

ACRJ Board Meeting Public Comments

January 14, 2021

Emma Goehler –

Thank you for the opportunity to speak at this board meeting today. My name is Emma Goehler and I'm here as a member of the public. I have a couple of concerns about quality of life at the jail for inmates and will be speaking to that today.

First, I'd like to follow up with a comment that was made during the November board meeting about telephone charges. As was brought up in that meeting, these charges make it difficult for inmates to stay in touch with their family and communities and the costs are often borne by people who do not have resources to spare, particularly now as we are facing widespread economic crisis. I'm also concerned about the charges that the jail imposes for other means of communication, specifically email charges and the charges for stamped envelopes. Research suggests that one of the leading factors associated with recidivism is a lack of contact with family and community outside of jail. By imposing financial obstacles to communication, whether that's phone calls, emails or letters, the jail is making it so that only inmates with sufficient means are able to maintain relationships that are critical to their reentry and the strength of our communities. I ask that the board reconsider phone, email and envelope charges, especially now while in-person visitation is suspended.

Second, I would like to revisit concerns about inmate quality of life during the pandemic. Not only are inmates limited by cost in their ability to communicate outside the jail, but currently the pandemic has prompted the suspension of programming. With no programming and limited communication ability, inmates have little in the way of stimulation. My understanding is that inmates have access to a book cart and that is perhaps the only stimulation available for many inmates—how often are inmates able to access reading materials and what sort of selection is available? I also wonder whether the board could consider programming that is COVID-19 appropriate—many institutions have found ways to offer services and remain in compliance with health department guidelines and I believe the jail could work to offer safe programs. Between the lack of programs and the barriers to communication with families and communities, I am very worried that there will be long-lasting negative consequences and harm both to the mental well-being of inmates as well as to our communities more broadly.

Melissa Gilrain –

Hi, My name is Melissa and I'm speaking today as a member of the public. During the last board meeting, I was concerned to hear the board discussion of budgetary issues and cost, with no mention of how these decisions would impact the individuals housed in the jail. I would like to see more recognition from this group of the people that are in your care, and have no way to advocate for themselves. The incarcerated are still people and members of our communities that should be given the respect and dignity that we ourselves expect to receive. As the decisions that this board makes have a direct impact on the people inside ACRJ, is there a way for them to attend and participate in these meetings? I know that many of them would be interested in attending if given the opportunity to do so. Since they are not

currently given a voice here, I will bring up several issues that inmates have mentioned to me. First, many individuals continue to be concerned about COVID and report improper use of PPE by staff. This was brought up at the last meeting and was said to have been addressed, but does not seem to be the case. Second, I have been given multiple reports of poor living conditions, with one individual reportedly having to live with standing water in their cell for days. What is the process for individuals to file maintenance requests, and why was this individual not moved to a dry cell as soon as the water was reported? Third: it has been over 9 months since this pandemic first started, and there are still no programs available. If there are activities that could be provided to inmates in a socially distanced manner with no additional personnel, such as yoga, art projects, exercise classes, book clubs/bible studies, why have these not been implemented? Several inmates have informed me that they have made suggestions or even offered to lead programs themselves with no response from the administration. While the pandemic has been difficult for all, it's hard to imagine the struggle it's been for those that have no autonomy to at least go outside for a walk when things become overwhelming. It's imperative that solutions are found to provide emotional and mental wellbeing to those in jail. Lastly, a multitude of concerns regarding the medical care system in place have been brought to my attention. While we are able to choose when and how we receive medical attention, these inmates are only provided with the options that you give them. What systems are in place to ensure that they are receiving proper medical attention? Is there any oversight of the medical staff? It should not take outside influence for inmates to receive proper medical attention and care. In addition, the lack of emergency protocol is extremely concerning, especially during times of covid. Inmates have reported that they are instructed to yell and jump around for attention if an emergency occurs and wait for a guard to come. This could be the difference between life and death. What are the current emergency procedures in place, and is there a reason that emergency buttons are not available?

