

QUESTIONS & ANSWERS

Topic: Orleans Justice Center – Medical Services Building

Host: Talva Burnette, Neighborhood Liaison District B
Mayor's Neighborhood Engagement Office
City of New Orleans

Location: Webex

Date: May 20, 2021, 6:00-7:30 pm

CHATBOX

During the presentation, a 'chatbox' was available for entering questions and observations. Some answers were provided in the chatbox. The items below include

Questions from the Webex Chatbox:

Responses answered in the chatbox, during the video, are in green.
Responses in blue were discussed in the video.
Responses post-presentation are in red.

1. **Sade Dumas: QUESTION** - Will questions sent via email before the meeting be answered during the meeting too?
REPLY: An attempt was made to address the questions sent via email. Of the 9 questions, 7 were addressed.
2. **Sade Dumas: QUESTION** - Is this being recorded?
Talva Burnette (Host): Yes, this meeting is being recorded.
3. **Chloe Dewberry: QUESTION** - In addition to having this meeting recorded (still need confirmation on if it will be shared with the public), will the slides being presented also be accessible to the public?
REPLY: See Talva's response to Number 4.
4. **Sade Dumas: QUESTION** - Will the recording be shared with the public? Also, are you all answering all questions submitted via email during the meeting too?
Talva Burnette (Sade Dumas, privately): We will be sharing the link in various ways after the meeting and you can request it from me directly after the meeting at talva.burnette@nola.gov. The questions sent via email will be answered via email after the meeting. [Sade notes she seems to have been accidentally messaged privately and reposts Talva's response].

Talva Burnette (to everyone): This presentation is being recorded and will be shared in various locations and you can request a copy from me directly as well at talva.burnette@nola.gov

REPLY: Talva's response was at 6:11 pm. The Q&A session began about 30 minutes into the video. The presenters did address some of the questions and observations in the email. It was stressed, throughout the meeting, that responses would be directed to all questions and observations and these would be made available.

5. **Susan Guidry: QUESTION** - Isn't it correct that the mayor (as shown in the litigation) and the city council (as shown in numerous Resolutions) do not believe that the Phase III building is needed? Who is in favor of this huge expenditure of taxpayer money and why?

REPLY: Yes, the mayor and the City Council have expressed belief that the Phase III building is not needed. However, U.S. District Judge Lance Africk and U.S. Magistrate Judge Michael North, who oversee the court-mandated reform agreement, requires the city provide adequate facilities. The federal monitors appointed to oversee the consent decree found the retrofit of Phase II did not meet these requirements. In part, the monitors found retrofitting the existing housing unit(s) problematic as the housing units have mezzanines which they considered hazardous for acute patients.

However, the City is appealing the case to the U.S. 5th Circuit Court of Appeals.

6. **Janet Hays: QUESTION** – How will the jail accommodate people with serious mental illnesses who lack insight they are sick and will not voluntarily seek or accept treatment? This is common in 50% of people with Sz and 40% of people with BPD.

WELLPATH-ROUSE: Hey, Janet, how you? So, the concept of lack of insight, is a medical term- anosognosia, is a problem that has been seen in psychiatry since psychiatry existed. The cruel irony, in many ways, of mental illness is that many times the part of the brain, that is causing the mental illness symptoms, is the same part of the brain that's necessary for knowing that you have a problem. And, that's an unfortunate fact that cuts across psychiatric diagnosis; like schizophrenia, schizoaffective disorder, bipolar 1, and, of course dementias and others like it. But, nevertheless, like I said before, we don't control who comes in the front door or we don't control when they leave. So, it's our ethical obligation to do the best we can while they're there. So, we do a couple of things. Number one, there is no other place in the entire city, except perhaps the University hospital emergency room, where you can see a psychiatrist quicker; it doesn't exist. Go to Central City, go to Chartres Pontchartrain, sign up to see a psychiatrist and they're going to tell you weeks, if not months. That's not how it is in OJC. You're talking that day, or just a day or two later, if a non-acute problem. That's how it works. So, we have a triage system that identifies the most severely and persistently mentally ill when they show up and they're the ones that get our first attention. So, we see them quickly, is my point. The second point is, we do everything we can to house those persons in the safest environment possible. So, that often, what that means is we'll be getting a call and the psychiatrists will be using the limited power we have to make housing determinations. You don't want me determining who's in which gang and who can't live together because of previous convictions. I've got no idea, that's not my skill set. But I am permitted, by the Sheriff, to determine if a person needs to go to a room by

