



THE MOSS GROUP, INC.

*Experienced Practitioners Committed to Excellence in Correctional Practice*

# Gender-responsive Priorities Framework

*Los Angeles County Sheriff's Department*

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## Introduction

In 2019, the County of Los Angeles' Chief Executive Office (the CEO) retained The Moss Group, Inc. (TMG) to provide gender-responsive justice consulting services to the Gender Responsive Advisory Committee (GRAC) and the Los Angeles County Sheriff's Department (LASD). TMG's charge was to evaluate and provide recommendations for expanding, initiating, and maintaining gender-responsive and trauma-informed programming and services at the Century Regional Detention Facility (CRDF). The outcomes of this work include developing a Priorities Framework and a Strategic Implementation Plan (SIP) with actionable solutions and recommendations to strengthen systems that justice involved women<sup>1</sup> interact with in Los Angeles (LA) county.

The first step toward development of a detailed gender-responsive SIP was conducting a broad facility and system assessment to inform the path forward in working effectively with women. The assessment provided TMG with an opportunity to document strengths, challenges, and observations related to the current state of practice in work with justice involved women at CRDF. The domains listed below reflect the areas of focus during the assessment process.

### TMG Assessment Domains



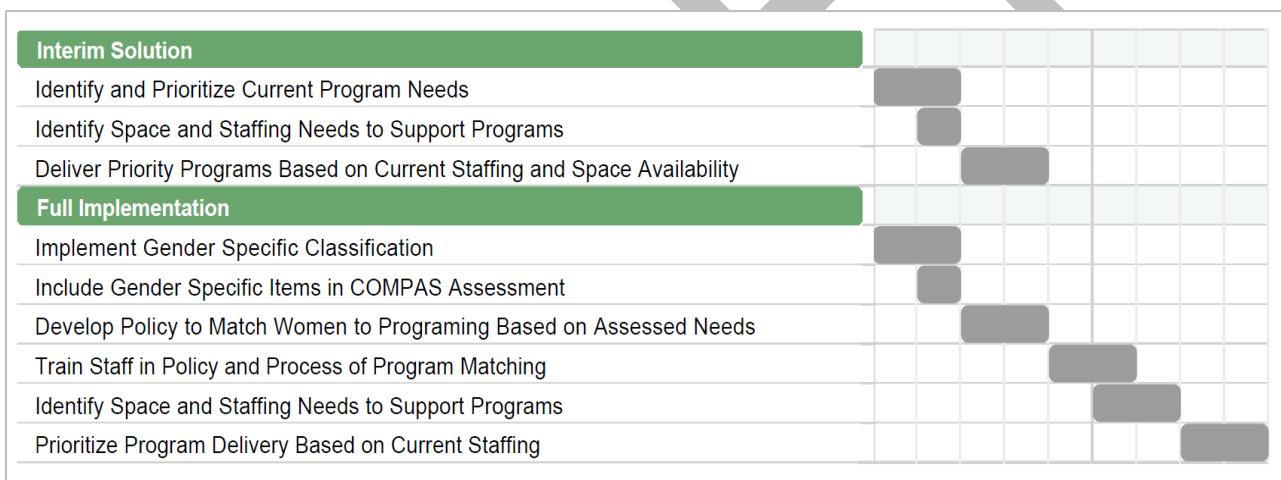
This report informs a guiding structure, referred to as the "Framework." This Framework is offered to provide a vision towards a system of services, programs, and operational practices that is responsive to women and engages the considerable talent and perspectives of the LASD, community stakeholders, and women with lived experience.

<sup>1</sup> Women is to be read broadly as justice-involved women, transgender, gender non-conforming and/or intersex individuals. This definition will be updated to reflect the finalized definition within the GRAC bylaws. At the time of this report submission that definition was not yet finalized.

The Framework provides a set of strategic priority goals to support ongoing enhancement and sustainability of gender-responsive practice. Due to the significant *interconnection* of these goals, prioritization at this high level is complex. For example, a major need identified by the community and LASD assessment activities is the expansion of programming. This process is more complex than simply identifying and conducting programming. While the right programs do need to be identified, so too must we

- ensure that classification and assessment processes are designed around women's specific needs to get the right people to the right programs,
- identify creative ways to enhance program space,
- ensure programs are adequately supervised, and
- ensure data is captured to inform metrics.

These specific actions crossover strategic goals indicating that while there is an order or priority for the implementation, each of these broad goals is equally important to providing program experiences with the potential to support the transformation of women's lives. See *Figure 1* for one example of how a prioritized solution and implementation plan may be presented.

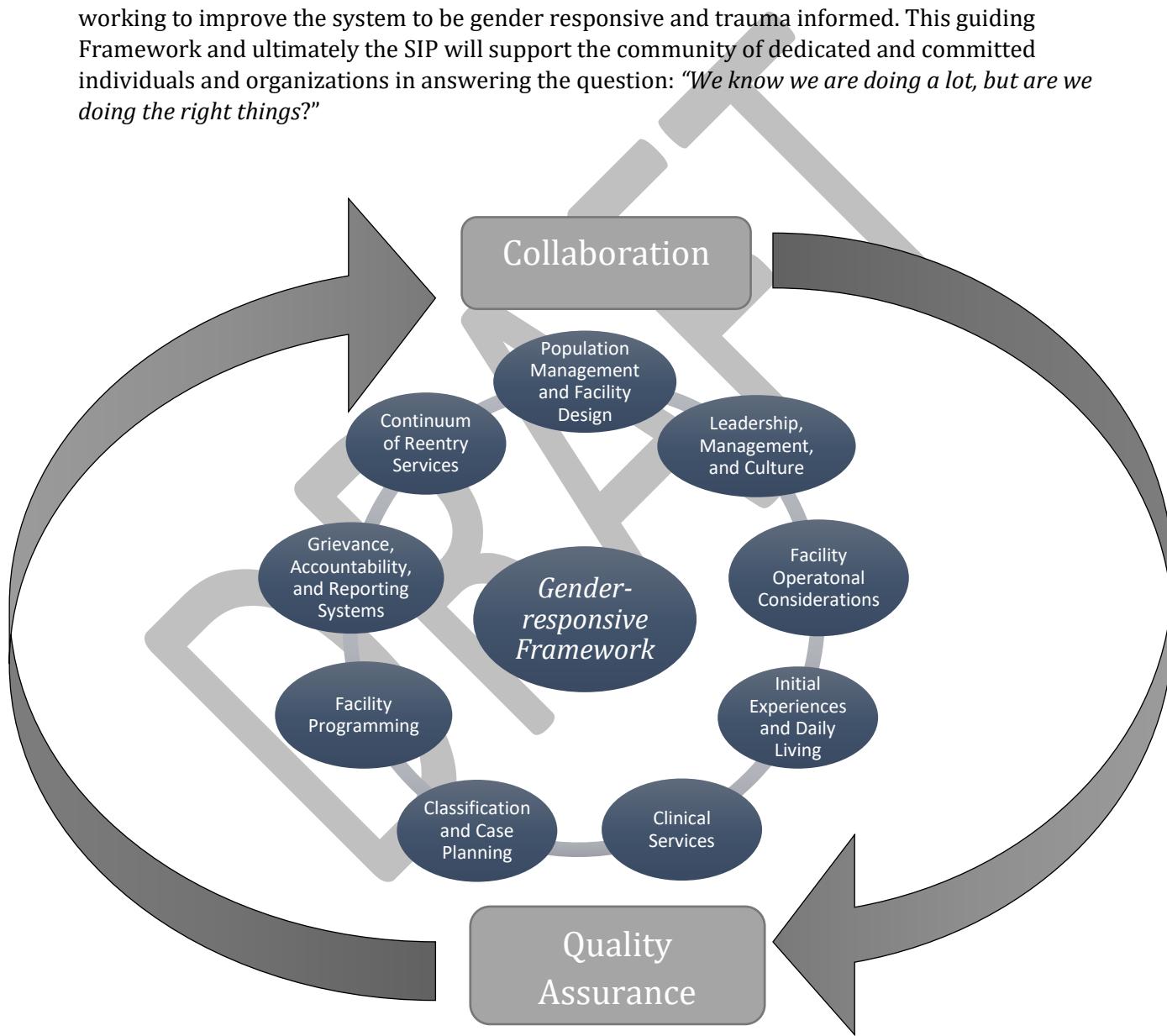


*Figure 1*

## CRDF Gender-responsive Priorities Framework

The following Framework outlines nine major areas that must be addressed to develop a gender-responsive system to adhere to the needs of women in the custody of the LASD. Efforts in each of these focus areas have a direct impact on the physical, sexual, emotional, or relational safety of justice involved women. This Framework (depicted in *Figure 2*) outlines best practice for operating women's facilities and provides a model to guide daily correctional practice and cross-discipline collaboration.

