



NAPA COUNTY GRAND JURY

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1819-020

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**NAPA COUNTY
EXECUTIVE OFFICE**

May 8, 2019

Dina Jose, Director
Napa County Department of Corrections
1125 3rd Street
Napa, CA 94559

Napa County Board of Supervisors and County CEO Minh Tran
1195 Third Street
Napa, CA 94559

Dear Ms. Jose, Mr. Tran, and Members of the Board of Supervisors:

Attached is the final Report into the condition of the Napa County Jail as conducted by the 2018-2019 Napa County Grand Jury.

As stipulated by the California Penal Code, we are providing this report to you two business days in advance of its release to the general public, which will happen Monday, May 13.

Speaking on behalf of the entire Grand Jury, I thank you for the cooperation you and your staffs gave to the investigative committee that allowed this report to be researched and written.

Respectfully submitted,

A handwritten signature in black ink that reads "Kort van Bronkhorst".

Kort van Bronkhorst, Foreperson
2018-2019 Napa County Grand Jury



**NAPA COUNTY GRAND JURY
2018-2019**

**FINAL REPORT
MAY 13, 2019**

**NAPA COUNTY DEPARTMENT OF
CORRECTIONS ANNUAL REVIEW**

**Under a Microscope: Napa County Jail
Healthcare Services**

Health Care Services Under A Microscope
PUBLISHED MAY 13, 2019

SUMMARY

It is mandated by Title 15 of the California Penal Code, Minimum Standards for Local Detention Facilities,¹ that inmates in a correctional facility be provided with medical and mental health services. With this in mind, the 2018-19 Napa County Grand Jury's annual review of the Napa County Department of Corrections focused on inmates' access to health care services at the Napa County Jail. The Jury noted that the Napa County Health and Human Services Agency provides mental health services to Jail inmates while Wellpath, a private, for-profit medical group, provides the primary medical and dental care to Jail inmates.

Mental health services at the NCJ include:

- initial assessments by Mental Health Counselors (MHC) and the staff psychiatrist with a treatment plan that includes medication and some therapy
- on-going medication evaluations by the staff psychiatrist
- regular contact and consultation with mental health counselors
- crisis intervention services for inmates experiencing severe psychotic decompensation

Primary medical care services at the NCJ include:

- compliance with the training required to administer pre-screening medical assessments
- the access which an inmate has to rehabilitative services for drug and alcohol addiction
- the access inmates have to regular sick calls

The Jury found that the inmates at the Jail had access to all of the medical and psychiatric services as required by Title 15. Because the Jail is compliant with Title 15, the Jury did not make any recommendations about the access inmates had to health care services. However, the Jury noted two findings relative to the efficiency of the policies and procedures that support the discharge of the health care services.

The Jury found that the mental health counselors and the correctional officers do not participate on a regular basis in joint training workshops focused on recognizing the symptoms of a mental illness. The Jury also found that the NCJ lacks sufficient inpatient psychiatric health treatment facilities to provide inmates with more comprehensive mental health therapeutic services, including regular psychotherapy sessions.

The Jury recommends that more mental health awareness training workshops for correctional officers and mental health counselors be made available on a yearly basis. The Jury made note that the training workshops should be planned and organized so that the correctional officers and the counselors can attend jointly. The Jury also recommends that the Napa County Board of Supervisors re-evaluate the 2007 Adult Correctional Master Plan's original design for the new jail that called for a dedicated 32-person pod solely for the housing and treatment of inmates with mental health disorder.

¹ All superscript footnote references refer to the numbered glossary at the end of this document.