themselves or a room on the sub-acute psychiatric floor or a room on the acute psychiatric floor. So, we have that power to make that determination - where's the safest area for that patient. And then finally, we do not force medications in the jail. It does not happen, under no circumstances. State law prevents it and we don't do it. So, what that practically means, for the most severe, one's whose insight affects not just their understanding of their illness but also affects their understanding of their legal situation, those persons leave the jail and go to a state forensic hospital in Jackson, Louisiana, just north of Baton Rouge. Honestly, it's kind of a win every time we see one of our acute patients make it up on that wait list and get up to Jackson because we know that's an even safer environment – an even more hospital-like environment than we can provide at OJC. That's a bit rambling but, Janet, I hope that answers your question.

7. **Chloe Dewberry: QUESTION** - Will all responses to questions that are being asked in this chatbox be sent to everyone on this chat, or are those being responded to privately?

REPLY: Yes – the responses to questions in the chatbox will be made available to all. The contents of the chatbox will be sent to those who emailed. Others may request a copy of the by emailing their contact information to ojcmedicalserves2900@gmail.com. The responses will also be available through the City's Neighborhood Engagement site: <http://www.nola.gov/neighborhood-engagement>.

8. **Susan Guidry: QUESTION** - Does the Phase III design still have acute and sub-acute inmates in double bunk beds? Isn't that against best practices and doesn't it create the possibility of inmate on inmate harm? Are there other issues that haven't been solved?

WELLPATH-ROUSE: I'd be happy to – Hello, Susan, I hope you are doing well. First off, there are no bunk beds in the proposed special needs facility. From a medical treatment standpoint, I don't like bunk beds, they're too high up off the floor and obvious bad things can happen. However, that being said, like an acute psychiatric hospital, like DePaul hospital, River Oaks hospital, or Ochsner or UMC, you've got some rooms that are singles and some rooms that are doubles. That doesn't necessarily mean that any person that's in a double room has to have a roommate. That's always a clinical determination. That's what we do now and what we will continue to do in the special needs facility. The last thing we want to do is put a roommate in a room where he and his cellmate are going to be dangerous to each other; that's the last thing we want to do. But, sometimes, it's useful, from a social standpoint, from a treatment standpoint, from a brain standpoint, for a person to have a cellmate; a person to talk to, somebody to interact with. But those decisions are clinical decisions that are made based upon the individuals. We're not going to be forcing people to live together who shouldn't live together. And, we're not going to be isolating people who are okay and could have a roommate. It's an individual call, at all time, just like it is in a psychiatric hospital.

9. **Alysia Savoy: QUESTION** - Why is money being spent to create a jail extension for mental health instead of creating a mental health se(r)vice center outside of the prison system? If individuals are more in need of health care, are we not creating prisoners out of people who are more specifically in need of support? Does this not overburden the N.O. overstretched prison system?

Is it possible to open this conversation and budget to cooperating with public health and social services bodies?

REPLY: This question was tangentially addressed in the presentation and discussion. Please refer to the response in Number 5.

- 10. Michael Cahoon: QUESTION** – Isn't it correct that Phase II has over 600 empty beds at this time, and that this creates sufficient space to renovate Phase II to adequately house the acute and sub-acute mental health inmates without building a new building to house them?