It is clear there are very committed staff within the LASD and stakeholders in the community, all working to improve the system to be gender responsive and trauma informed. This guiding Framework and ultimately the SIP will support the community of dedicated and committed individuals and organizations in answering the question: *"We know we are doing a lot, but are we doing the right things?"*



*Figure 2*

This report is organized around the nine major components of the Framework. For each component the report provides:

- A brief summary of gender-responsive best practice
- Assessment observations
- Strategic goals designed to outline the subsequent SIP
- Key implementation considerations which include factors will influence solution development

Information presented in the report represents the convergence of assessment activities to include community stakeholder interviews; CRDF onsite interviews, discussion groups, and observations; and early document review. Pertinent attachments related to these activities include:

- Attachment A: Glossary of Key Terms
- Attachment B: List of Community Stakeholder Interviewees
- Attachment C: Community Stakeholder Interview Themes
- Attachment D: Document Request
- Attachment E: Reports Reviewed

It is important to note that as of the writing of this report, policy review has been limited. During the development of the SIP, detailed policy review is a key priority as the implementation of sustainable and consistent change will require formal change to policy, procedure, and process.

## Priority 1 – Population Management and Facility Design<sup>2</sup>

### *Population Management and Crowding*

Gender-responsive Best Practice: Implement strategies to ensure that the population of women in confinement are housed in the most appropriate facility given current space availability and population needs.

### *Facility Design, Physical Plant, and Environmental Factors<sup>i</sup>*

Gender-responsive Best Practice:

- Utilize physical space in a way that matches the unique security interaction, de-escalation, safety, programming, and service needs of women and create an environment that provides adequate physical comfort, empowers women, and supports privacy within appropriate security parameters.
- Create a treatment-focused, trauma-informed and visitor-friendly environment through the selection of normative furniture, colors, natural light, and multi-use approach to large spaces.

Observations at the time of assessment:

- In addition to the physical plant of the facility being designed for a male population, the intake space was not designed well for this purpose, compromising efficiency, privacy. Housing options for women in the intake process are limited often causing overflow into mental health housing.
- Program, mental health, and social service consultation space were limited. Space conversions or space additions for programming and private space for clinician/client meetings are needed.
- Visitation space was limited. The facility was built originally for men with all non-contact visitation. Except for a small room that has been repurposed for the ABC visitation program, the current facility design does not allow for contact visits with children<sup>3</sup>. Additionally, the number of visitors per inmate was capped at two. For women with children who needed a caregiver to bring the children to visit or more than two children, this resulted in only one child being able to visit at a time.
- Units had varying housing and furnishing deficiencies, including dayroom space, furniture, bed space, murals, shower privacy, and recreational areas.

### Strategic Goals

1. Consider recommendations from Steve Carter's forthcoming assessment summary<sup>4</sup> regarding improving the conditions of confinement at CRDF. Recommendations will address

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<sup>2</sup> Short-term strategies outlined in the Implementation Plan will address minor modifications to CRDF, understanding the physical space challenges and vulnerabilities, supporting leadership in mitigating them through technology and staff supervision, and opportunities to utilize other space for portions of the population. Long-term strategies will focus on gender responsive considerations and needs specific to construction of a new women's facility.

<sup>3</sup> It is important to note that there are plans to bring in an external trailer to support expansion of the ABC program.

<sup>4</sup> Steve Carter is a subject matter expert in architectural design and TMG consultant who was tasked with developing a findings summary following onsite review of physical plant needs specific to gender-responsive programs and visitation efforts.

repurposing areas to improve the flow, privacy, and usefulness of the current intake, visitation, and program and unit areas to better meet the needs of the women in residence.

#### *Key Implementation Planning Considerations*

- The LASD's space restrictions will make programming, services, recreation, housing for special populations, and visitation options challenging to implement in the absence of some space modifications. Reconfiguration may help; however, any modifications will be limited by the physical limitations of the building.
- Staff supervision during recreation, programs, and visitation, as well as staff availability to move the population to these areas appears to be limited by staffing levels and deployment. Modification of physical space in these areas will not improve services without enough staff to provide safe supervision. Phased enhancements will allow for the implementation of all measures necessary to improve services in these areas.

Of note, specific to **facility planning**, there is a separate CEO contract and phased effort underway that is not part of TMG's work and scope. This Framework and subsequent SIP is focused on aesthetic solutions and options within the current facility design. More substantive capital project remedies will be addressed with the facility planning team at LASD in collaboration with the CEO and Kitchell.

## Priority 2 – Leadership, Management, and Culture

### *Department and Facility Culture<sup>ii,iii</sup>*

Gender-responsive Best Practice: Create a facility culture characterized by physical, sexual, emotional, and relational safety; respectful communication, management of boundaries, and relationships; and consistent efforts to support the dignity and well-being of staff and inmates.

### *Human Resources*

Gender-responsive Best Practice: Implement a system in which job descriptions, hiring processes, and performance management clearly outline expectations specific to working with women, support staff development, and hold staff accountable to expectations.

### *Staffing*

Gender-responsive Best Practice: Reach and maintain staffing levels and implement deployment strategies that consider the needs of women and support an environment characterized by safety, dignity, and respect, allowing for effective supervision; productive interaction with staff; and consistent access to programs, services, and recreation.

### *Training (department and facility leadership, staff, contractors, and volunteers)*

Gender-responsive Best Practice: Implement and maintain a system of training in which department and facility leadership, staff, contractors, and volunteers receive training, customized to their roles, to support consistent consideration of the gender of the population; promote an environment of safety, dignity, and respect; develop policies, practices, and programs to strengthen healthy connections; provide integrated programs and services; support women in improving their socioeconomic conditions; and facilitate successful reentry.

### Observations at the time of assessment:

- No guiding statements such as mission, vision, values, or principles were in place to emphasize creating and sustaining a gender-responsive facility as a vital specialized mission.
- The facility had experienced a significant amount of leadership change from the ranks of sheriff and assistant sheriff to commander and captain. The frequency of transition at this level appears to contribute to uncertainty of direction among staff and stakeholders and inconsistency of practices throughout the facility. Despite evident continued transition, leaders and staff at all levels reported being excited about the new Captain and her team due to her leadership style and experience.
- All levels of leadership and staff emphasized significant challenges in staffing adequacy. TMG did not conduct an in-depth staffing analysis as we are poised to review the forthcoming staffing analysis report completed by Rod Miller. Our review and analysis of this report will overlay gender-responsive staffing factors as needed.
- The greater transportation needs of women<sup>5</sup> and challenges of meeting these enhanced needs within current staffing resources was repeatedly emphasized.
- Despite significant amounts of overtime and reported exhaustion, the leadership and most staff interviewed by consultants overall were committed to their work and interested in ways to continue to improve practice.

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<sup>5</sup> For example, women utilize more general and specialized medical services and have more court-related transportation needs for commitments such as dependency court than men.

- Reported staffing adequacy challenges were noted as a key contributing factor to staff being less available to interact with the population at CRDF in ways that support collaborative problem solving and challenge mitigation.
- No training was formally in place for leadership, staff, or volunteers regarding gender-responsive and trauma-informed approaches for women's jails.

### **Strategic Goals**

1. Develop mission, vision, and values statements that support women's services as a vital specialized mission within the LASD.
2. Reach and maintain staffing levels and deployment strategies that consider the needs of women and support an environment characterized by safety, dignity, and respect, allowing for effective supervision, productive interaction with staff, and consistent access to programs, services, and recreation.
3. Evaluate the appropriateness of a dedicated transportation unit for CRDF to avoid pulling staff from posts to meet transportation needs, shutting down programming, and limiting out of cell time.
4. Implement a system in which job descriptions, hiring processes, and performance management clearly outline expectations specific to working with women, support staff development, and hold staff accountable to expectations.
5. Implement and maintain a system of training in which department and facility leadership, staff, contractors, and volunteers receive training customized to their roles to support consistent consideration of the gender of the population and that promotes an environment of safety, dignity, and respect.