GLOSSARY

ADP: Average Daily Population
BOS: Board of Supervisors
CO: Correctional Officer
HHSA: Health and Human Services Agency
Jury: 2018-19 Napa County Grand Jury
MHC: Mental Health Counselor
MPSQ: Medical Pre-Screening Questionnaire
MP: Adult Correctional System Master Plan
NCDC: Napa County Department of Corrections
NCJ: Napa County Jail, or the Jail
NSH: Napa State Hospital
PHF: Psychiatric Health Facility
RN: Registered Nurse
Sick Call: Request from inmates for medical services
SMI: Seriously Mentally Ill

BACKGROUND

The Jail was built in 1975 and expanded in 1989 to accommodate a maximum of 264 inmates divided into male and female populations. Approximately 75% of the Jail population is male and approximately 25% of the population is female. The average daily population (ADP) at the Jail in January 2019 was 246 inmates. Of these inmates, 148 inmates were awaiting arraignment for a scheduled trial while 97 convicted inmates are serving out their sentences. The ADP in January 2019 included eight patients from Napa State Hospital (NSH), five of whom were waiting competency hearings, two who were waiting to be transferred to an inpatient psychiatric health facility (PHF) in another county, and one patient who was awaiting trial for a crime committed on NSH property.

As part of its mandated annual review of the NCDC, the Jury is required to investigate the conditions and management of the NCJ. Since health care falls under this mandate, the Jury elected to examine the health care services at the NCJ to determine if all inmates have reasonable access to these services as required by law. Prison and jail officials are obligated under the Eighth Amendment to the United States Constitution to provide all inmates adequate access to medical and psychiatric health care, so that their imprisonment does not constitute deliberate indifference to serious medical needs.² This principle applies whether the medical or psychiatric care is provided by governmental employees or by private medical staff under contract with the government.³ The Jury found that the NCDC is in compliance with the Eighth Amendment by providing adequate health care services to the inmates at the NCJ. Due to confidentiality provisions under the Health Insurance Portability and Accountability Act of 1996, the Jury was not able to investigate the quality of the health care services because the specific illness and treatment of individual inmates is protected under HIPAA.

Three mental health counselors (MHCs) from HHSA are currently assigned to the jail and provide coverage seven days a week. Primary care staff from Wellpath consists of two registered nurses (RN), two licensed vocational nurses, one nurse practitioner, and one physician's assistant. Primary care coverage is available 24 hours a day, seven days a week. A forensic psychiatrist visits the jail once a week and one medical doctor is on-duty at the jail from 8 a.m. to 4 p.m. three days a week. The medical doctor is also on call seven days a week after 4 p.m. A licensed dentist is on call for emergency dental care.

METHODOLOGY

A. Facility Tours

1. NCJ: 10/24/18; 11/26/18
2. Crisis Stabilization Services – Exodus Recovery facility: 1/15/19
3. Probation Department's Re-entry facility: 2/1/19

B. Interviews Conducted

1. Six interviews with NCDC officials
2. Five interviews with HHSA mental health officials
3. Four interviews with Wellpath medical personnel
4. Three interviews with members of the Board of Supervisors
5. Two interviews with Napa County Probation management

C. Documents reviewed

1. Title 15, Minimum Standards for Health Care Services for Correctional Facilities in California
2. Policies and Guidelines in the Wellpath Care Regulations Handbook
3. Board of State and Community Corrections Biennial Inspection Report, NCJ, June 2017
4. California Public Safety Realignment Act, 2011, (AB 109)
5. Grand Jury reports: 2012-13; 2013-14; 2014-15; 2015-16; 2016-17; 2017-18
6. Mental health policies in the NCJ Procedures Manual
7. 2007 Adult Correctional System Master Plan

DISCUSSION

A. MENTAL HEALTH SERVICES

During its investigation into the mental health services at the Jail, the Jury focused on four major areas:

1. Inmates' access to psychotropic medication
2. Inmates' access to counseling sessions
3. Access to mental health awareness and sensitivity training for correctional officers and medical staff
4. Inmates' access to crisis intervention services

1. Access to Psychotropic Medication

Psychotropic medication is used to alter the behavioral moods of individuals who have a form of a mental health condition. This helps them to better regulate their day-to-day social interactions. The administrative staff at HHSA Department of Mental Health provided the Jury

with clinical descriptions of the inmates at the NCJ who are identified with a mental illness based on the guidelines in the Diagnostic and Statistical Manual of Mental Health (DSM-V).⁴

