilities such as meal time, recreation time, bed time, showers, etc. Also provide paper and pencil for communication with the hearing-impaired. When any impaired inmate is assigned to a housing unit, the transportation officer should contact the custody officer in charge of the impairment status of the inmate to be housed. It would be helpful to have colored wristbands identifying the impairment of the inmate so staff can better provide for their accommodations. Since the braille materials are free from the Braille Institute in Santa Barbara, it would be advantageous to have more than a couple of library books available to those inmates requiring them.

L. ADA Grievances

- Inmates may file a grievance or a request for equipment. Staff will consult with medical regarding the request.
- An appointed medical staff person answers every ADA grievance. There is a designated grievance lieutenant and medical's ADA grievance responses are forwarded to him / her for review. Medical updates if needed, then grievance lieutenant formally responds to inmate. An inmate may protest the response by filing an appeal which goes through a lieutenant (not necessarily the same lieutenant that reviewed the grievance originally). Medical reviews the grievance appeal and advises the responsible Lieutenants. Then the Lieutenants review all grievances for the facility. The inmate can file a writ. (There were two medical writs pending at the time of our interviews.) At that point, it goes to CFMG / Wellpath Corporate and the Sheriff's Office.
- Disputes are usually between an inmate and the Sheriff. Medical and classification work well together.
- There are no records of complaints and no procedure to track complaints in the new system. Some grievance forms are kept in folders by staff when possible; however, staff we interviewed stated they did not have any claims to keep.
- Staff tracks responses for the American Civil Liberties Union (ACLU). The ACLU visits every Thursday and speak with anyone that wishes to meet with them (not all ADA). Within two days of the meeting, the ACLU sends a report and the jail has ten business days to respond. The ACLU report is reviewed by staff and forwarded to the Sergeant, the Commander, and then back to the ACLU. A common issue is non-ADA showers and staff is working to resolve the issue.

Vanir Recommendation: It would be helpful to have an automated system to track the nature of each grievance to determine if there is a reoccurring theme, especially with inmates with impairments.

M. ADA Accommodations

- All inmates may shower any time except during lights out. There is no showering schedule, nor time limits for showers.
- Staff did not recall any issues regarding an ADA inmate showering first.
- There is no ADA shower in the Northwest Jail facility. To improvise, the Janitor Closet was used with an officer guarding the inmate and providing privacy as necessary.
- Inmates will have to take their shower in the South housing unit.
- Staff noted they would like to have one ADA shower in each section of the jail.
- Impaired inmates have access to all programs if they are in general population and cleared for attendance.
- TTY / TDD machines are not located in every housing unit. Access is available in the IRC. Access is restricted due to impairment to it is not readily available at all times.
- The facility is using TTY and have video visitation in the new facility. Nothing has been designed for the Main Jail yet but may be adding them.
- Some holding cells have windows where inmates can sign paperwork. The TTY is stored there, and an officer brings it to the inmate so they may use it in the housing unit. Staff brings the inmate to the booking holding area to use it during telephone time if requested.
- Staff asks the inmate what time(s) they'd like to use the device, so they can establish a routine for the inmate and their families. The inmate can always submit a yellow request form to an officer and it will be read immediately.
- One staff member we spoke to was unsure of its location in the facility and had never seen it. The staff member planned to contact the sergeant if one was required or requested.
- TTY / TDD machines are available at flexible times and hearing-impaired inmates can set up preferred times through staff. Inmates can notify an officer a few hours in advance when they need to change their pre-arranged time for TTY / TDD use.
- Staff noted that they never encounter issues with hearing-impaired inmates. The facility has a TDD that's readily available. Inmates are escorted to the IRC booking hold to use the TDD when requested and are familiar with its use and operation.
- There are three TTY / TDDs that are shared at the facility. Hearing-impaired inmates often receive extra phone time because the escorting officer will leave them in a holding cell to use the device and come back when they have time to return the inmate to their housing unit.

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- The inmate telephone system does have a working TDD. Telephone is only provided in English and Spanish.
- Television viewing has open seating with no special arrangements for hearing-impaired inmates.
- Officers control the television volume and it is usually fairly loud. The facility does not provide headphones to inmates and are not considering providing any in the near future.
- Closed captioning is on occasionally and turned on upon request. However, if the closed captioning blocks part of the picture, it may upset other inmates, making it less likely the hearing-impaired would request it.

Vanir Recommendation: See *Transition Plan* for remodeled showers in each classification type. Provide a permanently mounted TTY / TDD at locations where inmates require them so they are available at any time. Also consider video relay equipment and service at that same location (this equipment and relay service is typically offered free). Time consideration should be given to hearing-impaired inmates that use the TTY / TDD due to the lag in digital translation. It is also recommended that headphones be available for hard of hearing inmates for television viewing.

N. Recreation

- Depending on housing and yard size, basketball, handball, volleyball, dip bar, pull up bar, and sit up area are available. Handball is available in all recreation yards.
- The South Yard is a big, open concrete yard with benches, but no stationary equipment.
- The Main Jail added stationary equipment for pull ups and dips as well as some benches in 2017. This yard has a centrally located ramp in the back of the yard. The basement dorm accesses this yard via elevator.
- Non-impaired and impaired inmates recreate together.
- No special recreation activities are provided for inmates based on their impairment. Staff we interviewed have never received a complaint about not going to the recreation yard or classes due to impairment.
- No special equipment is provided for impaired inmate recreation.
- All inmates go to the recreation yards. A ramp is used when needed.

Vanir Recommendation: None.

O. Miscellaneous Topics / Notes

Extra Privileges for Inmate Workers

- Extra privileges for inmate workers are dependent upon the situation, where they're at, and the officer. For example, the kitchen crew receives more hot meals. If an inmate cleans a dirty cell, they may receive a soda or an extra lunch.

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- Inmate work is not limited by impairment if the inmate can perform the task. Work assignments are at the discretion of the individual officer and civilian cook.
- The facility does not have a formal policy stating inmates will receive anything in exchange for performing tasks.
- Unit 400 and 200 STP tanks receive extra yard time as workers are assigned to that module. They receive extra benefits when housed in those units and ADA qualifies for the extra yard and out time as well.

Vanir Recommendation: If a perk is offered as a reward for a task / activity, then inmates with impairments shall have the same access to these perks. This may be for a different task / activity.

Inmate Welfare Fund

- The Inmate Welfare Fund is solely for the benefit of inmates and is based on commissary sales and phone income (no tax dollars). At the time of our interviews it was worth several million dollars as reported by staff, and it is utilized to purchase necessary equipment and materials.

Vanir Recommendation: Consider, if not already done, purchasing devices for inmates with disabilities or impairments out of the Inmate Welfare Fund.

Vanir Assessment and Recommendations

Based on the responses from the Sheriff's staff, it is Vanir's opinion that all that were interviewed are very conscientious about inmates with disabilities and generally possess an attitude to accommodate those inmates as best as they can. It is also noted that some staff are very informed regarding the written policies and procedures; however, some need additional time to familiarize themselves with the depth of the policies and procedures, especially regarding the ongoing changes.

It's imperative that the person / department responsible for the jail's policy and procedures, staff training, amendments, books, and logs pertaining to inmates with impairments be attending local / national classes on ADA laws including implementation, court decisions, and best practices. This position should have the authority to assist in making changes to the jail's operations to accommodate those inmates with impairments. We recommend that this position be a Lieutenant or higher.

EXPERT REPORTS REVIEW

As part of Vanir's assessment, we reviewed several confidential expert reports related to the condition, safety, and operations of the facility. The confidential expert reports submitted for our purview and their summarized observations and relevant recommendations are listed below.