OPSO: I'll just say it, again. No, it does not. It does have 600 empty beds. They're spread out over 24 housing units and all 24 housing units are occupied. We've paid tremendous attention to quarantining everybody when they come in for the first 14 days, testing them before they come to the general population. We do routine mass testing - we need to be able move individuals that test positive onto housing units and keep them there until they successfully complete the quarantine and they can be moved off. So, no, like I said, if the retrofit plan had have happened, we absolutely would not have been remotely as successful as we were with Covid or we probably would have had to move 200 inmates out of parish. We needed every available, separate space in OJC to be able to accommodate Covid. This is something we don't know if can happen again in the future. We do not have the intention of operating OJC loaded to the gills. The fact that a housing unit can hold 60 inmates does not mean that that's the most comfortable environment for 60 people. If I can have open space, and allow them to move around comfortably, that's what I want. We do not look forward to saying, man, we hope we can get an inmate in every bed. That's just not how it works. Things are safer, calmer, smoother, easier for our deputies to manage whenever there are fewer people per housing unit.

- 11. Sade Dumas: QUESTION** - Aren't there currently design problems with the Phase III design, such as double bed cells, which are not recommended for acute and sub-acute patients and can be dangerous? What other issues currently exist with the design, and how is Grace Hebert addressing them?

WELLPATH-ROUSE: Yes, I'd be happy to. Thanks, Bill. Just like in a acute psychiatric hospital, there are some rooms that are single occupancy but the majority of which are double occupancy. That is reflected in the design of this special needs facility. And, it is always a clinical determination as to whether or not a patient can have a roommate. So, for now, it is in the existing facility, it is very common for persons to be too acutely mentally ill to have a roommate, for various reasons. As that person takes their medication, their brain starts to get better, they may be able to tolerate having a roommate. But, at all phases of that, that is a clinical determination that is made by the mental health professionals and the psychiatrists in conjunction with information that we can get from security. So, there is no blanket prescription that a group of patients needs to be single celled nor a group of patients would always be double celled. That is always a flexible dynamic but clinically driven decision that tries to balance – that does balance – the safety needs of each patient.

- 12. David Brazil: QUESTION** - I understand that the Phase II retrofit plan includes construction of 6 additional individual interview/counseling rooms on the pods renovated for the acute and sub-

acute inmates. If this is correct, given the existing interview/counseling rooms in the Phase II building, wouldn't that satisfy the needs of the acute and sub-acute inmates?

REPLY: As to your question regarding interview/counseling rooms in the retrofit plan, this was not addressed in the discussion. Currently, OPSO and Wellpath are working with a criminal justice consulting firm to develop staffing and operational plans. The staffing and operational plans will assist in determining the adequacy of the number of interview/counseling rooms provided in Phase III. This is to assist in providing the required verification to the monitors.

(Duplicated in email questions).

13. **Chloe Dewberry: QUESTION** - Do you know approximately how many community questions you received over email?

Stephanie Norris (GHC): We received 22 emails to the ojcmedicalsolutions2900@gmail.com account.

14. **Susan Guidry: QUESTION** – How many of the beds are double cell vs. single cell?

Stephanie Norris (GHC): Regarding double vs. single cell: there are 50 male cells, 19 are single 31 are double. For female, there are 8 cells with 4 single and 4 double.

Correction: There are 48 male cells with beds; 19 are single and 29 are double.

15. **Janet Hays: QUESTION** – Wouldn't building a phase 3 (or phase 2) jail institutionalize the criminalization of SMI? Why do we treat misdemeanors and serious crimes differently if the cause is an illness that calls for medical treatment and a continuum of coordinated psych care?

Wellpath Response: Wellpath agrees that the best setting for treatment of persons with a SMI is in a community setting, but as long as patients with an SMI are housed at OPSO, we want to ensure all resources are available to care for our patients in a way that will assist with their recovery.

16. **Lexi Peterson-Burge: QUESTION** – This would essentially be expanding jail capacity to house more folks, under the title of being a mental health specific, though it is connected to the jail, and is functioning as a jail?

