



PREVIOUS INSPECTION \_\_\_\_\_ Location \_\_\_\_\_  
**Sybil Brand Commission for Institutional Inspections**

Courts \_\_\_\_\_ Jails <sup>X</sup> \_\_\_\_\_ Sheriff Stations \_\_\_\_\_

COMMISSIONER(S): Sherman, Veral \_ TIME 9a-1p \_ DATE 2/27/2022 \_

<b>FACILITY NAME:</b>	TTCF
<b>ADDRESS:</b>	/ LASD SUPERVISOR CONTACTED: Lt Brandon Patin
<b>Census:</b>	(Capacity: _____) (Current Census: ( 2892 ))
<b>Location(s) Inspected:</b>	171, 141, 271
<b>Issues Reported to:</b>	<input type="checkbox"/> BOS <input type="checkbox"/> Officer in Charge <input checked="" type="checkbox"/> xLASD <input type="checkbox"/> ISD <input type="checkbox"/> OIG <input type="checkbox"/> COC <small>It was shift change at the time we left so we were unable to communicate with Lt Patin after the visit as he had left for the day.</small>

**RATING: S = Satisfactory U = Unsatisfactory CA = Corrective Action Needed N/A = Not Applicable**

ITEMS	RATING	COMMENTS
<b>1. Conditions of Confinement</b>		
Cells/Toilets/Sinks		
Showers (water temperature, rust, mold etc.)	U	See Below
Crowding	U	Numerous MOH modules in 271 had overflow bunks in the dayrooms. The count sheet indicated the dorms are overcrowded by 11-12 people.
Cleanliness/Graffiti	U	An inmate's meal was dumped on the floor outside his cell because the tray pass-through had been locked as retaliation for allegation that he threw water at the window when nurse came for pill call even though water was contained within his cell.
Safety, Conflict, Tension		
Common Areas		HOH population says they are under a 24/7 lockdown and are not being given access to common areas / "room time"; Numerous MOH modules in 271 had overflow bunks in the dayrooms.
Air Quality/Temperature	U	271F This module was very cold
Deputy/Detainee Relations (incl. specific incidents or allegations of misconduct)		
Strip Search Issues		
Access (Drinking Water)		
Access (Mail/Reading Materials/Law Library)	U	HOH population says they are under a 24/7 lockdown and are not being given access to reading material
Access (Toilets (for common room))		
Access (Toiletries, Appropriate Combs/Brushes)		
Access (Exercise, Religious Practice)	U	HOH population says they are under a 24/7 lockdown and are not being given access to "room time" or "yard time"
Access (Legal Counsel)		
Access (Visitation, correspondence)		
Solitary Confinement	U	HOH population says they are under a 24/7 lockdown and are not being given access to "room time" or "yard time"
Privacy/Dignity (showers, bathrooms)		
Special needs populations (pregnant, non-ambulatory, hearing impaired, mentally ill, medical conditions, developmental disability)	U	in the grievance forms. Forms were not readily available in 271F; Many HOH inmates (presumably categorically disabled due to mental impairment) complained they have not showered in weeks. Records reflect many rejections of offers to shower. Deputies stated there is no need for a verbal confirmation of a rejection of an offer to shower. The discrepancy between complaints from inmates and reports from deputies suggests the possibility that inmates, due to their mental impairment, may not comprehend that an offer for a shower is being made. LASD Custody Manual and ADA requires reasonable accommodations to access to shower.

Module Information Postings (re: time calculations, complaint procedures, messages to SBC)		
Complaint Procedures (e.g., Deputy, medical complaints – confidential procedures to SBC, OIG, COC)	U	271 – forms were unavailable 171B - Due to security restrictions regarding writing implements, the grievance process for HOH inmates would not reflect a complete record of real and actual grievances since they could not be embodied in the grievance forms.
Fees Assessed/Money on Books		
Other: _____ Lighting _____	U/CA	Light was out in the cell of a person with severe mental illness ; see below
<b>2. Nutrition</b> Quality/concerns		See below
Access to special diets		