Assessment of Custody Operations Santa Barbara County Jail System (Site Visit April 3-7, 2017), by Margo L. Frasier, J.D., C.P.O.

This report includes 46 recommendations for the Santa Barbara Jail. The author notes that only some of them can be implemented prior to the completion and occupancy of the Northern Branch Jail to

improve the living conditions and safety of the Santa Barbara County Jail System. We have only included the most pertinent recommendations here as part of our summary review.

- Crowding in the South Dorm is particularly problematic as it holds the most medically infirm; including inmates who are required to use wheelchairs to get around inside the Housing Unit. Having inmates sleeping on the floor with their beddings and belongings taking up limited floor space further complicates issues with mobility.
- Inmate workers should be used to clean the cells of inmates who are incapable of cleaning their own cells due to medical or mental health issues.
- An objective classification system, including a Housing Unit Assignment Plan, should be implemented. While it is possible to use a tool that has been validated elsewhere, it is recommended that Santa Barbara County contract with an expert in classification to help guide the Santa Barbara County Jail system through the process.
- Classification Unit staff should receive training on the use of the objective classification tool. The National Institute of Corrections offers training on objective classification and it would be advisable for as many staff as possible to attend.
- There should be significant involvement of mental health staff in classification and reclassification of inmates with mental health issues. The goal should be to place inmate in the least restrictive environment as possible for the safety of the inmate and others.
- Routine audits should be performed on the Classification Unit and the individual staff members of the Classification Unit to ensure performance is in line with the designated criteria. The auditing mechanism should record the percentage of inmates that classified within 12 hours of booking, inmates that are housed according to their assigned custody levels, inmates that are housed in protective custody, overrides and the reasons for the override, and reassessments that are performed within the timelines detailed by the classification policy and the outcomes. Criteria as to acceptable performance should be set out in the classification policy.
- The classification policy will need to be updated once the objective classification system is implemented.
- The safety cells should only be used for their intended purpose; protection of an inmate from imminent self-harm when no other alternative is sufficient.
- Seldom does an inmate who has destroyed property need to be placed in a safety cell. When an inmate has created a safety hazard due to destroying something in the cell, the item should be removed. It might also be appropriate to remove all other items that could be destroyed from the cell until the inmate's behavior improves. If the inmate must be relocated while repairs are made, placement in another isolation cell or a holding cell is preferable to the safety cell. If an inmate must be placed in a safety cell as there is no current alternative, unless there is a specific reason for removing their clothing and placing them in a suicide resistant smock, they should be allowed to retain their regular jail house clothing.

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- Inmates whose behavior warrants placement in isolation should be placed in South Isolation. A behavior management plan should be developed by where the inmate may work himself out of isolation into the disciplinary tier (recommended that it be one of the Northwest Housing Units) and gains additional privileges through conformance to the rules and appropriate behavior.
- It is recommended that an inmate to officer ratio of 60:1 be adopted. This would require an additional housing module officer in each module with the exception of the Male Basement.
- It is recommended that three additional movement officers be assigned to the medical section so that they escort the medical / mental health staff to the Housing Units and escort inmates from the Housing Units to the medical section.
- A staffing study of the Santa Barbara County Jail system should be performed. It is clear that there are not enough staff performing the custodial functions in the housing areas and for escort, but an analysis should be performed to determine whether and where from staff could be redeployed to fill those needs. It may well be that no staff can be redeployed.

Vanir Comments: The County and Sheriff's Office have taken steps to alleviate floor sleepers with the construction of a new jail facility in Santa Maria. The facility will contain robust spaces for mental health, programs, and inmates with impairments. That facility is to open early 2020. The new facility will greatly alleviate many of the operational issues due to overcrowding.

Review of Mental Health Services Currently Provided by the Santa Barbara County Jail System (Review Conducted Between April 12-14, 2017), by Roberta Stellman, M.D., DABPN

Dr. Stellman toured the entire Main Jail and an attempt was made to briefly interview all inmates in restrictive housing, medical, and mental health general population areas, and other general population inmates as time permitted. General inmate complaints during her tour were validated by interviews with mental health staff and direct observation. The majority of Dr. Stellman's report focuses on mental health issues; however, Vanir is only reporting on the facility response to mobility, sight, and hearing impairments. Therefore, we have only included observations and recommendations for those particular issues below.

- On April 1, 2017, CFMG became the new health services provider after a 20-year relationship with PHS/Corizon.
- Moldy shower conditions in the Medical Housing Unit. (The inmates reported that the shower had been pressure washed the day before her tour).
- Upon departure from the facility, Corizon reportedly sent all of the clinical tracking logs to their hub and were not available at the start of CFMG's transition, hampering the transition to the new health care vendor. Loose medical record filings have not been done for six months and have been stored in 15 to 20 boxes with no system of organization. Under Corizon, staff report that it took 2-3 hours to locate charts if they were able to find them all. Clinical staff often saw

inmates without records available to them, resulting in frequent time inefficiencies because of the need to repeat historical questioning and missed identification of prior treatment. Corizon created new charts for each individual entering the Jail every year.

- Almost all non-psychiatric visits are conducted without sound privacy and through cell grills or doors. Encounters, though they may be frequent, are extremely brief and constitute rounds and not treatment services.
- On April 19, 2016, it was noted that due to the lack of custody escort and medical staff, Corizon was 334 sick call requests in arrears for medical services.
- It is strongly recommended that the Santa Barbara County Jail (SBCJ) develop its own system and site-specific policies and procedures. The private health provider should be bound by contract to the current and future SBCJ policy manuals. Such a practice allows for continuity in processes and requirements regardless of which company provides services at the Jail. Relying on jail / prison systems outside of the State of California will also help align policies with national standards such as National Commission on Correctional Healthcare Jail Health Standards (NCCHC), or American Correctional Association (ACA).
- Policies and procedures should specify the minimum timeframes to complete specific tasks, quality requirements such as documentation guidelines, laboratory and examination requirements, triage systems, etc.
- Specificity regarding the procedures should easily enable the development of measurable quality indicators that can be employed to monitor the implementation of policies.
- Based on the observed levels of acuity and chart reviews, staffing levels at the current time are deemed inadequate despite the facility being fully staffed for contracted allocations.
- Even without a full staffing analysis it is unlikely a staff of five would be adequate to provide all the screening and assessment functions as well as crisis services, treatment programming, sick call requests, needs assessments and discharge planning as treatment planning, multidisciplinary treatment team planning for the sub-acute seriously mentally ill inmates, monitoring and counseling of suicidal inmates, etc.
- Multiple inmates throughout the facility reported that there was an abrupt change in their medication or the availability of their medication with the conversion from Corizon to CFMG. Initiation of verified and non-verified medication practices should be monitored to ensure the requirements of the CFMG contract is met. Based on interviews with inmates, the inmates state that medication is often not available in a timely fashion following intake.
- CFMG needs to monitor the medication administration process to ensure that prior prescriptions did not lapse with the change in health vendors.
- Health service requests should be handled in a confidential manner unless the inmate chooses to communicate directly to non-health staff. Communications back to inmates from health staff by mail should be sealed in an envelope with the inmate's name, number, and location on the front.

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- Develop a triage system with documentation on the form for the triaging licensed professional to enter the level of urgency and a tracking system to accurately monitor the efficacy of the process. This data will also be necessary for staffing analyses.
- Develop a system to log inmate requests so that periodic quality reviews can be done to assess whether:
 - Health service requests are retrieved in a timely manner.
 - Health service requests are triaged within the established timeframe.
 - By the nature of the complaint a proper level of triage is assigned.
 - Mental health staff appropriately resolved the complaint.
 - Mental health staff resolve the complaint in a timely fashion.
- A confidential health service request system should be implemented.