The Jury was told that there are two levels of psychiatric care within the NCJ: the Seriously Mentally Ill (SMI) and the Mild/Moderate populations. The level of psychiatric acuity distinguishes these levels. Inmates identified as SMI demonstrate greater levels of intense psychotic symptoms (often inclusive of psychotic disorders, bipolar disorder and a history of long-term psychiatric hospitalization). Inmates in the mild/moderate population are able to function in the general population with more limited support. The Jury was unable to confirm the exact number of inmates who fell into these two levels because of the changing dynamics of the jail population.

According to data from the NCDC administrative and medical staff at the time of this report, there are currently 66 inmates at the NCJ, or 27% of the ADP, taking psychotropic medication. The Board of State and Community Corrections (BSCC) conducted a Jail Profile Survey in 2017 showing that 32% of the annual jail population in Napa and Sonoma Counties were receiving psychotropic medication.⁵ This percentage correlates with a recent policy brief by the California Health Policy Strategies, L.L.C. in April 2017, that reported the number of individuals in California jails taking psychotropic medication is increasing.⁶

Before being prescribed psychotropic medication, inmates at the NCJ undergo a mental health screening by the MHCs, with a follow-up evaluation by the jail psychiatrist. The psychiatrist prescribes medication and continues to monitor and evaluate its effectiveness on a regular basis. Medication is dispensed daily by a RN under supervision and with support from a correctional officer (CO). The Jury did not find any irregularities with an inmate's access to medication.

2. Access to Counseling Sessions

NCJ inmates with mental health disorders have access to counseling sessions through a referral system. The counseling sessions are led by the MHCs, with an emphasis on privacy and confidentiality. Referrals come from varied sources including the inmates themselves and family members. The COs are not specifically trained to make referrals but may do so if they observe a noticeable change in the inmate's behavior. The MHCs informed the Jury that the counseling sessions help the inmates cope with personal difficulties such as the loss of a loved one, depression, or anxiety.

The MHCs informed the Jury that the counseling sessions help inmates with mental health disorders adapt to the demands of being confined and isolated in a correctional facility. In addition, the counseling sessions provide a vital link to accessing therapeutic services in the community once the inmate is released from custody, especially for inmates from the NCJ who, according to the medical staff, have chronic mental health disorders. These inmates are housed in the general population area unless determined to be a high security risk. Those determined to be a high security risk are housed in the segregated housing unit (SHU).

It was found that though the inmates have access to counseling sessions, the current staffing levels of MHC limit the number of inmates who can be seen on a regular basis. The Jury was

informed by HHSa that three new MHCs would be added to the staff within six months. With the added staff, the MHCs would be better able to meet the needs of all the inmates requiring counseling services by offering longer and more frequent sessions while reducing the caseload on any individual MHC.

3. Access to Mental Health Awareness and Sensitivity Training

The primary focus of the mental health services provided by HHSa is to improve behavior and increase inmate functioning by stabilizing psychiatric symptoms. Inmates and COs in a correctional setting interact with each other as part of their daily routines. The COs spend more time with inmates than other staff members. According to an article in the Handbook of Correctional Mental Health, published in 2010, COs are identified throughout the criminal justice system as having the most contact with mentally ill inmates housed in the general population. The article further states that COs have positive impacts on treatments and illness outcomes.⁷

Inmates at the NCJ make requests or demands that require a response from a CO. The response often determines the degree of cooperation and trust that is established between the inmate and the CO. The correctional staff at the NCJ told the Jury that this relationship is very important in maintaining a high level of safety and security.