### ***Key Implementation Planning Considerations***

- Supplemental assessment will provide information that is vital to comprehensive and realistic strategic planning.
  - Review training structures and curricula, as well as materials such as job descriptions and the performance evaluation system.
  - Review the staffing analysis conducted in late 2019 by Rod Miller with an overlay of staffing considerations that are gender responsive if such lenses have not already been applied.
- Prioritizing human resources structures and practical operational training will support success in reaching and maintaining adequate staffing by promoting positive performance and enhancing retention.
- Ensuring that during transition, the goal of formal policy change and integration of updated expectations into performance management is a key strategy for enhancing clarity and consistency among staff and inmates.

## Priority 3 – Initial Experiences and Daily Living

### *Intake and Orientation<sup>iv</sup>*

Gender-responsive Best Practice: Provide intake and orientation processes designed to develop understanding of needs and safety considerations; support safety, dignity, and respect; outline expectations; and include discussion of available resources. Ensure these experiences are characterized by leadership presence, information, and images tailored to women, respectful communication, and a relational approach, including opportunities for interaction.

### *Property, Clothing, and Storage*

Gender-responsive Best Practice: Provide clothing that fits appropriately, is suitable to temperature conditions, and promotes safety and dignity. Provide opportunities for hygiene maintenance, adequate storage of personal items such as tampons or letters from home, and availability of relevant hygiene items for women of all cultures<sup>v</sup>.

### *Visitation<sup>6</sup>*

Gender-responsive Best Practice: Provide varied opportunities, including contact visitation, for women to develop and maintain supportive relationships with family, especially children, friends, significant others, and the community to promote success in the facility and upon reentry.

### Observations at the time of assessment:

- Intake space was limited and poorly designed for the purpose of reception. For this reason, private conversations (i.e., clinical and PREA screening), the provision of important information, and explanations of search and other key processes were challenging.
- Intake processes were not integrated into the Population Management Bureau (PMB) and are not conducted by PMB staff as is the case at the Intake and Reception Center (IRC) for men. This system difference may contribute to inconsistencies in processes and staff who are not appropriately trained in conducting processes such as non-clinical screening and information provision.
- Inmate orientation processes appear inconsistent. Staff and inmates reported that recent changes to the process have compromised its effectiveness and current policy may not be consistent with current expectations - leading to fragmentation.
- Clothing sizes did not appear to meet the needs of all women and indigent supplies did not appear to be sufficient for women's needs (e.g., often more shampoo is needed for women with long hair, etc.).
- Women in residence for longer periods of time have little storage space for accumulated belongings.

Contact visitation was prohibited outside of the ABC Program and eligibility for visitation, opportunities for visitation, and space and staffing for expansion of visitation were limited. Women with children and those attempting to maintain vital familial relationships are challenged by a lack of personal contact.

<sup>6</sup> The previous GRAC created a Visitation Workgroup with 17 members, including community groups that work with currently and formerly incarcerated women, county agencies, and the Sheriff's Department. The workgroup met throughout 2019 and adopted the following mission: "To assist people incarcerated in Los Angeles County's women's jail(s) in maintaining regular and meaningful contact with their external support network and children by improving the culture, environment, and policies affecting visitation and other forms of contract in order to improve family reunification and family support."

## Strategic Goals

1. Revise the design of the intake area to allow for more private space for discussion of intake processes.
2. Provide a clear, specific, and consistent orientation process designed to develop an understanding of needs and safety considerations; support safety, dignity, and respect; and outline expectations. Discuss resources specific to the needs of women and allow time for questions and dialogue.
3. Implement a review process for women's uniforms, nightgowns, indigent kits, and other personal care items to ensure needs are being met specific to size and quantity.
4. Evaluate storage adequacy based on duration of incarceration to ensure that property items are being stored and managed to maximize usable space.
5. Review and reconsider the visitation space, schedule, eligibility, duration, and date options. Visitation for women can relieve stress and improve their ties to the family and community. Contact visitation, lengthening timeframes, increasing slots and days of the week, increasing access to the ABC Program, improving options for visits from a distance (such as Skype or Zoom), and other creative solutions can improve not only the quantity but also quality of visits for women housed at CRDF.

## *Key Implementation Planning Considerations*

- All current and past procedural orders and policies around intake and orientation will have to be reviewed and reconciled into one consistent order/guidance document. Subsequently, orientation content and processes will need revision, staff training, and relaunch.
- Orientation should include participation by leadership, trained staff, and incarcerated women with lived experience.
- Women with children, and those attempting to maintain vital familial relationships, are challenged by a lack of personal contact. Women often reported not wanting their children to visit them in the jail setting. In addition to finding ways to expand contact visitation, significantly expanding video visitation options should be explored. The latter challenge may necessitate consideration of a phased improvement plan beginning with technological solutions and building toward increased space and staffing to manage expanded contact visitation.
- Due to the current design, storage may have to be re-imagined in reconfigured areas.
- One way to immediately improve the experience of visitation would be to evaluate the effectiveness of the current website sign-up process to ensure that the technology works appropriately and that people with limited internet resources have options for sign-up.

## Priority 4 – Facility Operational Considerations

### *Trauma Informed Searches<sup>vi vii viii</sup>*

Gender-responsive Best Practice: Searches, while designed to promote safety, are often powerful reminders of trauma. Trauma-informed search processes are necessary and should be conducted in line with three key standards: professionalism, consistency, and being trauma informed to maximize feelings of physical, sexual, emotional, and relational safety for women<sup>ix</sup>.

### *Cross-gender Supervision<sup>x</sup>*

Gender-responsive Best Practice: Promote safety, dignity, and respect during searches; when women are showering, performing bodily functions, or changing clothes; when women are being monitored in restrictive housing or other high security areas; and during transportation<sup>7</sup>.

### *Use of Force*

Gender-responsive Best Practice: Promote safety, dignity, respect, de-escalation, and the minimum use of force necessary, as well as best practices in recording and reviewing incidents when use of force is necessary. Ensure that use of force, cell extraction, and use of restraints include careful consideration of the physical capabilities of women when compared to men, mental health history, relational orientation, and creation of safety, dignity, and respect in the context of these procedures.

### *Observations at the time of assessment:*

- Training and policy did not support trauma-informed search procedures nor did unit orders address communication or professionalism.
- Written policy may necessitate updates to align with observed practices around cross-gender announcements and cross-gender transportation practices.
- Certain showers with open cuff ports created issues around privacy while showering.
- Use of force training did not address de-escalation strategies for women nor trauma-informed practices.

### *Strategic Goals*

1. Create a trauma-informed searches policy, and associated training, that aligns with contemporary best practices in women's jails, to include staff professionalism, communication of search process, physical and emotional safety, and trauma-informed inmate instruction.
2. Review current practices and update all cross-gender-related searches, supervision, and announcement policies to be consistent in theme, messaging, and instruction to staff.
3. Consider a gender-specific section within the use of force policy and training to discuss differences in women's communication styles, physical strength, prior trauma, reactions, staff de-escalation measures, team composition, relationships, and mental health factors.

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<sup>7</sup> In addition to ensuring that there are female supervisors and security staff on each shift, practitioners recommend that the male to female staff ratio in women's facilities be approximately 40 percent male and 60 percent female. It is important to note that having both professional and respectful male and female staff in the facility is vitally important to provide appropriate role models and replicate the experience women will have in the community. The recommended ratio does not diminish the role of male staff, rather accounts for same gender staff availability to address sensitive issues and provide supervision during sensitive times.

*Key Implementation Planning Considerations*

- Staff's access to easy-to-review information in policy manuals will be important to support training that is provided and to be available as a quick reference reminder and guide. Current custody manuals are challenging to navigate.

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## Priority 5 – Grievance, Accountability, and Reporting Systems

### *Grievances and Reporting<sup>xii xiii</sup>*

Gender-responsive Best Practice: Provide clear avenues for resolution of grievances; reporting of incidents that compromise physical, sexual, emotional, or relational safety; and requesting and receiving needed items. Processes must be accessible and safe and information should be routinely reviewed to identify themes or patterns that could be addressed to improve operations overall.