Vanir Comment: A new modernized medical and mental health treatment area is planned for the Main Jail. This space will allow a high degree of efficiency, security, observation, and supervision of the inmates brought to the area for exams or reside in this area due to illness. The area will contain natural light, wide corridors, and softer materials.

Review of Santa Barbara County Jail Medical Services (September 2017), by Scott A. Allen, M.D.

Dr. Allen's overall findings are that the current level of care in the Santa Barbara County Jails is inadequate, poses a significant risk of serious harm to inmates confined there, and does not meet minimal constitutional standards. He found that the inadequacy of the current health system can almost entirely be attributed to: 1) inadequate performance by the previous medical contractor; 2) physical plant issues (including lack of appropriate clinical space); and 3) correctable programmatic deficiencies and institutional barriers in the current program. Dr. Allen went on to say that he found most of the Department medical staff including nurses, health professionals and administrators, and the Sheriff's Department liaisons to be professional and competent. If the historical structural and resourced based issues are addressed, care could be brought up to meet constitutional standards. Dr. Allen's site visits occurred only six weeks into CFMG's tenure at the facility. Meaningful corrective measures have been initiated since his visit, but there has not been enough time for those interventions to have corrected the deficiencies that accrued under the prior contract period. All problems described below were verified either by medical records, by staff, or in some cases, by both.

- At the time of Dr. Allen's report, the Santa Barbara County Jail Health Services were not accredited with the National Commission on Correctional Health Care (NCCHC) or the American Correctional Association (ACA). According to CFMG, the Department was moving forward with plans to apply for accreditation with the NCCHC.
- There is no policy for dealing with transgender patients.
- Nursing staffing remains short of the Department's own stated plan and is not sufficient to deliver appropriate medical care. A reasonable staffing recruitment plan is in place, and efforts to recruit new physicians and nurses is underway, but four years after the Department was

made aware by consultants of staffing deficiencies, the staffing levels proposed by the Department have not yet been met.

- The one shortcoming of the current staffing plan is the absence of a nursing post for intake. The intake nursing responsibility is handled by nurses being pulled from other posts. When that happens, other functions shut down. Intake is a critical post in a jail facility, and as such, it should have its own dedicated nurse.
- The facility is understaffed for medical providers and the schedule is inadequate to cover the needs of a 24/7 facility. According to the Sheriff's *2013-2015 Triennial Report*, the medical program handled over 13,000 sick calls per year, or roughly 35 sick calls a day.
- The current physician coverage for the jail is only a 0.4 FTE position, with physician present onsite for only three days a week, and those days are grouped together mid-week. As a result, there is no physician present for four continuous days every week. This is totally inappropriate and creates unjustifiable risks and liabilities.
- There is only one physician medical provider at the Main Jail. A review of medical records reveals that her medical documentation of care is poor, and care of chronic conditions does not meet reasonable community standards. It is notable that the only physician is not board certified in internal medicine, family medicine, nor emergency medicine (the three appropriate specialties for a primary care provider in an adult jail).
- There are a high number of inmates who actively have or have had recently suffered from a serious skin infection due to a drug resistant form of the bacteria staphylococcus aureus, known as MRSA. This MRSA problem is likely a reflection of overcrowding combined with sanitation issues.
- There is no adequate centralized clinic space in the old Jail. Clinic space and exam rooms are dispersed throughout the facility impacting efficiency of care and requiring the support of an additional security officer for each clinic space in operation at any given time.
- There is inadequate office space to support the medical work force, and inadequate storage space for supplies.
- The building is old and in disrepair. Floors, counters, and other services were in poor condition and were not clean. Rubbish and debris were found on floors and hallways. Boxes and other non-trash items were improperly stored in hallways and offices.
- Issues of sanitation are a problem throughout the facility, but worst in the oldest areas of the building.
- Across the entire system, the Santa Barbara County Jail has no ability to provide infirmary level or intermediate level of care. As a result, inmate patients requiring higher level care must be transferred to outside facilities with the attendant higher medical and security costs. The Main Jail does have a "medical unit" but there is nothing about the unit that affords a higher level of medical care. It is simply a dormitory where inmates with medical conditions are housed.

- Current intake does not meet NCCHC standards because not all incoming inmates are being screened. In random medical record reviews, records identified inmates housed in the facility for over two weeks with no medical screening at all.
- Documentation of clinical encounters is often brief and incomplete. There is almost no documentation by physicians of patient education about their illnesses, their lab or test results, or the treatment plan.
- Chronic disease management is inadequate. Management of chronic illnesses such as asthma, diabetes, HIV, and hypertension, among others, to be ad hoc, incomplete, inconsistent, and reactive as opposed to proactive. Care of chronic diseases appears to be driven more by inmate self-advocacy than by widely accepted clinical guidelines.
- There is no complete, accurate, or reliable list of patients with chronic care conditions. There are no protocols that are followed for ongoing care of chronic illness, such as regularly scheduled follow up visits (those appear to be scheduled inconsistently, if at all, by individual physicians and nurses with no clearly documented logic or clinical reasoning). In a number of reviewed cases, care of chronic disease patients appeared to be negligent and overall care of chronic diseases could be characterized as deliberately indifferent.
- The Jail is not consistently providing timely access to care for serious medical conditions. Shortcomings in timely access to care occur in: nursing care; access to a facility physician for serious medical care; and specialty care that cannot be provided onsite.
- The Jail makes minimal accommodations for inmates with physical disabilities and in many cases the accommodations are overly restrictive or inadequate to accommodate the disability.
- Restrictive formulary with almost no medical non-formulary requests. There were multiple requests by the psychiatrist for non-formulary medications, but the medical doctor almost never requested non-formulary medication. This suggests an overly restrictive approach to the formulary beyond what is reasonable. Dr. Allen also found restricted use of rescue inhalers and under-diagnosis of asthma.
- The facility makes little use of Keep On Person (KOP) medications.
- All facilities experience a high level of grievances by inmates alleging inadequate care. A large number of these grievances were substantiated.
- There appears to be no meaningful standardized risk-based classification. While this may seem to allow for some efficiency for security purposes, such restrictive conditions of confinement create unnecessary barriers to care and introduce significant inefficiencies and risks in the delivery of health care. This approach seems particularly harsh and problematic for inmates who may be detained in these facilities for longer periods, such as the AB109 population.
- Many inmates are confined to their cells or cell blocks for most of their incarceration period. They are let out for daily showers and twice a week for recreation time. There appears to be very minimal programming or educational time. Their access to health care personnel is

limited by their limited movement and relies on a paper driven “kite” system for reporting a health concern. Their only other alternative is to call a “man down” medical emergency.