COs are trained to react to any aggressive or dysfunctional behavior exhibited by an inmate in a calm, non-threatening manner which helps lessen the potential for confrontation. Part of this training is being sensitive to an inmate's mental health condition by recognizing the symptoms of a mental illness. The training includes learning how to develop an open dialogue with the inmate without compromising the line of authority that must exist between an inmate and a CO.

The Jury was informed that the correctional staff has access to mental health awareness and sensitivity training on a very limited basis. From interviews with the MHCs, the correctional staff, and the medical staff, there was agreement that increased mental health refresher training is needed for all correctional staff. Newly hired COs are provided with some mental health awareness training within their first year but this training is not on-going.

The MHCs and the medical staff told the Jury that it is necessary for them to be included in the training as a way to build open lines of communication across departmental responsibilities. By training together with the COs, the medical staff and COs would share the same knowledge about recognizing the symptoms of a mental illness.

4. Access to Crisis Intervention Services

The MHCs and the medical staff informed the Jury that there are mentally ill inmates at the NCJ that sometimes require crisis intervention because of the deteriorating status of their mental health condition. Some of these inmates are patients from NSH who are awaiting a trial for a crime committed at NSH. According to the MHCs, a crisis could refer to any situation in

which the inmate perceives a sudden loss of his or her ability to use effective problem solving and coping skills. The purpose of crisis intervention is to reduce the intensity of the inmate's mental, physical, and behavioral reaction to a crisis and to help the inmate return to a pre-crisis level of functioning.

Crisis intervention for inmates who are not deemed a threat to self or others may include a change in housing, monitoring of food and liquid intake, or a visit with the medical doctor and psychiatrist. The NCDC does not use medication as a crisis intervention strategy for mentally ill inmates who are not considered a threat to self or others. If threatening suicide, the inmate would be put on suicide watch and monitored under the guidelines as established by Title 15.

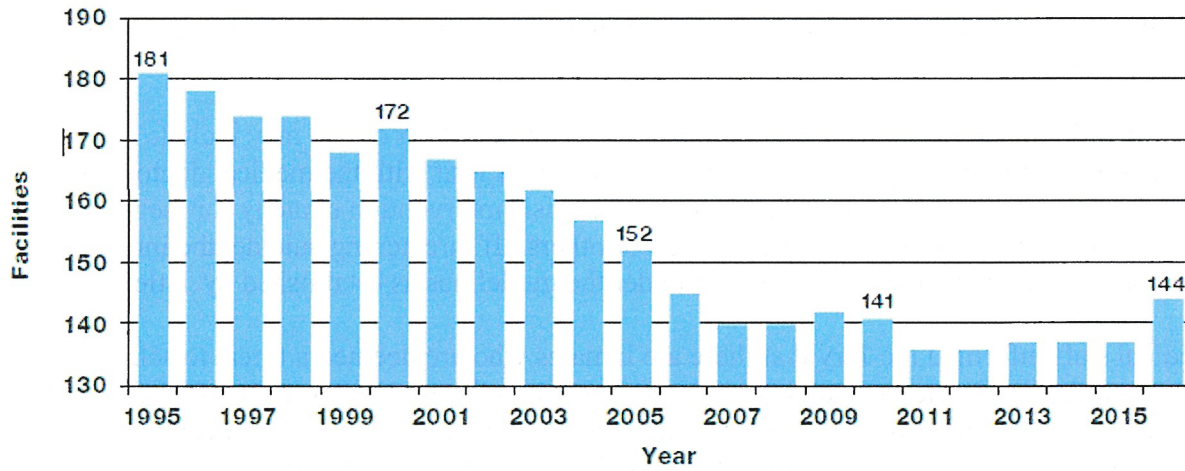
The medical staff informed the Jury that there are inmates who are deemed a threat to self or others and require medication to stabilize their psychotic condition. However, the NCDC administration and the medical staff informed the Jury that inmates at the NCJ, especially the patients transferred from NSH, could refuse to take their medication. When inmates refuse to take their medication, it may be necessary for the medical staff to stabilize the inmate through the administration of involuntary medication.