### *Investigations<sup>xiv xv</sup>*

Gender-responsive Best Practice: Implement a system of investigations in women's facilities that is responsive to the complexity of women due to the significant trauma histories that many bring and the relational nature of women. Provide investigators with resources and training to meet the unique needs of women considering these factors.

### *Discipline and Sanctions<sup>xvi xvii xviii xix</sup>*

Gender-responsive Best Practice: Implement a discipline and sanctioning process that is characterized by efforts to maximize safety, dignity, and respect; fundamental fairness; and a focus on learning and change rather than only punishment. Ensure that rules and policy on factors that are uniquely important in women's facilities (e.g., touch and relationships) are clear and consistently implemented.

### *After Action Review and Data Use*

Gender-responsive Best Practice: Conduct after-action reviews of incidents and ongoing data monitoring which allow for the identification of strengths and challenges, ultimately providing a mechanism for continuous facility improvement. Within these reviews and data monitoring, consider important factors such as the promotion of safety, dignity, and respect; women's relational nature; physical size and strength; the nature of violations or incidents; what led up to an incident; how well policy is working; the effectiveness of supervision strategies; and trends demonstrating areas in which the facility can proactively mitigate challenges.

### **Observations at the time of assessment:**

- Grievance report numbers were high, straining staff resources to investigate and respond to reports within policy time limits.
- Disciplinary and sanctioning practices appeared to be gender neutral and options for behavior change interventions appeared to be limited.
- Data usage to better understand why women engage in incidents, with an emphasis on women's pathways to incarceration and prior trauma histories, did not yet appear to be in place.

### **Strategic Goals**

1. Consider a more in-depth review of the reasons for high grievance numbers, to include identifying other methods women can use to get questions answered and needs met. Review of staff ownership and helpfulness on units around low-level issues, access to other methods of reporting, access to supervisory staff, and effectiveness of current grievance policy are recommended.
2. Consider revision of current disciplinary processes to include preventive actions staff can assist with, alternative sanctions, learning opportunities (such as thinking reports, therapy

assignments, or apology letters), and collaboration with clinical staff in appropriate cases. Ensure staff training is aligned with their expectations.

3. Review how incident and other data are used to engage in problem-solving and preventative actions, with an emphasis on women's pathways, how they think and act, and the meaning and reasons behind their behaviors.

#### *Key Implementation Planning Considerations*

- One key area of focus is supporting investigators in distinguishing between consensual sexual behavior and sexual abuse among inmates consistent with PREA standards. Due to power differential, however, inmates cannot consent to sexual behavior with a staff person.
- Supplemental assessment will provide information that is vital to comprehensive and realistic strategic planning.
  - In-depth policy review and multidisciplinary mapping of the system will inform potential solutions and may be an intervention in and of itself by clarifying processes and debunking myths and assumptions.
  - In-depth review and observation of the grievance system inclusive of policy, practice, inmate education, staff training, hearings, and resolution processes, as well as intense data analysis to understand strengths and gaps in grievance and reporting processes will inform solutions and opportunities for enhanced effectiveness and efficiency.
  - In-depth review of the system of discipline and sanctions to assess the degree to which policy and practice on discipline is preventative, focusing on creating safety, and motivating safe, healthy, and effective behavior. This review would not only include policy review but also review of a sample of disciplinary reports to identify themes and understand the use of sanctions.
- Implementation of enhancements with consistency for sustainability. The ability of staff to spend time on data and trends, as well as to analyze the grievance process, may necessitate outside technical assistance and support until processes are fully operationalized, trained on, and understood.

## Priority 6 – Clinical Services

### *Medical<sup>xx xxii</sup>*

Gender-responsive Best Practice: Provide routine gynecological and reproductive healthcare to all women, including specialized care as needed, regardless of the amount of time women are incarcerated. The system should afford women safety, dignity, and respect in the context of provision of medical services, including pregnancy and post-partum care and care in response to incidents of sexual abuse.

### *Mental Health<sup>xxii</sup>*

Gender-responsive Best Practice: Employ a system characterized by cross-discipline collaboration to promote safety, dignity, and respect, and the availability of services to address mental health needs with a focus on support and techniques for coping with symptoms and trauma.

#### Observations at the time of assessment:

- The medical team provided necessary somatic healthcare, to include gynecological services, to the women in residence per staff reports. All women were given a pregnancy test upon arrival at intake and pregnant women were provided with appropriate services.
- Mental health encounters were not provided in private settings, but instead were conducted in specialized units within open day rooms.
- Coordination of Care meetings and Complex Case Committee meetings were conducted to discuss particular inmates on the mental health caseload and to develop treatment and management plans.

#### Strategic Goals

1. Improve the privacy options for mental health clinicians to be able to meet with inmate clients in a more appropriate and nonpublic setting.

#### *Key Implementation Planning Considerations*

- At the time of assessment, information was gathered largely based on interviews and observations. Additional in-depth policy review, review of documentation, and observation of multidisciplinary team meetings will allow for specific implementation recommendations.
- LASD's space limitations will impact the ability to find space for private meetings. Review of space allocation should consider where the meeting between clinician and inmate client is best held for:
  - Security and safety considerations
  - Convenience and workability for both inmate and clinician
  - Privacy and confidentiality

## Priority 7 – Classification and Case Planning<sup>xxiii</sup>

Gender Responsive Best Practice: Implement a classification process designed and validated for women and utilize a risk and need assessment that addresses women's unique needs. Information gathered from these tools will support a multi-disciplinary case management team and case plan. The case plan should be designed to match women with programs and resources based on assessed need, evolve through routine review, and be updated attending to the basic needs of women both in the facility and for reentry planning.

Observations at the time of assessment:

- A classification system designed and validated for women had not been implemented.
- The Northpoint COMPAS was in use, and LASD was working collaboratively with the Board of Supervisors and other partners to navigate contractual challenges to utilizing the assessment items built into this risk/need tool that are specific to justice-involved women.
- Case planning and release planning occurred on a limited basis and largely based on program placement or special need.

### Strategic Goals

1. Implement a classification process designed and validated for women to include at minimum custody classification and risk need assessment.
2. Implement a process for collaborative case management that includes routine reviews and updates of case plans, attends to women's basic needs, and drives program placement.

### *Key Implementation Planning Considerations*

- At the time of assessment, the LASD did not have a counselor or case manager classification. While review of the staffing analysis report is pending, it is unlikely that a comprehensive case management system can be implemented with current staffing resources.
- Questions about the design of the system will have to be outlined and answered by a group of selected stakeholders and include, but not be limited to, the following:
  - How might risk (of recidivism) be incorporated into case planning and the prioritization of inmates for services? How do we ensure that the women in programs are those that most need to be in programs?
  - What is the purpose of the custody assessment (treatment, security, both)?
  - Does every inmate receive a full COMPAS assessment?
  - What length of time is required for program assignment and what length of time is more appropriate to immediate coping and planning to meet basic needs upon relief?
  - How can the assessment process be made more efficient (by reducing redundancy)?
  - How can we better integrate assessment and programs available to address substance abuse and mental health issues? Can the coordination of services between mental health, substance abuse, and case management be improved?
  - How will natural supports in the community be integrated into release planning?
  - What quality assurance measures are important to ensure fidelity for the key elements of assessment and case management?

## Priority 8 – Facility Programming<sup>xxiv xxv</sup>

Gender-responsive Best Practice: Implement a comprehensive offering of programs and services designed to address women's specific needs (trauma, relationships, anxiety, depression, parenting, etc.) and reduce risk to reoffend. The system should be coordinated to promote inmate participation and support safety by structuring inmates' time and reducing idleness, promoting success, teaching coping skills that support healthy responses to stress and issues related to incarceration, and enhancing positive interactions with staff members to build trust in facility systems (e.g., reporting and grievances).

### Observations at the time of assessment:

- Several program providers, including the LASD EBI, clinical services providers, and community organizations, were interviewed during the assessment. Anecdotal feedback on these programs was very positive; however, few if any had current program evaluations or consistent quality assurance monitoring.
- Program assignment was based on either 1) inmate interest or 2) inmates meeting a program criterion for a specific intervention and being recruited. Despite most program engagement being accomplished through inmate interest, women generally reported knowing little to nothing about the availability of programs.
- Risk/ need assessment was not used to match women to programs and did not include the items that research has indicated are key risk and need factors for women. Due to the latter, it is difficult to get a true picture of the program needs of the CRDF population. The number of entities internal and external to the LASD responsible for program delivery and management was fragmented making coordination of offerings difficult if not impossible.