- A 2013 consultant report by Crout and Sida found insufficient custodial staffing overall, and insufficient medical escort staffing in particular. Insufficient custodial staffing in support of medical services remains an issue at the time of Dr. Allen’s visit, resulting in preventable barriers in timely access to medical care and very inefficient use of medical professional time. Doctors and nurses are routinely kept waiting for patients to be transported or to be escorted to areas of the facility that require custodial escort for staff.
- Santa Barbara County Jail failed to deliver adequate medical care in large part because the previous medical contractor provided inadequate care. While replacing that provider with CFMG was an important corrective step, the County is still largely relying on the contractor to meet the County’s constitutional obligations to provide care. *While the work can be contracted out, the responsibility of the County in providing minimally acceptable medical care cannot* (emphasis original). The County currently does not employ County resources nor expertise in providing oversight to the medical contract.
- In the 2016 report on realignment, the consultants made the following recommendation:
 - *Require the Department of Public Health and Behavioral Wellness to Administer the New Medical Contract for the Sheriff Rationale:* The Sheriff is not the proper agency to monitor a contract that delivers mental health services in the Jail. The County’s Departments of Public Health and Behavioral Wellness should administer the contract to ensure inmates are being properly assessed and treated in the Jail, and to ensure the transition from the Jail to the community does not interrupt the services that were being provided in the Jail.
- It is imperative that the Santa Barbara County Board of Supervisors recognizes and acts upon the obligation of the County to provide adequate access to health services for inmates in the County Jails as required by California law and the U.S. Constitution. Budget concerns alone are not a sound legal defense for failure to provide a constitutional level of care to inmates.
- The Department should move forward with the process of preparing for, applying for, and securing accreditation with the National Commission on Correctional Care. If the Department follows through with its current plan, the Jail may be able to secure accreditation within a year or so. The process will also provide a standardized framework for securing an acceptable health care program.
- The County must take ownership of its policies and procedures for the delivery of medical care in its jails consistent with the County’s legal obligation to provide that care. Such policies may be developed in close coordination with the medical contractor, but the County should retain authority and control over County Jail medical practices. Policies should be consistent with NCCHC and ACA standards.
- The Department should work with the contractor to establish appropriate medical professional staffing levels and then work to maintain them and adjust them to address changing needs.

- Salary levels should be adjusted to make sure it is competitive with other jobs in the California correctional medicine market and the surrounding community. The staffing plan should include at least one board certified FTE physician, supplemented by one FTE physician extender such as a nurse practitioner. Ideally, those positions would be staggered in schedule to allow the presence of at least one of the other seven days a week.
- The County should recruit at least one board certified FTE physician (who would also serve as the Responsible Physician with ultimate authority on all clinical decisions consistent with NCCHC policies). The complexity of correctional medical care and the liability to the County associated with the failure to provide that care makes the hiring of a board-certified physician a sound policy.
 - As the impact of overcrowding impacts the health in the facilities, the County must develop a timely plan to address overcrowding. From the *2017 Grand Jury Report*, "The Main Jail, originally built in 1971, has been described as old, antiquated, and overcrowded. It is rated for 659 inmates, and the Medium Security Facility is rated for an additional 160 inmates. The average population at the Jail tends to be over 1,100. Both overcrowding and poor healthcare have been found by the Federal courts, including the U.S. Supreme Court, as potential evidence of unconstitutional care. As a constitutional issue, the obligation of the County to address overcrowding and health care impacts cannot be excused simply due to financial pressures facing the County.
 - The Department should examine and consider options to develop newer and more suitable clinic space to support health operation; space should be large enough to accommodate clinical operations while also securing appropriate privacy for patients. It would be advisable to consult closely with County correctional health staff on the plans for clinic space before breaking ground on a project.
 - Intake screening room does not have a door and therefore does not provide auditory isolation for confidentiality of sensitive medical information. Lack of auditory privacy might lead to incomplete disclosure of critical health info and missed opportunities for risk mitigation. All clinic and screening spaces should have auditory privacy for health professional and patient interactions.
 - Adequate clinical space in the Main Jail as well as development of isolation cells that are not hidden or remotely located will require substantial architectural modifications. Isolation cells should have direct line of site and be within hearing or two-way intercom or call button.
 - The County should formally consult an Environment of Care expert to evaluate the facility to make recommendations to address issues of cleanliness and sanitation. This is a priority area of concern and warrants expert consultation for a plan forward.
 - The Department should explore options for developing at least one facility that could provide a higher level of medical care such as infirmary or sub-acute levels of care. The department should consider the development of at least a small infirmary that could provide care such as simple intravenous medications or basic post-operative wound care so that inmates are not

kept in higher cost settings any longer than they need to be. While the planned Northern Branch will have appropriate medical housing space, space in the Main Jail would have to be appropriately designed to support this function and would likely involve new construction.

- The Department should continue to ensure that all newly arrived inmates are screened on arrival by licensed nursing staff. Screening procedures need to be revised to ensure that all inmates are screened upon arrival to the facility consistent with NCHC guidelines. It is recommended that the staffing plan include an intake nursing post commensurate with the high volume of the facility and critical nature of this function.
- The Department should follow through with its plan to deploy a correctional Electronic Health Record (EHR) and provide ongoing IT support to both the network infrastructure and IT support for end users of the software.
- The Department should follow expert consultant advice on developing less restrictive approaches to dealing with inmates with disabilities. The old building is not handicap accessible. Wheelchairs don't fit through some cell doors where wheelchair dependent inmates are housed (requiring the inmate to be carried or transferred in and the wheelchair must be collapsed first) and there are many other physical barriers to disabled inmates.
- Grievances should be categorized and analyzed as part of a Continuous Quality Improvement process. Systematic analysis of grievances should be part of a functioning Continuous Quality Improvement program.

Vanir Comment: A new modernized medical and mental health treatment area is planned for the Main Jail. This space will allow a high degree of efficiency, security, observation, and supervision of the inmates brought to the area for exams or reside in this area due to illness. The area will contain natural light, wide corridors, and softer materials. A three-person nurses' station and custody officer will be central to all the activities. Doors, elevators, and hallways will be sized to allow gurneys and hospital beds access to the exterior for emergency considerations. Also, a negative air medical housing room with an ante chamber will be provided. The area will contain multiple exam rooms with privacy doors and curtains at the exam table.

SUMMARY RECOMMENDATIONS

In addition to the recommendations made throughout the report, overall Vanir recommends a combination of strategies to address potential ADA issues and reduce impacts to the jail operations while upgrades are made. To minimize impacts, three strategies are recommended:

- 1) Physically modify a minimum of 3% of cells in each classification to accommodate disabled inmates (i.e., path of travel, showers, devices, grab bars, toilet, TTY / TDD, etc.).
- 2) Provide upgrades to the medical / mental health functional use areas (FUAs) to better accommodate inmates with impairments.
- 3) Provide upgrades to the public access areas and add appropriate and compliant signage (i.e., signage, path of travel, visiting booths, TTY / TDD, etc.).

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Areas needing physical modifications or upgrades are prioritized within this report based on complexity, location, swing space, and cost.

B. Transition Plan

ASSESSMENT

Overview

The Americans with Disabilities Act requires that when structural modifications are required to achieve program accessibility, a *Public Entity* must develop a *Transition Plan* that provides for the removal of barriers to the disabled. The essential elements of a *Transition Plan* are defined in the ADA as follows:

1. a list of physical barriers;
2. a detailed outline of the methods to be utilized to remove the barriers;
3. the schedule for taking necessary steps to remove barriers;
4. the name of the official responsible for the plan's implementation.

Provision for each of these essential elements is noted below:

1. a list of physical barriers.

This is provided in great detail as the *Vanir ADA Assessment of Santa Barbara Jail*, which is Part 2 of this report. The *Assessment* is a detailed document that includes building floor plans, photographs, and spreadsheets that identify elements that are not compliant with either the 1991, or 2010 ADA Standards.

The *Assessment* was developed as a stand-alone document that is strictly fact-based and has been developed without prejudice or subjective opinion. It includes:

1. a detailed outline of the methods to be utilized to remove barriers, and
2. the schedule for taking necessary steps to remove barriers.

The main body of "Section 6 -Transition Plan" provides a description of the methods and timeframes needed to remove barriers from the Santa Barbara Jail. The *Transition Plan* is broken down into **Priorities 1, 2, and 3** with their associated timeframes. Because there are many factors that affect the funding of construction work, the timelines provided are broadly described, and are intended to provide general, rather than specific, direction.