<b>3. Trustees</b>		
Quarters		
Training & Selection		
Workload and Hours		
Calculation/Time Served		
<b>4. Medical Services</b> (Access, wait times, responsiveness, TB and other medical screening, dental, vision; infectious disease protocol)		
<b>5. Mental Health Services</b> (Access, wait Times, treatment options, assessment procedures)		Visited the Mental Health Assistant Program in 141. This is a wonderful opportunity for the workers and the people in HOH. It would be great if this could be expanded to other parts of TTCF. Their program brochure is attached.
<b>6. Telephones</b> Access/Functionality		
<b>7. EBI Services</b> Availability/Type/Access <b>Volunteer Services</b> (Type, Access, Concerns)		
<b>8. Clean Clothing and Bedding</b> (Including laundry practices)		
<b>9. Facilities/Maintenance</b>		
Back Log Unfilled Order(s)		
Kitchen/ Laundry		
Chemical exposure (kitchen, laundry, trustee duties)		
<b>10. Deputy Staffing</b>		
Quality of Interactions w/Detainees		
Use of Force (Last 30 days)		unable to assess
Assault on Staff (Last 30 days)		
Staff Training (MH, trauma informed etc.)		
<b>11. Detainee Complaints/Concerns</b>		
<b>12. Deputy Complaints/Concerns</b>		
<b>13. Prior Corrective Action Resolution</b>		
<b>14. Detainee Documentation</b> (e.g., intake/release, procedures: classification, logs, detainee management files, Exit interview – policies/procedure grievances. generated funds, classifications)		
<b>15. Discipline Proceedings</b>		
<b>16. Emergency Preparedness/Systems</b> (e.g., fire extinguishers, airpack tags, emergency evacuation routes, control centers, emergency lighting fixtures, safety drills, First Aid and Suicide kits)		
<b>17. Grounds</b> (conditions, unlawful postings on exterior grounds (e.g., if ever been convicted cannot visit a detainee, etc.)		
<b>18. Inspection: Special Focus</b> OIG: _____  COC: _____  Community: _____		
<b>19. COVID-19: _COC Request_____</b>		See below
<b>20. PREA Issues: _____</b>		

**INSPECTION DETAILS – ANCHORED TO SUMMARY SECTIONS 1 THROUGH 17****INSPECTION DETAIL FOR #1**

T171:

**Showers:**

Some inmates said they had not showered in a month, others said they had not showered in 2 weeks. Deputies acknowledged that inmates did not take showers frequently and sometimes their clinicians are concerned about it from a mental health standpoint. They told us that many inmates routinely decline offers for showers. Deputies informed us that they have a regular shower routine (usually M/W/F) but that the shower calls are sometimes at 5am and if the inmates are not alert to take a shower then they don't have access to shower. Deputies said the shower routine was inflexible because they needed to make sure they were available for other various needs.

A reasonable accommodation to confirm this population understands when an offer for a shower has been made prior to rejecting such an offer should be made. The LASD Custody Manual provides for a showering accommodation for inmates with disabilities. (Custody Division Manual: 5-13/040.00 Showering). Under federal and state law, a disability is a physical or mental impairment that substantially limits a major life activity, which under the Code of Federal Regulations includes a "mental or psychological disorder, such... emotional or mental illness" (29 CFR § 1630.2). This would include persons whose psychiatric conditions are so profound that they require HOH housing. Failure to provide a reasonable shower access accommodation for a person with a mental impairment disability would not be consistent with the Custody Manual or Title 15 and may violate their rights under the ADA and related state laws protecting individuals with disabilities.

**Lighting:**

Light was out in the cell and it was completely dark. Deputies looked into their computer terminal and could not tell us when the order had been put in, but that they would put in a new order today. They told us that when they place a maintenance request, if it's not sent to the correct department within maintenance, the request will be deleted. Also, they are not informed by maintenance when a request is approved. There are no paper copies of maintenance requests, so deputies and corrections officers do not know whether a work order has ever been made.

**Retaliation:**

A lunch for an inmate was dropped on the floor out of reach. He was screaming out, "Someone give me my lunch!" All other cells had been delivered lunch. The deputy told me that this inmate's tray flap had been closed in retaliation for allegedly throwing water at the window when the nurse had come around. The deputy said the water did not hit the nurse, but that it could have, and that is why they closed the tray flap, which they did not open prior to lunch delivery. When lunch was delivered, it was dropped on the floor (not on a tray) and a milk carton was left on the windowsill. This is not sanitary food delivery. I asked the deputy when he would open the man's tray flap, and he said he would do it as soon as he finished eating his own lunch, while the man in the cell continued to scream out "someone give me my lunch."

**Overcrowding:**

We met with several people in both the locked cells (171) and the overcrowded dayrooms (271) who were waiting placement with ODR or the hospital. We checked the computer for one man had been designated for placement with ODR by the court in Jan 2022, but had been waiting over 6 weeks. Meanwhile, people are confined to limited movement with infrequent access to showers, and no prosocial engagement or other activities that could improve their mental wellbeing.

**Inspection Detail for COC Request Related to:** covid and quarantine

271E was recently made into a quarantine pod for people suspected of having a close contact with someone with COVID (not medical isolation), but it was very difficult to obtain accurate information about why anyone was there. Deputies were unable to articulate the difference between medical isolation and quarantine. We were told that most of the cells in this pod were for quarantine (i.e. close contacts with a positive case) but a sign on the outer door to the pod said "ASYMPTOMATIC COVID" suggesting they were positive cases without symptoms. The men in the cells presented confusion and unawareness the rationale for their placement in this area, which was the equivalent to solitary confinement. Making it more difficult to distinguish the two categories, single person cells in this pod were also being used for discipline. While mixing quarantine cells and discipline cells would seem to be ill-advised, in this pod, there was little meaningful distinction between quarantine, discipline, and solitary confinement. They were under a 24/7 lockdown with no room time. The technical distinction between quarantine and solitary confinement would be the ability to retain some personal possessions, but nobody in these cells seemed to have any personal belongings besides a blanket. Staff were not consistently wearing masks. Watch Commander did not wear one during our meeting. Inmates are not given N95/KN95 masks, but are offered dust masks.