As a general policy, NCDC prohibits the use of involuntary medication unless an emergency exists in which an inmate is deemed by a licensed staff psychiatrist to be a danger to self or others. The expressed policy clearly states that the administration of involuntary psychotropic medication will be initiated only on an interim basis until the inmate can be transferred to a clinically appropriate treatment facility such as a state mental hospital or an inpatient psychiatric health facility (PHF).

The treatment a patient receives at a PHF consists of regulated medication services in addition to long-term psychotherapy sessions. As the NCJ is not a PHF it cannot provide long-term therapeutic services to mentally ill inmates. According to NCDC staff, the wait time to be transferred to a clinically appropriate PHF in California can be four months or longer. The acute shortage of psychiatric beds throughout California contributes to the length of time an inmate has to wait for admittance into a clinically approved PHF.⁸

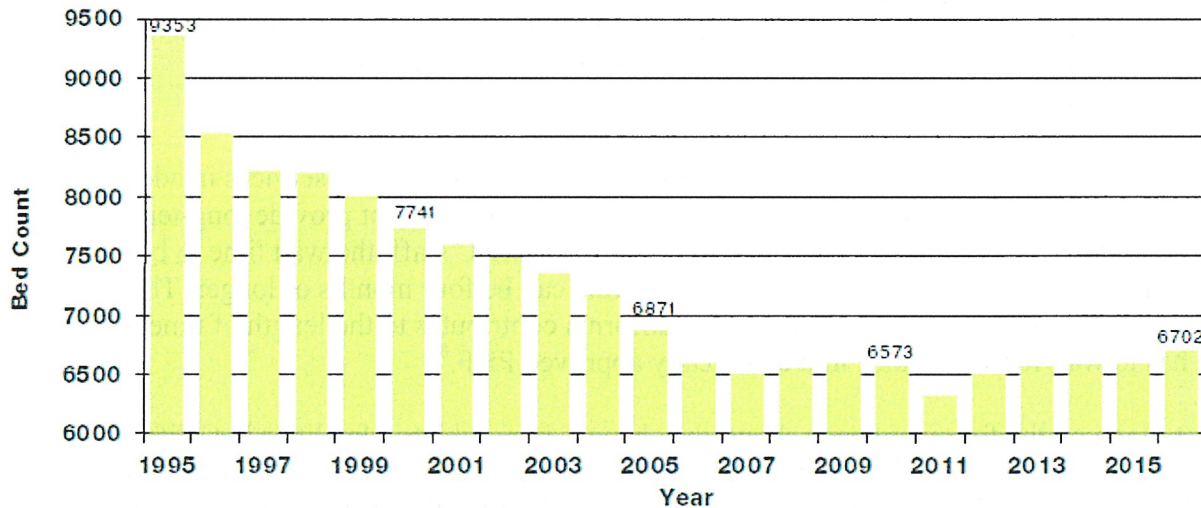
The first graph on the following page shows the changes in psychiatric facilities in California from 1995 to 2016. In 1995, there were 181 inpatient psychiatric facilities and in 2016 there were 144, a net loss of 37 facilities (20%) to house mentally ill patients. The second graph shows the changes in psychiatric beds (rooms) in California from 1995 to 2016. In 1995, there were 9,353 beds available and in 2016 there were 6,702, a reduction of 2,651 beds (28%).⁹

Total Psych Facilities 1995-2016



Source: OSHPD 2016 data (includes city and county hospitals, but not state hospitals. Also includes PHFs.)

Total Psych Beds 1995-2016



Source: OSHPD 2016 data (includes city and county hospitals, but not state hospitals. Also includes PHFs.)

During the time mentally ill inmates are waiting to be transferred to a PHF, they are housed at the NCJ in a confined and isolated correctional environment. According to the MHCs and medical staff, a correctional environment often contributes to the deterioration of an inmate's mental condition. The MHCs and the medical staff further stated that the ideal environment for mentally ill individuals is in a separate PHF where they can receive on-going medication evaluations and long-term psychotherapy.