Recommendations for Timing of Construction Projects:

- | | |
|---------------------------------|--------------------------------------|
| Priority 1 - Immediate: | Work to commence within 1 Year |
| Priority 2 – Short Term: | Work to commence within 1 to 2 Years |
| Priority 3 – Long Term: | Work to commence after 2 Years |

The name of the official responsible for the plan's implementation: Lt. Charles Powell, Santa Barbara County Sheriff's Office.

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Bed Counts & Housing Needs

Standards

The ADA Standards mandate that 3% of inmate cells and 5% of dormitory beds meet the ADA accessibility requirements. These percentages must be applied to each type of housing, such as male housing, female housing, segregated housing units, and different security levels. The percentages must be met within the various classifications, but not necessarily on a building-by-building basis.

Classification Types Are Based on Inmate Housing Classifications (Per 2010 ADAAG 232.2)

There are distinct classifications used to determine where inmates will be housed within the Santa Barbara Jail, including inmates with disabilities. These classifications were developed to provide a safe and secure environment for both inmates and staff.

- 3% or minimum one (1) cell serving each purpose is required for compliance
- 5% of dorm room beds must be ADA accessible

ADA Accessible Cells

Per 2010 ADAAG 232.1, at least three percent (3%), but not less than one (1) cell should be provided.

Due to the age of construction of both the older area of the jail and the newer area of the jail (built in 1963 and 1988 respectively), none of these cells are 100% ADA compliant at the present time.

The prior chart shows recommended locations of each of the Santa Barbara Jail accessible cell(s). Note that all supporting services and rooms (phones, showers, computer stations, etc.) in the classification unit shall also be ADA accessible. Clustering of accessible housing is allowed as long as the percentages are provided for with a minimum of one (1) for each inmate classification.

The clustering of accessible cells and beds can be handled in a way that results in a maximum number of ADA facilities in a limited number of buildings, with no accessible facilities whatsoever in many of the Housing Buildings. In this manner, the Santa Barbara Jail facility can maximize the use and minimize the cost involved in providing accessible upgrades such as showers, telephones, and tables in the buildings and pods for the supporting facilities.

Emergency Systems in Accessible Cells

Per 2010 ADAAG 232.2.2, two percent (2%), but not less than one (1) of general housing / holding cells shall be equipped with audible emergency warning systems or telephones. All cells, accessible or standard at the Santa Barbara Jail are equipped with an emergency communication device (intercom) that when actuated by the inmate provides an audible alert directly to the housing control officer station panel. The officer is able to have a two-way discussion with the inmate using this device. When a hearing-impaired inmate actuates this device, the officer will respond to the cell of the inmate. This emergency communication device is located in all of the cells at the Santa Barbara Jail. The intercom devices located

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in accessible cells should be relocated to comply with mounting height requirements in areas where mobility impaired inmates are housed.

To communicate with hearing-impaired inmates in non-emergency situations, officers can use placards. The placards may contain typical phrases such as meal time, time for court, fire drill, and phones are off, etc. In addition, hearing or speech impaired inmates that can speak or write in the officer's language can use paper and pencil.

ADA Cells: Accessible Routes

2010 ADAAG Chapter 4 ... Accessible Route...2010 CBC Accessible routes from outside of the Santa Barbara Jail to any particular housing unit or module are reported in the functional use area (FUA) Circulation. Accessible routes within the unit or module perimeter are reported. These accessible routes must provide ample space and flexibility for maneuvering wheelchairs.

Santa Barbara Jail ADA Bed Count

The chart on the following pages represents by housing units at the jail, the actual and required ADA beds needed to comply with 2010 ADAAG 232.2.2. The total bed count is 819 and 33 beds are required to be ADA compliant. There are eight beds that currently respond to ADA.

ADA Cell and Bed Evaluation Chart

The chart on the following pages represents by housing units at the jail, the actual and required ADA beds needed to comply with 2010 ADAAG 232.2.2. It also provides further detail as to the cell types, specific locations, and rated capacities.

Santa Maria Jail ADA Bed Count

The chart on the pages following the ADA Cell and Bed Count Evaluation Charts represents, the actual and required ADA beds needed to comply with 2010 ADAAG 232.2.2 by housing units at the new jail. The total bed count is 376 which requires that the number of ADA beds required for compliance is 16. There are an additional 17 beds that exceed the bed count ADA requirements in the Mental Health Area of the new Jail. The new Santa Maria Jail will be operational in early 2020.

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SANTA BARBARA JAIL ADA BED COUNT

E	Name of Facility	Number Rated Beds	ADA Requirement	ADA Actual	ADA Needed
1	IRC	128	4	2	2
	Cells	128	4	2	2
	Dorms	0	0	0	0
2	South	60	3	4	-1
	Cells	19	1	0	1
	Dorms	41	2	4	-2
3	East	166	8	0	8
	Cells	26	1	0	1
	Dorms	140	7	0	7
4	Central	30	1	0	1
	Cells	2	0	0	0
	Dorms	28	1	0	1
5	West	136	7	0	7
	Cells	12	0	0	0
	Dorms	124	6	0	6
6	Northwest	75	2	2	0
	Cells	72	2	2	0
	Dorms	3	0	0	0
7	New ISO	0	0	0	0
	Cells	0	0	0	0
	Dorms	0	0	0	0
8	Medium Sec	160	8	0	8
	Cells	0	0	0	0
	Dorms	160	8	0	8
9	Basement	64	3	0	3
	Cells	0	0	0	0
	Dorms	64	3	0	3
	TOTAL	819	33	8	25

Current Accessibility Needs

During the course of our assessment, the current number of disabled inmates at the Santa Barbara Jail has been tracked and the results show that the actual need for ADA housing matches the actual ADA compliant housing available and is far below the 3% / 5% ADA requirements. This is shown in two ways:

1. On a random day (March 21, 2019) the total number of inmates with disabilities at the Santa Barbara Jail was six (6), which represents .6% of the overall inmate population. (The overall jail capacity is 951 and the rated capacity is 819).
2. Regarding the type of disability over this same period, the analysis shows the following:

Total Number of Disabled Inmates: 6
Mobility Impaired: 6
Hearing-Impaired: 0
Vision-Impaired: 0

The Sheriff’s Office has been maintaining records of all inmates entering the jail as to their ADA status. The chart below reflects an accounting of those inmates that need special accommodations. The Sheriff’s Office also tracks inmates needing canes, hearing aids, and eyeglasses. The mobility count in the chart below includes temporary wheel chairs for those inmates recovering from lower extremity injuries. The 2019 count is through March 21, 2019.

Number of Incarcerated Santa Barbara Jail Inmates with ADA Impairments									
ADA Impairment	Year								Totals
	2012	2013	2014	2015	2016	2017	2018	2019	
Mobility	0	1	0	3	9	4	17	6	40
Hearing	0	0	0	0	1	0	2	0	3
Sight	1	0	0	0	1	0	1	0	3
Total	1	1	0	3	11	4	20	6	46

It is therefore recommended that these detailed studies be continued to confirm actual historical and operating needs, and that the remodeling projects providing additional accessible bed capacity be phased accordingly.

Corrective Action

The corrective actions of the housing units are substantially related to the required percentage of accessible housing units. See section below. Also, for a complete background and understanding of specific elements requiring compliance, refer to the *ADA Assessment, Vol. 2* which contains the specific dimensions, code citations, floor plans, and photographs of each area that was assessed.

PLAN OF ACTION

Phasing of Transition Plan Work

It is anticipated that these issues would be corrected through three phases of construction projects as follows:

Priority 1: Immediate (Begin 0-1 year)

Provide easily-achievable accessibility-upgrades per Accessible Priority Plan A.4 and A.5.

Priority 2: Short (Begin 1-2 years)

Remodel additional cells / dorms to reach a 2% of inmates target and remove barriers within primary function facilities and support facilities.