Jennifer Doo –

Hi, my name is Jen and I'm commenting as a member of the public today. As our state moves into phase 1b of COVID-19 vaccinations in the coming weeks, which would include those incarcerated at ACRJ, can you please tell us what your plan is for vaccinating the jail population? Specifically, I'd like to understand the process for requesting doses (including how many doses the jail has estimated it needs), when and how the jail will acquire and administer the doses, what jail personnel are doing to prepare for this important stage, and if COs and inmates will be vaccinated at the same time. Are those in the facility currently being given meaningful education about the vaccine, in a way that is safe and accessible to them, so they can properly make a decision about it? Do they also have the opportunity to consult with a doctor, meaning a licensed MD, prior to administration to review their own medical histories and ask questions? I would hope that the cost for this would be waived too, as this would be a barrier for inmates in getting necessary medical information and assessments. Additionally, what is the plan for handling transfers in and out of the jail and those under home electronic monitoring? While getting vaccinated is a positive step, it is still important to keep the jail population at a minimum until this pandemic is over. The vaccine should not be used as an excuse to increase the jail population or to justify transferring inmates in and out of the jail, or to not provide home electronic monitoring as an alternative. Will transfers be stopped during the vaccination period, and will the jail ensure that all new

inmates are given the opportunity to get fully vaccinated before being placed in the general population? As our country continues to hit record highs of COVID-19 deaths, it is so important for the vaccination process to be taken seriously and be conducted efficiently. Though I am heartened that our state guidance has recognized the high risk that incarcerated folks face, it seems there could be a lot of room for error in the vaccine rollout process. I'd like to see the jail take a proactive approach to make sure this rolls out smoothly and overall more transparency and communication about the process with those both inside and outside the jail, so I'd appreciate if you share your detailed plan soon. Thank you for your time.

Taylor Pisano –

Hello, my name is Taylor. I am here today as a member of the public. Most if not all inmates at ACRJ are unaware of the existence of the Jail authority board. I am going to share the concerns of three inmates - this is what they would say if they could be here.

Inmate A

Some of the main concerns that me and my fellow inmates have: The cleaning of the towels and washcloths - they never smell clean and we only get freshly laundered ones every seven days. I have serious concerns about the laundry - it seems that not enough detergent is used. We do not get enough cleaning supplies, we get one rag to clean everything, and the brooms are full of hair and lint when we get them. Lastly, there are cases of inmates testing positive for MRSA or shingles and then being placed back in the block.

Inmate B: We only get fingernail clippers every 30 to 45 days, and if we need them more often we have to pay 5 dollars and file a "sick call". A "sick call" costs five dollars to see an LPN, ten dollars to see a FNP or PA, and we never get the option to see a MD unless the FNP or PA determines that the inmate needs to. We are not even given bandaids when needed.

Inmate C: Has this jail ever been inspected by OSHA? If so, when and were any recommendations made? Why are female inmates housed in the "old jail", the impression to the public is that the "state of the art" new jail, built in 2004, was replacing this. The jail is unsanitary, do you have a professional cleaning contract? If so, who holds this contract and how often do they clean? Are inmates used to clean the jail? There is no toilet paper, soap, or sanitizer in the medical holding room bathrooms or the gym bathrooms, why are these not provided in these areas? Why do inmates share one washcloth for multiple bathroom cleanings? Tablets for visitation are far overdue and no programs are running. There should have been funds to have this done before now. Commissary prices are extremely inflated, and it was my understanding that this money goes towards programs. As there are currently no programs, where is the money going now? Is there a handcuff policy? If so, what date was it instituted? If an inmate falls and loses consciousness with signs of head injury, are they taken to the hospital or are paramedics called? "Keepaways" are not mentioned in the inmate handbook and there are no written policies or procedures for this available to inmates. Why is this process used and what is the definition of a keepaway? How do inmates obtain this? Are there any programs in place to motivate inmates with earned time off?