A new jail for Napa County is currently in the design phase with a completion date scheduled for March 2022. In 2004, the BOS recognized the future need for a larger detention facility. They retained the Carey Group, a private consulting firm, to conduct a three-year study to assist the County's Criminal Justice Committee in developing an Adult Correctional System Master Plan (MP).¹⁰ The Criminal Justice Committee is composed of representatives of the BOS, HHSA, the Napa County Supreme Court and the Napa Police Department. A key component of the MP was identifying the types of inmates the new jail would accommodate and how many beds and cells were needed to house them over the next 20 years. The Carey Group's study paid particular attention to the needs of inmates with mental health disorders.

The Jury reviewed the MP and discovered that the Carey Group study used the Brief Mental Health Screening Tool to assess 115 pre-and post-sentenced inmates to determine mental health issues. The results of the study revealed that 59% of the inmates sampled were identified with mental health disorders or emotional problems. The assessment tool used in this study followed the guidelines in the Diagnostic and Statistical Manual for Mental Health (DSM-V). The Carey Group recommended that the BOS include a 32-person pod section in the new jail design. This section would be dedicated solely for the housing and treatment of inmates with mental and emotional health issues.

Currently, the new jail design calls for a 28-bed dedicated medical unit to address the needs of primary medical care. It also includes accommodations for short-term treatment of inmates with a mental health disorder but does not provide for long-term therapeutic mental health services. The Jury recommends that the BOS re-evaluate the MP and consider modifying the design of the new jail to expand the 28-bed medical pod to include a 32-bed section solely dedicated to the long-term therapeutic needs of the mentally ill.

B. PRIMARY MEDICAL CARE

Inmates have access to primary medical care at the NCJ through the Wellpath medical group. Primary medical care includes urgent, routine, and preventive health care. The goal of Wellpath is to improve the inmate's access to medical care while in custody and to equip them with the knowledge to better manage their health care needs after they are released.

During its investigation of the primary medical care at the NCJ, the Jury focused on three major areas. The decision to focus on these areas came about through interviews with the medical staff. These areas were deemed the most critical:

1. COs' access to training needed to administer medical pre-screening assessments at intake
2. Inmates' access to drug and alcohol rehabilitative services
3. Inmates' access to regular sick calls

1. Access to Medical Pre-screening at Intake

The initial medical screening process begins at the intake and receiving area of the jail. After a deputy sheriff or police officer transports an arrestee to the jail, a NCDC CO administers a one-page Medical Pre-Screening Questionnaire (MPSQ) to the arrestee. The MPSQ is designed to identify an arrestee's current state of physical and mental health and to evaluate

any obvious signs of major trauma. The information gathered from the questionnaire is mostly self-reported. However, observations made by the CO of the responses to the questionnaire are important factors in determining the decision to refer the inmate to an on-duty RN for further screening.

The arresting officer does not participate in the medical screening process but remains at the jail. If the arrestee is not medically cleared for admittance, he/she will be transported by the arresting officer to the Queen of the Valley Hospital for further evaluation. An immediate call for the RN is made if an arrestee requires emergency medical attention or shows signs of a contagious disease along with a fever. The on-duty RN makes the decision to admit the individual or to send them to the local hospital. After an arrestee is treated at the local hospital, he or she will be returned to the NCJ for housing and classification.

An arrestee who displays obvious signs of emotional distress, suicidal tendencies, or behavior that is considered dangerous to self or others will be placed in a holding cell for further evaluation by the on-duty RN. Arrestees who are placed in holding cells undergo a more comprehensive mental health evaluation within 24 hours by a MHC to determine their medical status before being classified for security risk and assigned a housing unit.

According to the medical staff, accurate and thorough medical pre-screening assessments are critical because of the high turnover rate of inmates and their relatively short time in custody. The medical staff also informed the Jury that arrestees often fail to disclose underlying medical issues and have a poor memory of their past medical history. The Jury found that inmates entering the jail have full access to all of the medical screening as required under Title 15.