OPSO: We do not see this as a jail expansion. Yes, it has 89 beds in it. It's intended to be operated as you would if it were a hospital. The goal, as I think Dr. Rouse could say is, the people who have acute mental illness, we hope, after being treated here, could step down to Level 2 and Level 3. If they do okay on Level 3, they can be moved into general population. That's the goal. Everybody acknowledges that some of those people never make it out of the acute facility. They have to stay there because of severity of their illnesses. No, we do not see it as an expansion, as I've said, we do not need an expansion. We have plenty of beds available. The fact that beds exist means that people are going to be loaded into them seems to be proven wrong right now. Because, we have this many beds available and they're not being filled. As I said, we need footprint to be able to spread people out. This is the additional part of the footprint we need which is to take the most seriously mentally ill and get them treated. Some will stay in there, yes. We hope that many will step down. Right now, we have many inmates that do get treated and step down. An example I often give people, many assume that - can we talk about these that are seriously mentally ill - we're talking about people who are insane, or who committed a crime because of the

mental illness. We have inmates that come in with no mental illness and deteriorate while they're here; suddenly, sometimes. Some people find out that a witness showed up in court that they didn't think was there and they're now facing the realistic possibility of life in prison. Some people, after they hear the jury come back guilty, had no mental illness, suddenly become suicidal. There are people who have family members that they hear pass away, on the street. They can't be with them and they know that they've missed that opportunity and they deteriorate. Those are the kind of inmates that, you can't just say, well just let them out because this happened. They have to have a place to get stabilized. Those are the people we are targeting to get stabilized, then step back down and get back in the general population. To answer the question, no, we do not see this as an expansion, we see it as providing us with the tools we need to help people get better and, hopefully, if they are going to be released, be released better than they came.

17. **Janet Hays: QUESTION** – Medical services for all correctional facilities around the state get treatment at UMC. If they are so sick they need to be infirmed, do they really need to be in jail?

REPLY: see OPSO comments in Question 16.

18. **Susan Guidry: QUESTION** – Why is transporting a few blocks to a new UMC as the infirmery a problem?

Blake Arcuri (OPSO): The state facilities you're referencing have infirmaries. The OPSO has never had access to the secure unit at UMC. Any inmate who goes to UMC is housed in a regular hospital bed and requires two deputies, 24/7, until the individual can be incarcerated. This process has spanned months at times. The City's own expert agreed that an infirmery is needed in a city and facility of this size.

19. **Janet Hays: QUESTION** – What is the staffing required to operate the 600 bed facility at ELMHS?

WELLPATH-ROUSE: I can answer part of that if you wish, Blake. I believe that Jackson has somewhere close to 700 psychiatric beds and it on the footprint of the hospital, the same footprint that it used to be in the 50's and the late 1800s, etc., where they had over 5000 patients at a time. In terms of how many people work there, again, I don't work for the office of mental health. I don't know these numbers. It is my observation, on the times I've been up there, there are more cars throughout that lot, throughout those series of lots for staff, than you have at the Sheriff's office parking lot, for sure. But it is the biggest psychiatric hospital in the state and we're the second. That's just the facts.

20. **Sade Dumas: QUESTION** – Also, Mr. Kissel testified in federal court that Wellpath is providing adequate mental and medical care in OJC. How does a new, big building change that?

WELLPATH-KISSEL: I think this facility is going to allow, if a patient is incarcerated, it's going to allow us the resources to include group and programming space, appropriate cell space, whether it be single or double, or appropriate safe cells for those in a self-injurious crises. It is going to help us start the recovery for that patient during his or her incarceration. Start programming, start mental health treatments, groups on life skills and job readiness and other life skill opportunities. Then we can do a very warm and tight hand-off to community resources and community providers. We know so

many of our patients are going to be returning to the community. Very few end up going to Louisiana DLC. This is giving us an opportunity to really assist patients jump-start their recovery. I'll pass to Dr. Rouse at that point.