### Strategic Goals

1. Consider developing one division responsible for management and oversight of women's classification, programs, and case management to include case and release planning.
2. Enhance programming specific to women's needs (trauma, relationships, family reunification, anxiety, depression, parenting, etc.). Develop a system designed to match women to programs based on assessed need via Northpoint COMPAS.

### *Key Implementation Planning Considerations*

- Adopting formal definitions of program and activity will help in targeting the use of resources for the right purpose and maximum benefit. For example, the following general definitions could be adapted for use at the LASD:
  - **Program:** Structured interventions that address the needs directly linked to criminal behavior with the goal of reducing risk.
  - **Pro-social Activity:** Classes, groups, services, or gatherings that while not designed to address the offender needs directly linked to criminal behavior, nevertheless provide benefit through offender enrichment and reduction of idleness.
  - **Service:** Intervention provided by a licensed medical, mental health, or substance abuse provider to separate out clinical interventions.
- Ensure that program implementation is phased, with priority programs being those that most directly address women's needs, considering program and staffing limitations. Intentional enhancement in this way will help ensure that programming will not be cancelled due to space or security needs and support consistency and fidelity.

## Priority 9 – Continuum of Reentry Services<sup>xxvi xxvii xxviii xxix</sup>

Gender-responsive Best Practice: Develop a collaborative system to identify and mitigate barriers to successful reentry for women in Los Angeles County through ongoing modification of a multi-disciplinary case management team. The system should include partnership with community-based programs that can provide services both inside the facility and upon release. Processes should focus on key factors for women in transition (e.g., family reunification; social supports; and survival needs such as food, clothing, childcare, employment, treatment, or aftercare), and reentry needs specific to Los Angeles County such as such as safe and affordable housing and transportation.

### Observations at the time of assessment:

- LASD and many community partners saw the value of linking women directly to support services prior to leaving the facility. Similar to facility programming, reentry preparation seemed to be related to interest and program specific recruitment leading to fragmentation.
- A specific opportunity to enhance services upon release is determining a strategy to provide reentry service windows with access to various resources outside of CRDF, like the ones outside of release for men's jails.

### Strategic Goals

1. Conduct a thorough analysis and mapping of community reentry resource providers, including their services, capacity of women they can serve, when they make contact with the women, and data collection tools and tracking, in order to identify strengths, gaps and partnership opportunities in serving the women.
2. Develop a collaborative system to identify and mitigate barriers to reentry for women in Los Angeles County through ongoing partnership efforts and an inside out multi-disciplinary case management approach.

### *Key Implementation Planning Considerations*

- Similar to questions about the design of the classification system, collaborative discussion of questions such as the following will be useful in informing priority reentry efforts:
  - How might risk (of recidivism) be incorporated into reentry case planning and the prioritization of inmates for services? How do we ensure that the women in programs are those that most need to be in programs?
  - What length of time is required for program assignment and what length of time is appropriate to immediate coping and planning to meet basic needs upon release?
  - What do we know about reasons women return to the system?
  - What is LASD best situated to provide to support reentry?
  - What are community providers best situated to provide to support reentry?
    - It is notable here that while risk need assessment is not yet available, the Analytics Center of Excellence (ACE) in the office of the LA County CIO, has done remarkable work on recidivism rates and contributors to recidivism. The ACE has information that can help prioritize reentry efforts, and while not specific to women, does provide a data driven place to start; further risk and need information can refine this knowledge, but both sources of information will be important in prioritization.

## Next Steps: Priorities Framework to Strategic Implementation Plan (SIP)

To adequately inform strategic goals and implementation plans, it is imperative to have a comprehensive understanding of the overall system. This understanding will lend to clear strategies to build on agency strengths and overcome gaps and barriers. While significant strategic goals have been documented throughout this Framework, additional or expanded goals or edits to current goals may arise through the recommended supplemental assessment activities and ongoing document review.

Subsequent to the adoption of the Framework, TMG will begin collaborative work with the LASD and GRAC to develop the CRDF gender-responsive draft SIP. As previously stated, reaching full implementation of the Framework will be a multi-year process requiring sequenced phases. TMG will work collaboratively to identify quick wins, short-term and long-term action plans, and suggested measures of implementation and outcomes.

## Recommendations for Additional Assessment

TMG appreciates the complexity of the systems that justice involved women encounter in LA county. Given that the focus of this assessment is CRDF, and the space occupied by the facility in the overall LASD, the following supplemental assessment activities are recommended to ensure accurate implementation planning in these key areas<sup>8</sup>:

- **Multi-disciplinary Mapping.** Conduct a multidisciplinary mapping in the following areas, to identify strengths and gaps in current policy and practice. These activities will allow for a more in-depth understanding of some of the most complex processes staff and justice involved women encounter.
  - **Classification:** This system is especially complex because CRDF was not constructed to be an intake and reception center. For this reason, the processes of intake and release at this facility appear to be disconnected from formal systems and supports employed at the men's intake and reception center (i.e., PMB staffing, internal records storage, accessible reentry resources, etc.). While onsite, facility leadership were meticulous in explaining and educating us on the processes of intake and discharge, the process of data and information sharing, and communication strategies within these processes. Classification, however, must be further understood to inform implementation planning specific to CRDF and the fit of this facility into the larger agency.
  - **Investigations:** The system of investigation at the LASD is complex for a variety of reasons, including utilization of investigators within the facilities as well as in other areas of the LASD, ongoing changes being made to reach PREA compliance, and the movement of clinical services outside of the LASD. While interviewees could describe their role in the investigations process during our onsite assessment, there was less clarity on what happens once an investigation leaves their area of influence. The complete system must be understood well to inform change recommendations and effective implementation. The mapping has the potential to be an intervention in and of itself by clarifying processes and debunking myths and assumptions.

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<sup>8</sup> Recommendations for additional assessment are included in the Phase 2 proposal.

- **Grievance System Review.** In-depth review and observation of the grievance system inclusive of policy, practice, offender education, staff training, hearings, and resolution processes, as well as intense data analysis will provide a full understanding of the strengths and gaps in grievance and reporting processes. At the time of assessment, facility leadership reported that in an average month, excluding medical and mental health grievances, more than 3,000 grievances are filed. This system includes a mechanism to report a variety of challenges. Recommendations for change have been made, some of which have been reported to be accepted, others which remain under review. Having a full understanding of the system, to include how data are used to inform supervision and problem solving, is essential to developing a realistic, efficient, and useful Implementation Plan.
- **Staffing Analysis Review.** Review the staffing analysis conducted in late 2019 by Rod Miller. TMG looks forward to reviewing this work and conducting an overlay of staffing considerations that are gender responsive if such lenses have not already been applied. Gender specific considerations are:
  - Physical Plant
  - Facility Schedule
  - Custody Staff Complement
  - Staff Gender
  - Program Needs
  - PREA
  - Medical Services
  - Mental Health Services
- **Training Academy Review.** Conduct an in-depth review of staff training at the academy, for operations and in-service, to include observation of live training at all levels and material review. This process will inform recommendations for integration of practical gender-responsive training to all staff. The assessment team received reports of engaging and innovative training techniques such as dynamic scenario-based training that are being used at the facility; and through a full review of the academy, TMG can better assure that the Implementation Plan builds on strengths and closes gaps.
- **Disciplinary System Review:** Conduct an in-depth review of the system of discipline and sanctions at CRDF to assess the degree to which policy and practice on discipline is preventative, focuses on creating safety, and is motivating safe, healthy, and effective behavior. This review would not only include policy review and interviews, but also analysis of a sample of disciplinary reports to identify themes and understand the use of sanctions.
- **Clinical Policy Review and Multi-Disciplinary Team Meeting Observations.** Conduct an in-depth review of medical and mental health policy, followed by targeted interviews to confirm practice expectations and observe the multi-disciplinary team meetings that include custody, medical, and mental health staff participation. These meetings have been identified as pivotal to improving services and professional relationships. In person observation will further inform Implementation Plan objectives to build on existing strengths to close observed gaps.

## Assumptions

The following outlines key assumptions of actions that will occur to ensure the successful implementation of the Framework.