2. Access to Drug and Alcohol Intervention Programs While in Custody

An arrestee entering the jail under severe influence of a controlled substance will first undergo detoxification until they are stable enough to respond to the MPSQ. After the initial screening process and housing assignment, the inmate is put on a sick call routine every three or four days to check blood pressure and make medication adjustments if needed. Once the inmate is fully stabilized, a treatment plan consisting of evidence-based behavioral interventions is implemented.

Evidence-based interventions consist of practices or programs that have peer-reviewed, documented, empirical evidence of effectiveness.¹¹ The intervention programs consist of cognitive therapy sessions that teach coping and decision-making skills. Cognitive thinking therapy uses short-term psychotherapy for a wide range of psychological problems including depression, anxiety, and substance abuse. Cognitive therapy focuses on an individual's thought, behavior, and communication in the present rather than on early childhood experiences.¹² The Wellpath medical staff informed the Jury that approximately 180 inmates, or 75% of the ADP, participate in these programs. The Jury found that the inmates at the NCJ have full access to drug and alcohol intervention programs.

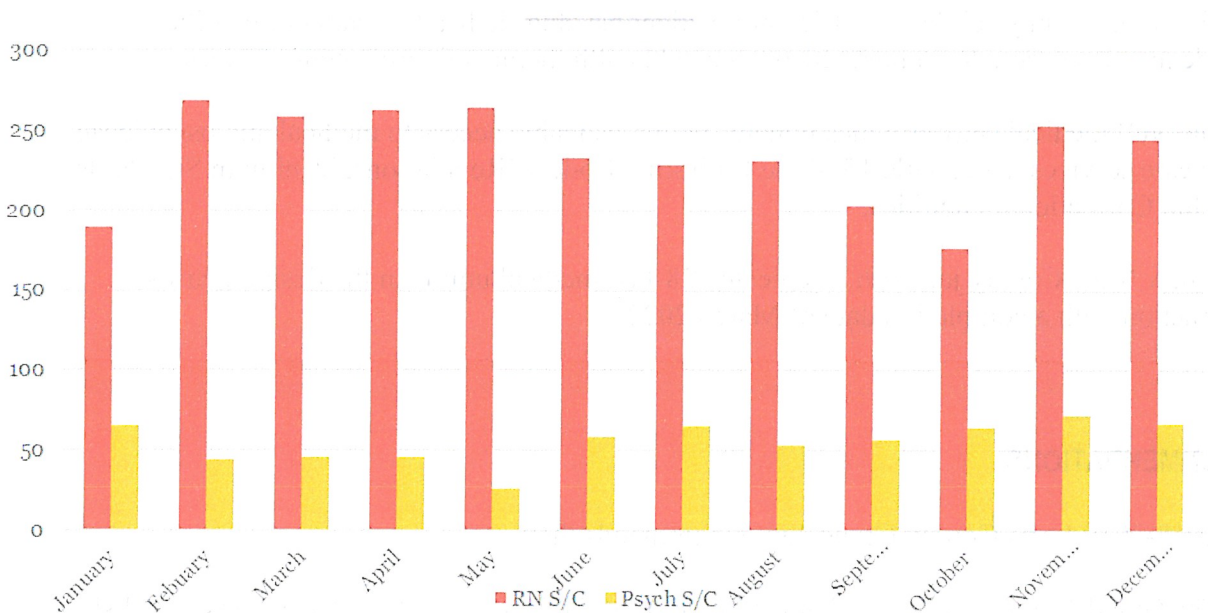
3. Access to Regular Sick Calls

A sick call can be initiated through a referral by correctional staff or by a "green slip" form submitted by the inmate. The Jury found that the procedures for making a sick call request are

clearly stated and easily accessible to all inmates. The correctional staff reported to the Jury that their observations of the response time for non-emergency sick calls is less than 24 hours and the response time for an emergency sick call is immediate.