WELLPATH-ROUSE: I've been involved in public mental health in this city for nearly 20 years, at this point. Working inside the Orleans Justice Center has shown me a new side of things that even I had not seen before. And it all comes down to this simple fact: at OJC, the Sheriff does not determine who the police arrest and bring to him. At OJC, the Sheriff doesn't determine when people leave; that's the judges. So, there's a space and that's where our fellow citizens are. So, to me, the question is what can be done for them while they are here. And, that's what drives us every day to do what we do. I will be the first to admit I do not want to see the criminalization of the mentally ill. But the bottom line is that sometimes people get arrested. That doesn't change whether or not they need care or deserve evaluation and deserve treatment. So, that is what we try to do on the inside. The medical staff and the Sheriff's staff don't control the front door and don't control the exit for the most part.

Kissel Response: The addition of the new building will enhance the resources available for programming as well as improve staffing efficiency, and patient safety through increasing the number of patient safe cells.

21. **Susan Guidry: QUESTION** – The 420 people taking any kind of psychiatric meds are not the acute or sub-acute that would be housed in Phase III, correct? Isn't it correct that there are less than 55 acute and sub-acute who would be housed in the Phase III jail?

Blake Arcuri (OPSO): Yes. They'll be housed there because you specifically excluded the acute mental population from your ordinance and, despite it being the City's obligation, provided no solution or housing location for those with acute mental illness who are charged and under a detention order.

22. **Sade Duman: QUESTION** – Were those all of the questions emailed?

Stephanie Norris (GHC): We received 22 emails to the ojcmedicalsolutions2900@gmail.com account.

23. **Ruby Corbyn-Ross: QUESTION** - How can we obtain a copy of that summary?

Stephanie Norris (GHC): [This question was in response to a comment during the video presentation that a summary would be prepared and available to the public.]

The copy of the responses to questions and observations from the ojcmedicalsolutions2900@gmail.com address and the chatbox, available during the video presentation, will be emailed to those who provided emails through the ojcmedicalsolutions2900@gmail.com address. Additionally, the copy of the responses will be available through the City's Neighborhood Engagement site: <http://www.nola.gov/neighborhood-engagement>.

24. **Susan Guidry: QUESTION** – If inmates now getting seen quickly for psychiatric care, why need new building?

Blake Arcuri (OPSO): Because if they aren't released, they need to be monitored and provided with appropriate treatment and counseling.

25. **Janet Hays: QUESTION** – Blake, is Jackson not a secured facility?

Blake Arcuri (OPSO): Jackson/FFF is secured. We have no access to Jackson. We can't send an inmate to Jackson. That happens via a Court order and we suffer long wait lists.

26. **Lexi Peterson-Burge: QUESTION** - There are a few questions in this chat that were clarification questions from the very few answers that were heard from the emailed questions. These questions do not have anything to do with beds. Just to name that?

Stephanie Norris (GHC): Of the 22 emails, 9 were questions; of the remaining, most were expressing opposition to the Phase III facility.

27. **Sade Dumas: QUESTION** - I'm bothered by the fact that moderators are skipping over certain questions. Can we hear questions and comments in the order they were submitted?

REPLY: Seven of the 9 questions from the emails were discussed. The moderators did skip over certain observations in order to address specific questions due to time concerns.

28. **Janet Hays: QUESTION** – Problem is that once a patient leaves the psychiatrist they go back to the corrections system. How many deputies are trained to recognize symptoms of SMI to get them into treatment before crisis?

OPSO: Yes, we do training with Wellpath at our academy. We have several deputies that have been trained in crisis intervention training, CIT. We do our best to help them spot the signs is somebody's suicidal or just, maybe, not right. We have a large contingent of mental health staff that we can quickly get a mental health staff member over if a deputy recognizes something and, hopefully, work on the problem.

29. **Sade Dumas: QUESTION** - Can you post all questions and comments from emails and the chat when the meeting is over?