- All stakeholders commit to a change process that will span at least three to seven years and embrace that transition of systems takes time.
- Some changes will be relatively low cost and easy to implement; others will require funding and significant philosophical change.
- The GRAC will be a group geared toward mutual collaboration among partners to include the Board of Supervisors, LASD, community providers, and community advocates to identify and implement practical solutions for improvements to the system.
- All partners share a commitment to developing work with justice-involved women as a specialized area of expertise that requires training, experience, and reliance on research and best practice.
- Changes will be adopted via policy and procedure as applicable to include clarity in the purpose, process, and practice revisions<sup>xxx</sup>.
- Recommendations will align with the terms of all settlements, lawsuits, consent decrees, and other county and state legal requirements.
- New initiatives will include quality assurance measures to ensure fidelity and allow for course correction as appropriate.
- The implementation of various components of the Framework are inextricably linked to other components of the Framework, requiring a sequenced process of implementation that may include temporary solutions or systems as a means to full implementation.
- The SIP will recognize and work within existing system limitations while those limitations are addressed.

## Attachment A: Glossary of Key Terms

**Best Practice<sup>xxxii</sup>:** Practice that is accepted as effective and endorsed by experts in the field. Such practices are often based upon research evidence but may also be based on collective expertise and experience.

**Criminogenic Needs:** Dynamic, gender-neutral needs that have been shown by research to be associated with criminal behavior. The following are frequently cited examples: antisocial associates, antisocial beliefs, antisocial attitudes, addictions, family conflict, challenges at school and work, conflictual family backgrounds, and unproductive or antisocial use of leisure time. These needs, when assessed, allow for targeting of program and intervention resources.

**Dynamic Risk Need Assessment:** Actuarial assessment tools that identify both static and dynamics needs associated with future criminal involvement. Dynamic risk/needs assessments are used in order to link offenders to programs and interventions needed to reduce their risk of re-offending.

**Emotional Safety<sup>xxxiii</sup>:** The safeguarding against psychological abuse, humiliation, or other negative verbal or behavioral harassment.

**Evidence-based Practice<sup>xxxiv</sup>:** Practices based on conclusions drawn from rigorous studies of correctional approaches. Historically, such studies supported approaches that adhered to the risk, need, and responsivity principles and included cognitive behavioral and social learning approaches. An emerging body of research, however, is providing new empirical evidence supportive of gender-responsive approaches.

**Gender-responsive Needs<sup>xxxv</sup>:** Dynamic factors unique to women that have been shown by research to be associated with criminal behavior. The following key needs have been identified for women: trauma and abuse, unhealthy relationships, parental stress, depression, self-efficacy, and current mental health problems. These needs, when assessed, allow for more appropriate targeting of program and intervention resources.

**Gender-responsive Practice<sup>xxxvi</sup>:** Approaches guided by woman-centered research that are relational, strength based, trauma informed, culturally competent, and holistic; and account for the different characteristics and life experiences of women and men and respond to their own unique strengths and challenges.

**Operational Practice:** Policy, procedure, and practice supporting the routine administration of security practices, as well as clear contingency planning and emergency response, to create the highest possible level of safety within a facility.

**Physical Safety:** Protection against bodily harm.

**Promising Programs and Practices:** Programs or practices that have indicators of effectiveness based on observation or comparison with other interventions but have not been sufficiently evaluated to demonstrate replicable positive outcomes.

**Pro-social Activity:** Classes, groups, services, or gatherings that while not designed to address the offender needs directly linked to criminal behavior, nevertheless provide benefit through offender enrichment and reduction of idleness.

**Program:** Structured interventions that address the needs directly linked to criminal behavior with the goal of reducing risk and recidivism.

**Relational**<sup>xxxvi</sup>: Approaches that recognize the importance of relationships as a target of intervention for women (e.g., building healthy social networks and skills, healthy relationships, etc.).

**Relational Safety**<sup>xxxvii</sup>: Feeling respected and psychologically safe in interactions with other human beings, including those in a position of authority.

**Sexual Safety**: The protection against physical or emotional abuse or harassment that is sexual in nature. A “zero-tolerance” culture helps to protect the rights of offenders and detainees to be free of sexual harassment, abuse, and retaliation.

**Trauma**<sup>xxxviii</sup>: Direct or indirect exposure to an event or experience that threatens physical, emotional, or psychological safety.

**Trauma Informed**<sup>xxxix</sup>: Approaches that incorporate the research on violence against women and girls and the impact of trauma; and changing or avoiding practices that can cause further trauma to women.

**Quality Assurance**<sup>xl</sup>: Ongoing review of programs and practices that compares actual practices and service provision to the benchmarks of fidelity and quality established by the organization or established guidelines.

## Attachment B: List of Community Stakeholder Interviewees

- Rohini Khanna, 1st District
- Emily Williams, Michelle Newell, 2nd District
- Rourke Stacy Padilla, AJ Young, Shelby King, 3rd District
- Elisa Arcidiacono, 5th District
- Cheryl Gaines, Prosecutor
- Christina Behle, Public Defender's Office
- Eunisses Hernandez, Just Leadership USA
- Eve Sheedy, Domestic Violence Council/Office of the Domestic Violence Council, Los Angeles County Department of Public Health
- Five Keys
- Heidi DeLeon, Los Angeles Centers for Alcohol and Drug Abuse
- Ingrid Archie, A New Way of Life Reentry Project
- Ivette Ale, Dignity and Power Now
- James Bell, W. Hayward Burns Institute
- Juliana Perez, SD3 justice team
- Justine Esack, Clara Shortridge Foltz Criminal Justice Center
- Kevin Kuykendall, Retired, LASD
- Lieutenant Tad Rhodes, PPOA
- Margarita "Maggie" Thorpe, California Department of Corrections and Rehabilitation
- Norma Cumpian, Anti-Recidivism Coalition
- Office of Inspector General
- Ricca Prasad, Betty Nordwind, Arlene Teuta, Holly Leonard, Harriett Buhai Center for Family Law
- Sarah Clifton, ACLU of Southern California
- Susie Baldwin, LA County Department of Mental Health
- Terrie Coady, Community Liaison, District Attorney's office
- Tskaha Barrows, James Bell, W. Hayward Burns Institute
- Derek Hsieh, ALADS

Additional interviews recommended or rescheduled:

- Susan Burton, A New Way of Life
- PPOA focus group
- Patti Giggans (rescheduled)
- Kelly Logan, 4<sup>th</sup> District
- Greta Ronningen, LA Diocese
- Michele Infante, Dignity and Power Now
- Joe Paul, Inmate Welfare Commissioner
- Lynne Lyman and Troy Vaughn, L.A. Regional Reentry Partnership

*Note, this list is reflective of interviews that have occurred by March 31<sup>st</sup>. Additional interviews will continue as part of the supplemental assessment.*

## **Attachment C: Community Stakeholder Interview Themes**

As previously described, there were two broad categories of individuals interviewed in the context of assessment – individuals working within the LASD system and community stakeholders<sup>9</sup>. Interviews conducted with those working internal to the LASD system were analyzed in conjunction with onsite assessment information. This summary addresses the major themes that emerged from the community stakeholder interviews specific to the scope of this project which is defined as improvement of gender responsive practice at CRDF. Despite the wide variety of perspectives and interests represented in the pool of stakeholders interviewed by TMG, there was a great deal of consistency in identifying general areas of concern and opportunity.

### ***Gender Responsive Advisory Committee***

A great deal of optimism is placed in the work being conducted by this GRAC. There is a consensus that one of the challenges of previous gender responsive efforts was the absence of a unified leadership voice. Due to the fact that GRAC has the support of the LA Board of Supervisors, many stakeholders are hopeful that this current effort will lay the groundwork to successfully implement positive change at CRDF. It was frequently noted that one of the vital roles GRAC can play is to evaluate successful programs throughout the country and help implement those that can be carried out within the physical and financial constraints at CRDF. More importantly, if the voices of various advocacy groups and service providers can be coalesced under the GRAC umbrella, it has the potential to be transformative.

### ***Working Together***

The importance of collaboration and coordination was a key theme throughout our interviews. Many comments were made about the variety of important work being done on behalf of incarcerated women and their families but there is a perception that this work is often done within silos and lacks integration. A need for fresh and innovative approaches is seen as a key to transforming CRDF. A component of this will be to review the “why” that underlies many existing processes and procedures to identify more efficient ways to accomplish important goals.