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Next Steps Forward
Presentation January 14, 2021

stollo's history with albemarle-charlottesville regional jail

project: additions and renovations / remodeling to the existing Jail that included a new intake / release facility of 14,000 sq. ft., a new medical facility if 8,000 sq. ft., renovations, and remodeling throughout all the areas of the existing 53,000 sq. ft. jail encompassing complete remodel of the kitchen, laundry, administration areas, staff areas, support areas, all security components, and all inmate and housing and program areas.

completion date: february 2002

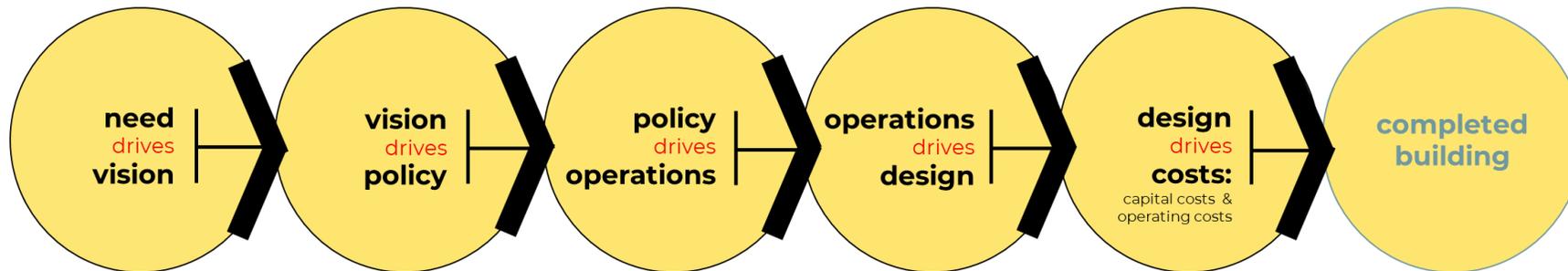
cost: \$14,671,000 (phase I)
\$10,000,000 (phase II)

jail mission and goal

what are the primary missions and goals for your jail?

to make the jail more operationally efficient and environmentally safe and sound
in all areas of life safety and health

stollo architect's road map for delivering successful projects



items for consideration

- item a: considerations for operational assessment
- Item b: considerations to convert to an environmentally friendly facility & cost saving design recommendations
- item c: improving environment for inmates and staff (comfort and appearance)
- item d: improved safety as it relates to PREA and personal security
- item e: pandemic preparedness recommendations
- item f: reducing recidivism

item a - considerations for an operational assessment

- how do you want to operate the jail
- classification system
- meet with staff to identify areas that may need to be addressed to provide a more safe environment
 - visibility issues
 - improve movement to programming space to better prepare them for a successful transition back in to society.

item b - consideration to convert to an environmentally friendly facility & cost saving design recommendations

- offsetting high energy cost by using natural daylight to illuminate occupied space
- install efficient plumbing fixtures to reduce water use
 - vacuum flush system that radically reduces the water volume and the opportunity for clogging pipes
- installing low flow fixtures to help save water
- upgrade efficiency of boilers and heaters with consideration given to solar panel water heating
- install energy efficient LED lighting fixture
- install lighting controls with occupancy and daylight sensors
- green roofs reduce runoff into storm water systems
- coordinate recommendations from the recently Facility Condition Index Study

item c - improving environment for inmates and staff (comfort and appearance)

- the use of natural light, colors, materials, texture, air quality and access to nature affect mental and physical well being for both inmates and staff
- providing program space / education to better prepare them for a successful transition back into society upon release.
- remove existing linear bar cell and dayroom arrangement and provide a central dayroom with hollow metal and glass cell fronts for easy visibility into the cells along with a hollow metal and glass assembly between the dayroom and the main corridor. This will provide greater visibility into the dayroom and cells. This redesign would eliminate the current condition where the officer has to enter the linear dayroom and walk the back of each dayroom for observation into the last cells.

item d - improved safety as it relates to PREA and personal security

The primary consideration related to this item is to provide as much visibility into all areas occupied by inmates and to eliminate as much inmate movement as possible to areas such as programs, medical, visitation, recreation, etc.

item e – pandemic preparedness recommendations

- consider inmate screening process
- hvac design strategies
 - considering HEPA filters or UV lights to sanitize air
- evaluate negative pressure environment
- return air and exhaust recommendations
- adding isolation rooms
- adding more ventilation

item f – reducing recidivism

- consider operating with behavior based classification
- evaluate existing programming space and adjust as necessary
- evaluate existing educational space and adjust as necessary
- evaluate existing substance abuse treatment programs and adjust as necessary
- re-evaluate the facility medical and mental health programs and existing facilities to support these or additional programs



Any questions?
Thank you!