REPLY: All questions and comments from emails and the chatbox will be made available. See Question 23.

30. **Janet Hays: QUESTION** - So why don't we have a hospital if we needed a hospital and why discriminate between acute and sub-acute? Same people at different times on the timeline.

Wellpath Response: Wellpath agrees that timely access to an external psychiatric hospital would be the best option for our patients in a psychiatric crisis. That issue is beyond our control. Additionally we want to ensure patients have access to the level of resources they need at any given time to ensure their needs can be met, to include housing, programing, and access to mental health professionals.

EMAILS

Emails to ojcmedicalservices2900@gmail.com

Prior to the meeting, an email address was provided for input. Twenty-two (22) emails were received. Of those, 9 were questions. The remaining expressed opposition to the construction of the facility. Seven of the 9 questions were addressed in the discussion. Several of the observations were discussed

but many were not addressed or completely addressed. As several participants requested post of all email questions and comments, they are included herein.

Text in blue indicates responses during the Webex meeting. Text in red indicates responses to questions that were not, or not completely, addressed.

1. **Sade Dumas** (Orleans Parish Prison Reform Coalition, Executive Director): I am submitting this as a question before tomorrow's NPP meeting about the Phase 3 jail facility, which I oppose.

QUESTION - Aren't there currently design problems with the Phase III design, such as double bed cells, which are not recommended for acute and sub-acute patients and can be dangerous? What other issues currently exist with the design, and how is Grace Hebert addressing them?

REPLY: As to your question about design problems, such as double beds, response was included in the discussion.

WELLPATH-ROUSE: Just like in a acute psychiatric hospital, there are some rooms that are single occupancy but the majority of which are double occupancy. That is reflected in the design of this special needs facility. And, it is always a clinical determination as to whether, or not, a patient can have a roommate. So, for now, it is in the existing facility, it is very common for persons to be too acutely mentally ill to have a roommate, for various reasons, and as that person takes their medication, their brain starts to get better, and they may be able to tolerate having a roommate. But at all phases of that, that is a clinical determination that is made by the mental health professional and the psychiatrists in conjunction with information that we can get from security. So, there is no blanket prescription that a group of patients needs to be single celled nor a group of patients would always be double celled. That is always a flexible dynamic but clinically driven decision that tries to balance – that does balance – the safety needs of each patient.

REPLY: As to your question about other issues with the design and how Grace Hebert is addressing them, GHC's Jerry Hebert responded:

I think we have vetted the design with not only staff of Wellpath, and the mental health staff, and the Sheriff's office and, obviously, the monitors have been somewhat involved in it. So, it's been vetted pretty thoroughly and kind of decided upon and that was the design at the end of the day. Currently, there are some minor changes that are being addressed inside the building but really are minor stuff; things that came up to make things a little bit better.

2. **Lexi Peterson-Burge:** **QUESTION** - Doesn't the research show that it is more sufficient and more secure to have all detainees being housed in one building?

REPLY: As to your question on housing all detainees in one building, response was included in the discussion.

OPSO: As has been discussed in some of the hearings and several of the meetings, this building is going to be functionally operated as one building. It's not a building that we have to go outside to reach. It is connected by a hallway or corridor that's about 25 or 30' long. It's almost an identical walk from the central core to the current medical clinic as it will be to this building. So, it will functionally be one building.

3. **Jenna Grant:** **QUESTION** - Isn't it true that each floor of the Phase II building includes an outdoor exercise space, as is contemplated for Phase III?

REPLY: As to your question regarding outdoor exercise space on each floor of Phase II, response was included in the discussion.

GHC: Each of the housing units has an outdoor exercise yard adjacent to them for easy access for the offenders to be able to get to them.

HILL: Yes, Phase II has them, Phase III will have them as well.

GHC: Correct.