### ***Alternatives to Incarceration***

Overwhelmingly, stakeholders recognize the inherent challenges posed by the sheer number of inmates at CRDF versus the number of inmates for which the facility was designed. While there is a need for design modifications to increase space, many expressed hopes that additional avenues of alternatives to incarceration could be explored to keep women from coming into the system at the outset. Alternatives to incarceration are seen as having a great deal of political and community support not only for the benefits that accrue to the facility itself but for the potentially life-changing benefits for those women who can be redirected to programs and services that increase their potential for restitution rather than going into the justice system. It was often noted that there is a high percentage (estimated 80%) of women in jails who are mothers and often the primary caregivers of their children. In these cases, the “ripple effect” on children multiplies the disruption of incarceration and increases the value of diversion.

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<sup>9</sup> See attachment B for stakeholder interview list. Please note interviews are ongoing as of the writing of this report.

Stakeholders recognize that there will always be a portion of the CRDF inmate population that requires a secure facility for incarceration and will not desire to, or be eligible for, participating in diversion programs. However, there is a strong belief that focusing on the catalysts that prompted involvement in the justice system and providing meaningful alternatives to the appropriate population, could lead to a reduction in both the number of women incarcerated and recidivism.

### ***Systemic Considerations***

Many of those interviewed observed the value of adopting a shared definition of what a “threat to the community” means in order to develop a shared understanding of who should, and should not, be incarcerated. There are many groups/agencies/organizations involved in the justice system pipeline and all components must consult and cooperate with one another to achieve the best outcomes.

Some existing efficiencies in the judicial system were specifically noted as being of value to justice involved women. Specifically, dependency court was acknowledged as having heightened impact for women due to the likelihood that they are the primary caregiver prior to incarceration, and it is perceived as providing great value in assisting with family reunification. Opportunities, while out of scope of the current contract, were also identified and included fostering better communication and coordination between criminal and dependency cases and developing human trafficking and mental health courts to offer the opportunity for enhanced services.

### ***Continuum of Reentry Services***

The vitality and impact of reentry services are seen as being directly related to those services and programs provided while incarcerated. This again goes back to the importance of ensuring the presence and active involvement of children and their caregivers throughout incarceration and to provide programming designed to address the unique needs of the women. Case management is a critical component for providing targeted services both during incarceration and after release. The need for family unification and support services is seen as an integral part of a holistic system of wrap-around services that are inextricably linked in assisting incarcerated women back into society. Most every stakeholder noted at least one or more components of these services as being critical in ensuring an inmate’s successful reentry into society. A need for more domestic violence support for women when they are leaving incarceration is vital as is the need for assistance in obtaining housing. Stakeholders and providers continually stressed that ensuring staff have gender-responsive and trauma-informed practice training at all points in the system is a crucial component to supporting women in successful reintegration.

### ***Data Collection***

A common thread running through all our interviews was a frustration and concern about the lack of an infrastructure for data measurement and the need for data collection. This is a foundational void that is necessary for a greater understanding of the array of issues relating to justice-involved women. Collecting relevant data would provide inmate profiles to better evaluate the factors leading to incarceration and the reasons underlying their interface with the justice system.

Moreover, data can be an important driver in determining the best use of resources to keep women from returning to jail. A consistent theme from stakeholders revolved around the observation that alternatives to incarceration can be highly successful in decreasing recidivism. Analyzing existing

research and data would provide valuable assistance in developing a women's system that includes aspects of diversion and support. Data would also help evaluate the efficacy and efficiency of existing programs and determine what programs are successful in reducing recidivism, increasing family reunification, and predicting future success. The prevailing sentiment among stakeholders was that there can be little progress towards change without the benefit of objective data.



## Attachment D: Document Request

### **LEADERSHIP, MANAGEMENT, AND CULTURAL INDICATORS**

- Facility organizational charts
- Facility schedule (meals, showers, programs, volunteer programs, services such as clinics, etc.)
- Facility vision, mission, or values statements
- Facility strategic or action plans specific to gender-responsive practice
- Documentation of expectations regarding boundaries between staff and the population to include the following:
  - Policy
  - Staff training on maintaining professional boundaries
  - Inmate education on appropriate boundaries
- Any recent audits, assessments, or evaluations, including those related to audits of standards as outlined in the section addressing facility certifications and accreditation below
- Population demographics, including at minimum the number of women in the facility, custody level, and projected length of stay

### **FACILITY DESIGN, PHYSICAL PLANT, AND ENVIRONMENTAL FACTORS**

- Facility schematic
- Camera plans
- Policy related to key control
- Policy related to camera management

### **HUMAN RESOURCES**

- Example job description for custody staff
- Example job description for case manager
- Policy on performance management

### **STAFFING**

- Policy addressing staffing plan development
- Master roster
- Shift rosters including exceptions
- Staffing plans and staff to inmate or detainee ratios

### **LEADERSHIP, STAFF, CONTRACTOR, AND VOLUNTEER TRAINING**

- Orientation materials for anyone who works with woman inmates or detainees
- Policy related to training for anyone who works with woman inmates or detainees
- Facility training plans for all classifications of staff, including both custody and non-custody
- Relevant training curriculum addressing key topics including the following:
  - PREA
  - Professional boundaries
  - Gender responsive
  - Trauma informed

## **INMATE OR DETAINEE INTAKE AND ORIENTATION**

- Policy on intake with accompanying forms
- Policy on orientation
- Orientation materials
- Inmate or detainee handbook

## **PROPERTY, CLOTHING, AND STORAGE**

- Property list
- List of items available at commissary
- Policy on allowable and excessive property, and property storage
- Policy on bartering and trading

## **VISITATION**

- Policy on visitation for general population, as well as restrictive housing
- Rules or guidelines for visitors
- Visiting list procedures

## **FOOD SERVICE AND DIETARY REQUIREMENTS**

- Policy on menu development
- Policy on meeting specialized diets

## **TRAUMA-INFORMED SEARCHES**

- Policy on searches, including clothed searches, unclothed searches, and room searches
- Staff training related to conducting searches

## **CROSS-GENDER SUPERVISION**

- Policy on cross-gender supervision
- Policy on searches
- Policy on opposite gender staff in living areas
- Staff training related to cross-gender supervision

## **USE OF FORCE**

- Policy on use of force
- Use of force training

## **AFTER-ACTION REVIEWS**

- Policy on incident reporting
- Policy on after-action reviews or incident reviews

## **GRIEVANCES AND REPORTING**

- Policy on inmate grievances
- Policy on reporting PREA incidents

## **INVESTIGATIONS**

- Policy on investigations
- Investigations training

## **DISCIPLINE AND SANCTIONS**

- Policy on the disciplinary process, including sanction grids (as applicable)

## **HEALTHCARE SERVICES**

- Policy on intake exams and screenings
- Policy on pregnancy and post-partum care
- Policy on use of restraints
- Policy on healthcare response to sexual abuse

## **MENTAL HEALTH SERVICES**

- Policy on access to mental healthcare
- Policy on screening and identification of trauma-associated symptoms during intake or admission
- Policy on the management of self-harm behaviors
- Mental health program list and schedule

## **CLASSIFICATION, PROGRAMMING, AND CASE PLANNING**

- Policy on classification and accompanying tools
- Policy on risk need assessment and accompanying tools
- Policy on PREA screening and accompanying tools
- Policy on case management
- List of programs delivered by facility staff and volunteers to include indication of programming available in restricted housing