Priority 3: Long (Begin 2+ years)

Provide additional cells / dorms to reach a 3% of inmates target and dorms to reach 5% of inmate target.

An overall floorplan for Level 1- Ground Level (sheet A.4) and Level 2- Basement (sheet A.5) are included in *Volume 2*. These show the proposed phasing of housing unit corrective work with a breakdown of facilities grouped by classification.

These graphics show site and floor plans of the Santa Barbara Jail, with color coding for the various classification types. The ADA work is shown in three phases, with Phase A and Phase B designed to fully meet the needs of the institution, while still below the ADA required percentages. Phases C / D would bring the Santa Barbara Jail into full ADA compliance for required housing percentages.

Priority 1 – Immediate (Begin in 0-1 Year)

INTAKE AND RELEASE CENTER (IRC)

Dayroom 100 & 200:

- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- The call-button's forward reach is obstructed and the height to operable element is non-compliant. Telephone to be relocated.
- Modify or replace existing dining table to meet knee clearance requirement and / or ADA user count.
- Food and / or beverage counter obstructs the reach requirement and is thus non-compliant. Modify or install new counter.
- Under-stair protection is required for compliance with CBC 11B-307.4.

Dress-In 128:

- Shower, water closet, and lavatory do not meet all accessibility requirements necessary for compliance.

MAIN JAIL FIRST FLOOR

South Dorm:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- The call-button's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Thermostat cage horizontally protrudes into path of travel more than the maximum acceptable dimension.
- Modify or replace existing dining table to meet knee clearance requirement and / or ADA user count.
- Shelf unit horizontally protrudes into path of travel more than the maximum acceptable dimension.
- Steel barrier at door threshold exceeds the maximum acceptable height. Remove steel and attach to bottom of door.

South Dorm Toilets and Shower:

- Shower, water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.

MEDIUM SECURITY FACILITY

'A' Barracks:

- Accessible beds are not provided in this barracks. Provide two accessible beds, with accessible clearances, to meet requirement.

'B' Barracks:

- Accessible beds are not provided in this barracks. Provide two accessible beds, with accessible clearances, to meet requirement.

'C' Barracks:

- Accessible beds are not provided in this barracks. Provide two accessible beds, with accessible clearances, to meet requirement.

Males Latrine 'E':

- Shower, water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.
- Door closer does not meet speed and force requirements. Provide and install new closer.

NEW EAST ISOLATION

Ad. Seg. ADA Cell 38 :

- Clear floor space provided at telephone is inadequate. The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Shower, water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.
- The call-button's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

Priority 2 – Short Term (Begin 1-2 Years)

INMATE SERVICES

Lobby 01:

- Entry door and back door thresholds exceed the maximum acceptable change in level. Provide and install new door threshold.
- The door closer does not meet speed and force requirements. Provide and install new closer.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Service counter exceeds the maximum acceptable height. Provide and install new counter.

Public Unisex ADA Toilet 02:

- Shower, water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.
- Door swing clearance at pull front-approach of door is less than 72" perpendicular to entrance.
- Room is not identified with tactile character signage. Provide and install accessible signage with braille.

INTAKE AND RELEASE CENTER

200 ADA Cell 215:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Desk or work surface does not meet knee clearance requirement. Modify or install new work surface.
- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.

Attorney Visitation 215:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.

Attorney Visitation 145:

- Door kick plate region 10" A.F.F. is not smooth.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Desk or work surface does not meet knee clearance requirement. Modify or install new work surface.
- Room is not identified with tactile character signage. Provide and install accessible signage with braille.

Booking 2 166:

- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Service counter exceeds the maximum acceptable height. Provide and install new counter.
- Room does not provide a minimum 60" turning clearance within the 56" x 66" space.

Corridor 165:

- There are multiple elements that protrude either horizontally or vertically into the path of travel clearances.

Holding Cell H6:

- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Light fixture horizontally protrudes into path of travel more than the maximum acceptable dimension.

Holding Cell H7:

- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

- Light fixture horizontally protrudes into path of travel more than the maximum acceptable dimension.

Holding Cell H8:

- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Light fixture horizontally protrudes into path of travel more than the maximum acceptable dimension.

Holding Cell H9:

- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Light fixture horizontally protrudes into path of travel more than the maximum acceptable dimension.

ID 171:

- Lavatory does not meet all accessibility requirements necessary for compliance.

Lobby 140:

- Drinking fountain forward approach condition does not meet CBC 11B-305.5.
- The call-button's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Entry door threshold exceeds the maximum acceptable change in level. Provide and install new door threshold.

Medical 159:

- Beds have an inaccessible parallel approach and transfer height. Suggest providing new bed.

Men's Toilet 144:

- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.
- Room is not identified with tactile character signage. Provide and install accessible signage with braille.

Observation H2 Detox 162:

- Water closet, grab bars, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.

Release 170:

- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Service counter exceeds the maximum acceptable height. Provide and install new counter.
- Room does not provide a minimum 60" turning clearance within the space.

Visitation 3 138:

- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Room does not provide an adequate 60" diameter dimension turning space for wheel chairs.

Women's Toilet 143:

- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.
- Room is not identified with tactile character signage. Provide and install accessible signage with braille.

MAIN JAIL BASEMENT

Dorm 01:

- Shower, water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.

Dorm 02:

- Shower, water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.

Dorm 03:

- Drinking fountain forward approach condition does not meet CBC 11B-602.7.

Dorm 03 Toilet:

- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.

Dorm 03 Shower:

- Shower does not meet all accessibility requirements necessary for compliance.

Men's Toilet B46:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Door Hardware does not meet CBC 11B-404.2.7. Provide and install lever hardware.
- Urinals do not meet CBC 11B-605.2. Lip to wall dimension is great than 17". Forward approach width for urinals is less than the required 30".
- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.

Public Waiting 81:

- Drinking fountain does not meet CBC sections: 11B-305.5, 11B-306.3, and 11B-602.7.

Public Visitation B35:

- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

MAIN JAIL FIRST FLOOR

West Cell 01:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Combination water closet / lavatory does not meet floor to apron height requirement of 29" minimum. Combi-unit also does not meet CBC 11B-604.2, 11B-604.3, 11B-604.4.
- Bottom of visible part of mirror is mounted 17" taller than the maximum allowable of 40" A.F.F.
- Shelf unit is mounted 12" taller than the maximum allowable of 48" A.F.F.
- Drinking fountain does not meet CBC section 11B-602.5.

West Cell 02:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Combination water closet / lavatory does not meet floor to apron height requirement of 29" minimum. Combi-unit also does not meet CBC 11B-604.2, 11B-604.3, 11B-604.4.
- Bottom of visible part of mirror is mounted 17" taller than the maximum allowable of 40" A.F.F.
- Shelf unit is mounted 12" taller than the maximum allowable of 48" A.F.F.

- Drinking fountain does not meet CBC section 11B-602.5.

West Cell 03:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Combination water closet / lavatory does not meet floor to apron height requirement of 29" minimum. Combi-unit also does not meet CBC 11B-604.2, 11B-604.3, 11B-604.4.
- Bottom of visible part of mirror is mounted 17" taller than the maximum allowable of 40" A.F.F.
- Shelf Unit is mounted 12" taller than the maximum allowable of 48" A.F.F.
- Drinking fountain does not meet CBC section 11B-602.5.

West Cell 13:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Combination water closet / lavatory does not meet floor to apron height requirement of 29" minimum. Combi-unit also does not meet CBC 11B-604.2, 11B-604.3, 11B-604.4.
- Bottom of visible part of mirror is mounted 17" taller than the maximum allowable of 40" A.F.F.
- Shelf unit is mounted 12" taller than the maximum allowable of 48" A.F.F.
- Drinking fountain does not meet CBC section 11B-602.5.