4. **New Orleans Safety & Justice Challenge Community Advisory Group (CAG)**: I am writing today on behalf of the Safety and Justice Challenge Community Advisory Group (CAG) to oppose the Phase III expansion of the New Orleans jail. We are a group of volunteers whose mission is to support the implementation of the Safety and Justice Challenge by holding public agencies accountable to the SJC plan to safely reduce the jail population and increase equity within the criminal system. Our members hold three positions on the Jail Population Management Subcommittee. On behalf of the CAG, I would like to submit the following question to be considered during the NPP meeting this evening:

QUESTION – Isn't it correct that the jail population has continued to decrease due to strategies to which the city has committed over the past 12 years with the objective of losing our title as the most over-incarcerating city in the country? Given the continuing decrease in the jail population and the hundreds of unused beds in Phase II, why would the city waste \$51 million to build more beds?

REPLY: As to your question pointing out decreasing jail population, response was included in the discussion.

OPSO: So, I guess the issue here is the bed count in OJC, or any building, is not important to us. What's important to us is footprint. Covid 19 has shown that more than ever. We have been pushed to the max in our ability to spread out the inmates in a way we never thought we would have to. Right now, today, with the population, whatever it is, 774, we're utilizing every housing unit. We've had trouble trying to fit all the inmates safely in OJC throughout Covid. No Jail that was ever constructed ever thought that, on top of existing classification levels, such as predator, non-predator, high-, medium- and low-security and all the special populations, that they would have to add quarantine, suspected Covid, Covid positive, stepping down off of Covid. So, the idea that there is all this unused space in OJC is just a myth. The housing units are all being utilized. That's a large reason why we were successful with the way we handled Covid. If we had taken an entire floor and retrofitted it, prior to Covid, we would never had been able house the inmates safely like we did throughout this process.

Thank you for your time. The expansion of the Orleans jail will have a devastating impact on community members facing mental health challenges, who would be better served seeking help and treatment from sources outside of the carceral system. We urge you to consider community voices like ours when making such impactful decisions about our city's jail.

REPLY: As to your comment that persons with mental health challenges would be better served seeking help outside the carceral system, this topic was alluded to when addressing a similar observation. Please see response to Number 15.

5. **Natalie Sharp: QUESTION** - If we presently have a clinic in the Phase II building, why are we paying to build, staff and supply another one?

REPLY: As to your question regarding inclusion of a Clinic in the Phase III facility when one exists in the Phase II facility, response was included in the discussion. Phase III includes both a Clinic and Infirmary.

WELLPATH-KISSEL: We obviously have challenges with patients who need a higher level of sematic care. We do not have true infirmary beds, now, for sematic care. We also are challenged, often, with patients who need specialized housing for psychiatric reasons. We're challenged to have enough suicide-resistant cells for patients when they are in crisis. And, we're also challenged, at times, to have adequate space to provide proactive programming for our mental health population so we can help them with their recovery while they are with us. There is just not enough space. So, those are some of the reasons we feel in support of this initiative.

WELLPATH-HOWARD: While our Clinic is going to be centralized in the Phase III, what's really important is what was said about the Infirmary. We have to be able to take care of patients at all levels, not transport them to the hospital unnecessarily. So, on the nursing side, there is not going to be any difference, just like Blake (OPSO) said, as far as the space-to-walk ratio will be the exact same from all units to the new housing area. The Infirmary is definitely needed.

WELLPATH-ROUSE: As a psychiatrist, but as a medical doctor, although my work is not necessarily in the Infirmary, we work alongside of the sematic medical providers every day. There are many difficulties with the existing Clinic space; particularly, that you can only have, for security reasons, one type of inmate in that facility at a time. For example, it becomes difficult if you have a regular Clinic day in which the females are there in the Clinic, yet, at the same time, there's a need for males to enter the Clinic. In the current space, it is exquisitely difficult to keep security and keep everyone safe in that kind of setting. Also, in the current existing Infirmary space, it's not really set up in a way that can house and hold patients who may need to stay and sleep in the Infirmary for days at a time. Unfortunately, many of those persons, their care couldn't happen where they are. Although that's not exactly where I work, I can see numbers of issues with the current Infirmary that are cured by the new Infirmary. For example, in the old jail complex, in old OPP, there was an Infirmary on the first floor. That was a spot where patients could stay for days, even receive dialysis in that facility. That could not happen in the current footprint of the Infirmary which was, as far as I know, wasn't designed to be an infirmary space in the first place. It was designed to be a programming space and potentially even a schooling space. So, it's been sort of retrofitted. It does a good job, most of the time. But there are many limitations which, in my medical opinion, are cured by a new Infirmary space.