## Attachment E: Reports Reviewed

- Sheriff Recruitment, Hiring, and Retention Process Improvement Report – October 2019
- Inventory of Countywide Diversion Programs – 2016 CEO Report
- Alternatives to Incarceration (ATI) – 2019 Interim Report
- Prop 57 Impact – 2016 CEO Report
- Prop 47 Impact – 2017 RAND Report
- Citizens Commission on Jail Violence (CCJV) - 2012 Report
- Office of Diversion & Reentry (OD&R) – 2019 Mental Health Safe Release Estimate
- LASD Inmate Release Process – 2019 LASD Memo to CEO
- Custody Population – Daily Stats to CEO and BOS (3 files – 12/16/19 snapshot)
- Prisoner Maintenance Rates – 2018 and 2019 Auditor-Controller Memos to LASD (3 files)
- Rosas Settlement Agreement – September 2014
- Rosas Implementation Plan – December 2014
- Custody Division Population 2015 Year End Report
- Custody Division Population 2016 Year End Report
- Custody Division Population 2017 Year End Report
- Custody Division Population 2018 Year End Report
- Evaluation of Current and Future Los Angeles Jail Populations – April 2012
- Bookings into the L.A County Jail (2010 – 2016) – June 2019 (Million Dollar Hoods White Paper)
- Evaluation of EBI Programs 2013
- EBI Master Program List 2018
- National Institute of Corrections Technical Assistance Report -
- LA County Jail Population Overcrowding Reduction Project – 2011 Vera
- Evaluation of Education Based Incarceration Programs at LASD – 2013 Jail Systems Institute
- Assessment, Gap Analysis, and Recommendations Report for Inmate Services Bureau – 2017 Fidelis Professional Services
- Lynwood to Lancaster: Opportunities and Challenges for the Los Angeles County Women's Jail Relocation – November 2018, Harriett Buhai Center for Family Law
- Jail Visitation Innovation: Visitation and Family Support Services at Century Regional Detention Facility, Promote Public Safety – Feb 2020, Harriett Buhai Center for Family Law
- Lives and Circumstances of Women Held at the LA County Jail - 2008

- <sup>i</sup> ACA Standards for Adult Correctional Institutions, Standard 4-4137  
ACA Standards for Adult Correctional Institutions, Standard 4-4139  
ACA Standards for Adult Correctional Institutions, Standard 4-4153  
ACA Standards for Adult Correctional Institutions, Standard 4-4151, 4-4152  
ACA Standards for Adult Correctional Institutions, Standard 4-4145  
ACA Standards for Adult Correctional Institutions, Standard 4-4150  
ACA Standards for Adult Correctional Institutions, Standard 4-4218, 4-4132, 4-4333  
ACA Standards for Adult Correctional Institutions, Standard 4-4136
- <sup>ii</sup> Moss, A. (2007). The Prison Rape Elimination Act: Implications for Women and Girls. CT Feature. Available at: <https://www.wcl.american.edu/endsilence/documents/PREAimplicationsforwomenandgirls.pdf>.
- <sup>iii</sup> Moss, A (2016). *Jail Tip #1: Being Gender Responsive and Trauma Informed is Just Good Correctional Practice*. Silver Spring, MD: National Resource Center on Justice-Involved Women.
- <sup>iv</sup> PREA Standard for Adult Prisons and Jails §115.33(a)  
ACA Standards for Adult Correctional Institutions, Standard 4-4291
- <sup>v</sup> ACA Standards for Adult Correctional Institutions, Standard 4-4324
- <sup>vi</sup> Guidance in Cross-Gender and Transgender Pat Searches was developed in 2015 by The National PREA Resource Center in collaboration with The Moss Group.
- <sup>vii</sup> Benedict, A. (2014). *Using Trauma-informed Practices to Enhance Safety and Security in Women's Correctional Facilities*. Silver Spring, MD: National Resource Center on Justice Involved Women.
- <sup>viii</sup> PREA Standard for Adult Prisons and Jails §115.15 (a), (b), (c), and (f).
- <sup>ix</sup> Guidance in Cross-Gender and Transgender Pat Searches was developed in 2015 by The National PREA Resource Center in collaboration with The Moss Group.
- <sup>x</sup> PREA Standard for Adult Prisons and Jails §115.15(d)
- <sup>xi</sup> PREA Standard for Adult Prisons and Jails §115.51
- <sup>xii</sup> PREA Standard for Adult Prisons and Jails §115.52
- <sup>xiii</sup> PREA Standard for Adult Prisons and Jails §115.67(a)
- <sup>xiv</sup> PREA Standard for Adult Prisons and Jails §115.67(a), (c)
- <sup>xv</sup> PREA Standard for Adult Prisons and Jails §115.67(b)
- <sup>xvi</sup> Benedict, A., Ney, B. & Ramirez, R. (2015). *Gender Responsive Discipline and Sanctions Policy Guide for Women's Facilities*. Silver Spring, MD: National Resource Center on Justice-Involved Women.
- <sup>xvii</sup> ACA Standards for Adult Correctional Institutions, 4-4229  
PREA Standard for Adult Prisons and Jails §115.78(e) and (g), respectively.
- <sup>xix</sup> ACA Standards for Adult Correctional Institutions, 4-4226
- <sup>xx</sup> The National Taskforce on the Use of Restraints with Pregnant Women under Correctional Custody (2014). *Best Practices in the Use of Restraints with Pregnant Women under Correctional Custody*. Available at: [http://nasmhp.org/sites/default/files/Best\\_Practices\\_Use\\_of\\_Restraints\\_Pregnant\(2\).pdf](http://nasmhp.org/sites/default/files/Best_Practices_Use_of_Restraints_Pregnant(2).pdf).
- <sup>xxi</sup> ACA Standards for Adult Correctional Institutions, 4-4403  
ACA Standards for Adult Correctional Institutions, 4-362 and NCCHC Standard P-E-02  
NCCHC Standards for Health Services in Prison, P-E-04  
NCCHC Standards for Health Services in Prison, P-E-12  
ACA Standards for Adult Correctional Institutions, 4-4353, NCCHC Standards for Health Services in Prison, P-G-09  
ACA Standards for Adult Correctional Institutions, 4-4353, NCCHC Standard P-G-09  
NCCHC Standards for Health Services in Prison, P-G-10  
NCCHC Standards for Health Services in Prison, P-G-09 discussion is clear that restraints should only be used when necessary due to serious threat of harm. The American Association of Correctional Administrators supports this noting that restraints should only be used when absolutely necessary to protect a woman from harming herself or others.

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- NCCHC Standards for Health Services in Prison, P-G-09 discussion indicates that if deemed necessary abdominal, leg and ankle, and wrist restraints behind the back should not be used.
- PREA Standard for Adult Prisons and Jails §115.83(d)
- PREA Standard for Adult Prisons and Jails §115.83(e)
- <sup>xxii</sup> ACA Standards for Adult Correctional Institutions, 4-4371; NCCHC Standards for Mental Health Services in Correctional Facilities MH-E-02
- ACA Standards for Adult Correctional Institutions, 4-4403
- Benedict, A., Ney, B. & Ramirez, R. (2015). *Gender Responsive Discipline and Sanctions Policy Guide for Women's Facilities*. Silver Spring, MD: National Resource Center on Justice-Involved Women.
- NCCHC Standards for Health Services in Prison, P-G-04 and MH-G-01
- <sup>xxiii</sup> VanVoorhis, P. (2016) *Gender Responsive Interventions in the Era of Evidence Based Practice: A Consumer's Guide to Understanding Research*. Silver Spring, MD: National Resource Center on Justice Involved Women.
- <sup>xxiv</sup> Van Voorhis, P., Wright, E. M., Salisbury, E., & Bauman, A. (2010). Women's risk factors and their contributions to existing risk/needs assessment: The current status of a gender-responsive supplement. *Criminal Justice and Behavior*, 37, 261–288. <http://dx.doi.org/10.1177/0093854809357442>
- <sup>xxv</sup> Bloom, B (2015). *Meeting the Needs of Women in California's County Justice Systems*. Californians for Safety and Justice. Local Safety Solutions Project (Oakland, CA).
- <sup>xxvi</sup> Lerner, G. (n.d.). *Building Effective Correctional Facility-Community Provider Partnerships for the Benefit of Justice Involved Women*. Silver Spring, MD: National Resource Center on Justice Involved Women.
- <sup>xxvii</sup> Bumby, K (2016). *Jail Tip #7: Develop Community Partnerships*. Silver Spring, MD: National Resource Center on Justice-Involved Women.
- <sup>xxviii</sup> Bumby, K & Ramirez, R. (2016). *Jail Tip #8: Support Women's Successful Transition and Reentry from Jails..* Silver Spring, MD: National Resource Center on Justice-Involved Women.
- <sup>xxix</sup> Ramirez, R. (2010). *Reentry Considerations for Justice Involved Women*. Silver Spring, MD: National Resource Center on Justice-Involved Women.
- <sup>xxx</sup> King, E., & Foley, J.E. (2014): *Gender Responsive Policy Development in Corrections: What We Know and Roadmaps for Change*. Washington, DC: National Institute of Corrections.
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