West Cell 16:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Combination water closet / lavatory does not meet floor to apron height requirement of 29" minimum. Combi-unit also does not meet CBC 11B-604.2, 11B-604.3, 11B-604.4.
- Bottom of visible part of mirror is mounted 17" taller than the maximum allowable of 40" A.F.F.
- Shelf unit is mounted 12" taller than the maximum allowable of 48" A.F.F.
- Drinking fountain does not meet CBC section 11B-602.5.

Central Medical E94:

- Demolish and rebuild walls, cells, plumbing shafts, doors, corridors, and rooms in this area to respond to the Sheriff's needs for modernized medical and mental health treatment beds and nurses / staff accommodations.
- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.

- Door hardware does not meet CBC 11B-404.2.7. Provide and install lever hardware.

Corridor 242:

- There are multiple elements that protrude either horizontally or vertically into the path of travel clearances.

East Corridor 6:

- There are multiple elements that protrude either horizontally or vertically into the path of travel clearances.

West Corridor 166:

- There are multiple elements that protrude either horizontally or vertically into the path of travel clearances.

West Corridor 301:

- There are multiple elements that protrude either horizontally or vertically into the path of travel clearances.

Court Video 01 CV01:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.

Court Video 02 CV02:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.

Court Video E129:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.

West Dayroom 01:

- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Modify or replace existing dining table to meet knee clearance requirement and / or ADA user count.
- Under-stair protection is required for compliance with CBC 11B-307.4.

- Shower does not meet all accessibility requirements necessary for compliance.

West Dayroom 13:

- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Under-stair protection is required for compliance with CBC 11B-307.4.
- Shower does not meet all accessibility requirements necessary for compliance.

West Dayroom 16:

- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Modify or replace existing dining table to meet knee clearance requirement and / or ADA user count.
- Under-stair protection is required, for compliance with CBC 11B-307.4.
- Shower does not meet all accessibility requirements necessary for compliance.

East Dayroom 4:

- Shower does not meet all accessibility requirements necessary for compliance.

East Dayroom 6:

- Shower does not meet all accessibility requirements necessary for compliance.

Dental 253:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening. Also provide new door hardware.

Dorm C17:

- There are multiple elements that protrude either horizontally or vertically into the path of travel clearances.
- Modify or replace existing dining table to meet knee clearance requirement and / or ADA user count.
- Shower does not meet all accessibility requirements necessary for compliance.
- Water closet, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.

East Dorm 23:

- There are multiple elements that protrude either horizontally or vertically into the path of travel clearances.
- Modify or replace existing dining table to meet knee clearance requirement and / or ADA user count.
- Shower does not meet all accessibility requirements necessary for compliance.
- Water closet, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.

East Dorm 24:

- There are multiple elements that protrude either horizontally or vertically into the path of travel clearances.
- Modify or replace existing dining table to meet knee clearance requirement and / or ADA user count.
- Shower does not meet all accessibility requirements necessary for compliance.
- Water closet, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.
- Combination water closet / lavatory does not meet floor to apron height requirement of 29" minimum. Combi-unit also does not meet CBC 11B-604.2., 11B-604.3, & 11B-604.4.

Elevator 01A:

- Elevator does not comply with CBC 11B-407.3.5 and 11B407.2 at corridor.

Holding Cell C9 48:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Combination water closet / lavatory does not meet floor to apron height requirement of 29" minimum. Combi-unit also does not meet CBC 11B-604.2, 11B-604.3, 11B-604.4.
- Bottom of visible part of mirror is mounted 17" taller than the maximum allowable of 40" A.F.F.
- Drinking fountain does not meet CBC section 11B-602.5.
- Under-stair protection is required for compliance with CBC 11B-307.4.

Central Holding Cell 77:

- Under-stair protection is required for compliance with CBC 11B-307.4.

Central Holding Cell C10:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- There is an element that protrudes vertically into the path of travel clearance.

East Isolation Shower:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Shower does not meet all accessibility requirements necessary for compliance.

Isolation Cell C7:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Combination water closet / lavatory does not meet floor to apron height requirement of 29" minimum. Combi-unit also does not meet CBC 11B-604.2., 11B-604.3, 11B-604.4.
- Bottom of visible part of mirror is mounted 15" taller than the maximum allowable of 40" A.F.F.

Isolation Cell C8:

- Combination water closet / lavatory does not meet floor to apron height requirement of 29" minimum. Combi-unit also does not meet CBC 11B-604.2., 11B-604.3, 11B-604.4.
- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Under-stair protection is required for compliance with CBC 11B-307.4.

West Isolation Cell 24:

- Combination water closet / lavatory does not meet floor to apron height requirement of 29" minimum. Combi-unit also does not meet CBC 11B-604.2., 11B-604.3, 11B-604.4.
- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Under-stair protection is required for compliance with CBC 11B-307.4.
- Shelf unit is mounted 10" taller than the maximum allowable of 48" A.F.F.

Isolation Shower 213:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Shower does not meet all accessibility requirements necessary for compliance.

Main Lobby 01:

- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- The forward reach for the commissary brochures is at an inaccessible height.

Observation Corridor 220:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.

Private Viewing PV1:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

Private Viewing PV2:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

Private Viewing PV3:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.

Public Toilet 09:

- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.
- Bottom of visible part of mirror is mounted 8" taller than the maximum allowable of 40" A.F.F.

Public Visiting PV03:

- Demolish and rebuild walls, visiting booths, doors, corridors, and HVAC in this area to respond to the Sheriff's needs for relocated face to face visiting.

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Work surface does not meet standard for minimum knee clearance.

Sallyport to PV and VC 47:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Under-stair protection is required for compliance with CBC 11B-307.4.

South ADA Shower E128:

- Demolish and rebuild walls, shower rooms, doors, corridors, and HVAC in this area to respond to the Sheriff's needs for relocated showers.
- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.
- Bottom of visible part of mirror is mounted 8" taller than the maximum allowable of 40" A.F.F.
- Shower does not meet all accessibility requirements necessary for compliance.

South Interview E114:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.

South Isolation Corridor R7-12 154:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.

South Isolation Corridor 132:

- There are multiple elements that protrude either horizontally or vertically into the path of travel clearances.

South Isolation Shower R 7-12:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Shower does not meet all accessibility requirements necessary for compliance.

South Isolation R9:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Under-stair protection is required for compliance with CBC 11B-307.4.

South Isolation 20:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Under-stair protection is required for compliance with CBC 11B-307.4.
- Work surface does not meet standard for minimum knee clearance.
- Water closet and mirror do not meet all accessibility requirements necessary for compliance.

South Isolation 21:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Under-stair protection is required for compliance with CBC 11B-307.4.
- TV mount protrudes into path of travel.

South Private Visit SPV1A:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

South Private Visit SPV2A:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

South Private Visit SPV1:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

South Private Visit SPV2:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

South Shower:

- Shower does not meet all accessibility requirements necessary for compliance.

South Tank Dayroom E134:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

South Tank Toilet and Shower 137:

- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.
- Bottom of visible part of mirror is mounted 8" taller than the maximum allowable of 40" A.F.F.
- Shower does not meet all accessibility requirements necessary for compliance.

South Tank 135:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

Tunnel:

- The call-button's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

West Treatment 70:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening. Also requires new hardware.

Women's Toilet B43:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.
- Bottom of visible part of mirror is mounted 8" taller than the maximum allowable of 40" A.F.F.

MEDIUM SECURITY FACILITY

Central Corridor:

- The telephone, hot water dispenser, and mailbox forward reaches are obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Drinking fountain forward approach condition does not meet CBC 11B-305.5.