For a routine, non-emergency sick call, an RN will normally go directly to an inmate's cell. If an inmate needs more intensive care, they are moved to a medical cell for further evaluation and treatment. If an inmate needs medical attention that cannot be provided, such as surgical procedures, they will be transported to a medical facility that can provide these services. The average number of sick calls per month at the NCJ for 2017-18 was 235.

RN & Psych monthly sick call



The Jury found the medical care treatment area at the NCJ is cramped within a section of the general population-housing unit. Access to the treatment room is unrestricted but it does provide the inmate with a limited amount of privacy. The medical cells are often overcrowded but manageable given the limitations of an old and outdated jail facility. The medical staff informed the Jury that a separate medical unit that is detached from the housing units would be highly desirable in the current facility. However, because of the lack of space at the current facility, the medical staff said it is unlikely that an expansion of the offered medical treatments would occur. The Jury found that the medical staff uses the limited resources available to them in the treatment area in an efficient and resourceful manner.

The medical staff told the Jury that inmates in a correctional setting do not remain in custody for long periods of time, which makes it critical that a quick diagnosis is made and treatment begins as soon as possible. The Jury further learned that the Wellpath medical doctor gives all inmates routine physical check-ups every six months. The Jury found that the inmates at the NCJ had reasonable access to urgent, routine, and preventive medical care as guaranteed by law.

FINDINGS

The 2018-2019 Napa County Grand Jury finds that:

F1. The mental health counselors and the correctional officers do not participate on a regular basis in joint training workshops focused on recognizing the symptoms of a mental illness.

F2. The Napa County Jail lacks sufficient inpatient psychiatric health treatment facilities to provide inmates access to comprehensive mental health therapeutic treatment services.

F3. The NCJ medical staff provides inmates with reasonable access to medical and psychiatric health care services under Title 15 of the California Code of Regulations, Minimum Standards for Adult Correctional Facilities.

F4. A new Napa County jail with a dedicated 28-bed medical unit is in the design phase of construction with a completion date of March 2022.

RECOMMENDATIONS

The 2018-2019 Napa County Grand Jury recommends that:

R1. The Grand Jury recommends that the Director of the Department of Corrections establish, by December 2019, a joint training program for mental health counselors and correctional officers for the purpose of offering continuing education on topics including the awareness and sensitivity to the symptoms of mental illness.

R2. The Grand Jury recommends that the Board of Supervisors re-evaluate, by December 2019, the Carey Group's 2007 Adult Correctional System Master Plan's recommendation to include a 32-bed section in the new jail dedicated solely to comprehensive mental health therapeutic services.

COMMENDATIONS

C1. The Grand Jury commends the management team of the Department of Corrections for their leadership and professionalism in their efforts to instill high expectations from all of the correctional staff.

C2. The Grand Jury commends the mental health counselors and the primary medical staff from Wellpath for their dedication and commitment in providing the inmates at Napa County Jail access to urgent and routine medical and psychiatric health care services.

REQUIRED RESPONSES

Pursuant to Penal Code section 933.05, the Grand Jury requests responses as follows:

From the following governing bodies:

- Napa County Board of Supervisors: **F2, R2**

INVITED RESPONSES

Pursuant to Penal Code section 933.05, the Grand Jury invites responses as follows:

- Director of the Department of Corrections: **F1, R1**

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2. Estelle V. Gamble, 429 U.S. 97.103 (1976)
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9. Office of Statewide Health Planning and Development, 2016

10. Adult Correctional System Master Plan, November 20, 2007, Pg. 37

11. Board of State and Community Corrections,
https://www.bscc.ca.gov_evidencebasedpractices

12. The American Institute for Cognitive Therapy, <https://www.cognitivetherapynyc.com>

Reports issued by the Grand Jury do not identify individuals interviewed. Penal Code section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Grand Jury.
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