**Inspection Detail: Building and Maintenance**

**CONDITION OF GROUNDS and EXTERIOR OF BUILDING(S)** (lawns, recreation area, blacktop, asphalt, other, general condition, paint, roof, drains/gutters, other)

**INTERIOR OF BUILDING(S)**

Walls, paint, floors, drains, plumbing fixtures working, air vents, windows:

Are cleaning fluids and chemicals labeled and safely stored?

Weapons locker present:

Recreation/sports equipment:

Are the hallways clear, are doors propped open or closed?

Holding areas (cells/rooms) – [if present], is there access to drinking water and toilet?

Condition of individual cells/rooms, or dormitories:

Beds – Type of bed and is it off the floor?

Adequate lighting:

Temperature:

# THE PATIENT

\* Each Pod consist of 15-25 patients

[4th Floor; C, D, E, F Pod]

\* Most of our patients are declassified from C.T.C. (critical Treatment Center),

forensic In-Patient Program, but are also referred to us by clinicians

\* All patients have been diagnosed with severe mental illness; Schizophrenia, Bipolar, etc.

(\* We also treat the gravely disabled, Developmental disabled, and those considered vulnerable.)

# Who we TREAT

# CONTACT

If you are interested in Volunteering or donating feel free to contact the program director PSYCHTECH III

**SARAH TONG**

Telephone (213) 893.5526

Email: [Stong2@dhs.lacounty.gov](mailto:Stong2@dhs.lacounty.gov)



Also, the MHAs are open to further aid through correspondence at:

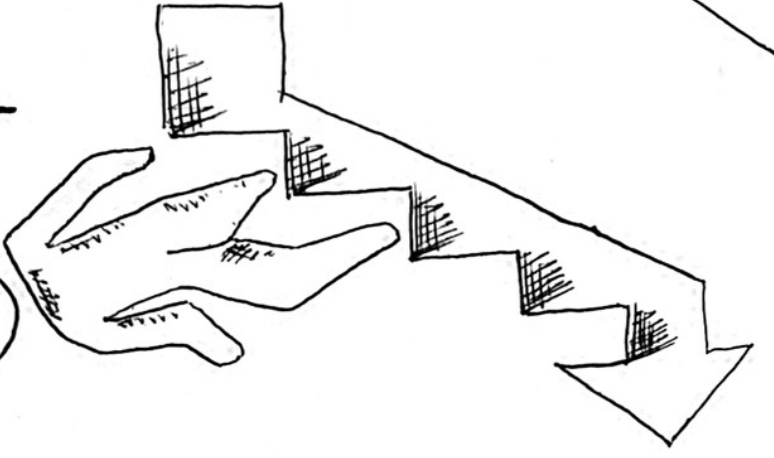
[Craigearmstrong@yahoo](mailto:Craigearmstrong@yahoo)

[Berumenblessed@gmail](mailto:Berumenblessed@gmail)

# WE are AVAILABLE

TWIN TOWERS  
CORRECTIONAL FACILITY

Two **F.I.P.** **Stepdown**



"where therapy **REPLACES** Punishment"

# Getting Well

## How?

\* With the presence of live-in M.H.A. who are AVAILABLE 24/7.

\* A strong team of Psychiatrist, clinicians, deputies, and M.H.A., All focused on effective care and safety.

## \* ENVIRONMENT

\* Incentive Based  
- 5 star program  
\* No Restraints  
- open space

\* FIP STEPDOWN Certificate Program and graduation

\* Psychoeducation, Group therapy and various activities.

\* Accommodating amenities - games, outdoor rec, coffee, movies, etc.

\* Purposeful role opportunities  
- JPR MHA position  
- Clean up crews



## MHA's are distinct

From any job in Los Angeles county jail system in a number of ways. The MHA works hand in hand with psychiatrists, social workers, Doctors, and deputies. They administer the certification curriculum, lead groups ranging from Motivation to Basic Life Skills, and are Mentors over 15-25 patients daily. MHA's Assist M.H.A. & custody in Sanitation, food prep, and peer to peer counseling (suicide prevention). The MHA possesses a unique character, one that is willing to meet the demands of a very important job

## \* LEARN MORE \*

[IMMATEMENTALHEALTHASSISTANTS.COM](http://www.IMMATEMENTALHEALTHASSISTANTS.COM)

## our MISSION

"Bridging the GAP to effective TREATMENT."  
IT IS to ADVOCATE,

SUPPORT, & CREATE

POSITIVE CHANGE for

underserved, marginalized

and severe mentally ill

populations. Without wavering we will push for the

proper care of severe mental

illness during incarceration

as well as purposeful

opportunity for every

inmate. The road to

effective treatment & self-

growth has no finish line

so our daily operation is

rooted in LOVE- unselfishness,

INTEGRITY- truthfulness,

TEAMWORK- organized effort, &

PERSEVERANCE- improved repetition.

\* Be APRO, SACRIFICE, SERVE \*