Game D:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Door kick plate region 10" A.F.F. is not smooth.

Inmate Work Office G1:

- Door hardware does not meet CBC 11B-404.2.7. Provide new hardware.

Interview and Chaplain G2:

- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

New Classroom:

- Door hardware does not meet CBC 11B-404.2.7. Provide new hardware.
- TV mount and DVD player shelf protrudes into path of travel.

TV Room G:

- Entry door threshold exceeds the maximum acceptable change in level. Provide and install new door threshold.
- TV mount and DVD player shelf protrudes into path of travel.

NEW EAST ISOLATION

Dayroom New East 01:

- Modify or replace existing dining table to meet knee clearance requirement and / or ADA user count.
- Shower does not meet all accessibility requirements necessary for compliance.

NORTHWEST JAIL

Attorney Visit N154:

- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

CD Dogrun N141:

Cell A1:

- Work Surface does not meet standard for minimum knee clearance.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.
- Bottom of visible part of mirror is mounted 2" taller than the maximum allowable of 40" A.F.F.
- Shelf unit horizontally protrudes into path of travel more than the maximum acceptable dimension.
- Drinking fountain forward approach condition does not meet CBC 11B-602.5.

Cell D3:

- Work surface does not meet standard for minimum knee clearance.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Bottom of visible part of mirror is mounted 2" taller than the maximum allowable of 40" A.F.F.
- Shelf unit horizontally protrudes into path of travel more than the maximum acceptable dimension.

Cell I25:

- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Bottom of visible part of mirror is mounted 2" taller than the maximum allowable of 40" A.F.F.
- The call-button's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

Closet and Shower N136:

- Entry door threshold exceeds the maximum acceptable change in level. Provide and install new door threshold.
- Shower does not meet all accessibility requirements necessary for compliance.

Dayroom D 130:

- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- The call-button's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Modify or replace existing dining table to meet knee clearance requirement and / or ADA user count.
- Shower does not meet all of the accessibility requirements necessary to be in compliance.
- Under-stair protection is required for compliance with CBC 11B-307.4.

Dayroom A:

- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- The call-button's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Shower does not meet all accessibility requirements necessary for compliance.

Iso Cell Double 110:

- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- The call-button's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Combination water closet / lavatory does not meet floor to apron height requirement of 29" minimum. Combi-unit also does not meet CBC 11B-604.2. 11B-604.3, 11B-604.4.
- Bottom of visible part of mirror is mounted 12" taller than the maximum allowable of 40" A.F.F.
- Shelf Unit is mounted 12" taller than the maximum allowable of 48" A.F.F.
- Work Surface does not meet standard for minimum knee clearance.

Iso Cell 164:

- Shower does not meet all accessibility requirements necessary for compliance.

Medical Exam N135:

- Door closer and hardware are not ADA compliant. Replace hardware, provide new closer, and remove door stop.

Public Men's N156:

- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.
- Room is not identified with tactile character signage. Provide and install accessible signage with braille.
- Door hardware and / or door closer is not compliant.

Public Visiting Private Room N150:

- 60" Diameter turning space is not provided within this room.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

Public Visiting N151:

- Door width clearance at pull or push-side of door is obstructed and / or doorway does not meet minimum standard of 32" clear opening.
- Work Surface does not meet standard for minimum knee clearance.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

Public Women's N157:

- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.
- Room is not identified with tactile character signage. Provide and install accessible signage with braille.
- Door hardware and / or door closer is not compliant.

Private Visit 149:

- Work Surface does not meet standard for minimum knee clearance.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

Private Visit 148:

- Work Surface does not meet standard for minimum knee clearance.
- The telephone's forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

YARDS

IRC – Unit 200 Exercise Yard 225a:

- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.

Main Jail – Yard 002:

- Combination water closet / lavatory does not meet floor to apron height requirement of 29” minimum. Combi-unit also does not meet CBC 11B-604.2, 11B-604.3, 11B-604.4.
- The call-button’s forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Modify or replace existing dining table to meet knee clearance requirement and / or ADA user count.
- Drinking fountain forward approach condition does not meet CBC 11B-602.5.
- Entry door threshold exceeds the maximum acceptable change in level. Provide and install new door threshold.

Main Jail – South Yard:

- Combination water closet / lavatory does not meet floor to apron height requirement of 29” minimum. Combi-unit also does not meet CBC 11B-604.2, 11B-604.3, 11B-604.4.
- The call-button’s forward reach is obstructed, and the height to operable element is non-compliant. Telephone to be relocated.
- Modify or replace existing dining table to meet knee clearance requirement and / or ADA user count.
- Entry door threshold exceeds the maximum acceptable change in level. Provide and install new door threshold.

Medium Security Facility (MSF) – C Barracks Yard:

- Drinking fountain forward approach condition does not meet CBC 11B-305.5, & 602.4.

Priority 3 – Long Term (Begin in 2 Years)

MEDIUM SECURITY FACILITY

Women’s Toilet F1:

- Water closet, grab bars, mirror, accessories, and lavatory do not meet all accessibility requirements necessary for compliance.

Women's Dorm F:

- TV mount and DVD player shelf protrudes into path of travel.
- The telephones, mailboxes, & sick call slips box forward reaches are obstructed, and the height to operable element is non-compliant. Telephone to be relocated.

Flexibility

The need to classify inmates and provide separate housing for each classification is a complex and constantly changing situation. The ADA requires that each housing classification or type must meet or exceed the required percentages, 2% for cells and 5% for dorms. Therefore, the Institution has considered the operational factors and geographic spread for placement of the proposed ADA cells / dorms.

Conclusion

Vanir representatives believe that the Santa Barbara Jail is moving in a positive direction that will result in better identification, access, and accommodations for inmates with disabilities. This is true with the *Custody Operations Policy and Procedures Manual* and *Custody Orientation Handbook* that have been updated since the first review. There are a few items that still need attention, and the County / Sheriff's Office should consider the following:

- Upgrading the position of ADA Coordinator to a higher rank that facilitates a greater authority regarding training and changes to the system as new situations occur.
- Automating forms for collection of key data concerning inmates with impairments and their accommodations.
- Upgrading the JMS system to allow automated tracking of inmates with impairments.
- Making TTY / TDD or Video Relay Service more convenient for hearing-impaired inmates.
- Providing television headphones for inmates with hearing impairments.
- Providing *Custody Orientation Handbook* in braille and *Custody Orientation handbook* video in closed captioning.
- Making certain that medical and mental health policies and procedures are consistent with the Sheriff's operations and custody of impaired inmates.
- Modifying the physical plant to accommodate inmates with impairments as it relates to the Sheriff's log. The log shows that mobility impaired inmates have occurred 40 times in the last seven (7) years.
- Updating medical / mental health accommodations for impaired inmates.
- Updating inmate / public visitor accommodations.
- Updating program space to accommodate impaired inmates.
- Improve paths of travel throughout the facility.
- SWAP activities that inmates with impairments can volunteer for, especially if incentives are provided for volunteering.

During the interim time of the draft report to the final report, the Sheriff's Office has re-written policies and procedures and has included our recommendations accordingly.

County of Santa Barbara - Santa Barbara Jail
ADA Transition Plan for Adult Detention Facility

The work identified will be constructed with two delivery models. The first and quickest is the job order contracting delivery model known as JOC; and the second is the design-build delivery model, where the contractor and designer are on the same team.

END OF PART 1 - Self-Evaluation and Transition Plan

PART 2: ADA Assessment - (Volume 2)

Santa Barbara Jail Facility Barrier Reports, Floor Plans, and Photograph Sheets (see separate bound 11" x 17" documents)

County of Santa Barbara
ADA Transition Plan for Adult Detention Facility