WELLPATH-KISSEL: We've been challenged with patients who need hospital beds and getting them in the existing space. Patients with extreme challenges with their activities of daily living. A true infirmary bed that will be designed for those resources will be a great thing and we'll be able to keep patients out of the hospital, keep deputies out of hospital posted inside the facility which will help the Sheriff and his staff.

WELLPATH-HOWARD: We have had patients that have ended up for weeks at the hospital just because they needed round-the-clock antibiotics. This would be

rendered completely unnecessary if we had our Infirmary space in place. It would save money and be safer for the patients.

6. **Leslie Molson: OBSERVATIONS** - Firstly, we need to stop incarcerating people with serious mental illnesses. A new jail building specifically for the mentally ill will only ensure that more mentally ill people are in the jail. If it's built, it will be filled. Orleans Parish Sheriff's Office deputies are not trained to deal with people suffering these illnesses, and jail is not an appropriate place for them.

REPLY: While your observations were not specifically addressed, the aspect of filling beds in the new facility was addressed in response to a similar question. From the discussion:

OPSO: We have plenty of beds available. The fact that beds exist means that people are going to be loaded into them seems to be proven wrong right now.

REPLY: As to your observation that deputies are not trained to deal with people suffering mental illnesses, this was touched on in the discussion in a response to another question.

OPSO: Yes, we do training with Wellpath at our academy. We have several deputies that have been trained in crisis intervention training, CIT. We do our best to help them spot the signs is somebody's suicidal or just, maybe, not right. We have a large contingent of mental health staff that we can quickly get a mental health staff member over if a deputy recognizes something and, hopefully, work on the problem.

Second - Moreover, the City of New Orleans cannot afford to build this Phase III facility. Are we really going to spend \$50 million upfront and \$8-10 million every year to operate additional jail space, while facing a projected \$135 million loss in sales tax revenue? And if we have that money to spend, wouldn't it be more prudent to spend it on community-based services and resources, so that people who are sick aren't finding themselves in jail?

REPLY: While this observation was not specifically addressed, the topic of needing mental health services in jail was part of the discussion. Responses included:

OPSO: An example I often give people, many assume that - can we talk about these that are seriously mentally ill - we're talking about people who are insane, or who committed a crime because of the mental illness. We have inmates that come in with no mental illness and deteriorate while they're here; suddenly, sometimes. Some people find out that a witness showed up in court that they didn't think was there and they're now facing the realistic possibility of life in prison. Some people, after they hear the jury come back guilty, had no mental illness, suddenly become suicidal. There are people who have family members that they hear pass away, on the street. They can't be with them and they know that they've missed that opportunity and they deteriorate. Those are the kind of inmates that, you can't just say, well just let them out because this happened. They have to have a place to get stabilized. Those are the people we are targeting to get stabilized, then step back down and get back in the general population. To answer the question, no, we do not see this as an expansion, we see it as providing us with the tools we need to help people get better and, hopefully, if they are going to be released, be released better than they came.

WELLPATH-ROUSE: The remaining question is, what do we do with the persons whose brains have trouble when they're incarcerated? Do we offer them treatment? Of course, we do. Should we offer them counseling? Of course, we should. Is it as good as you would get at a private facility and who knows where? Of course not. It's not set up for that.

Third - Finally, I urge you to support a retrofit of the existing jail building to comply with the federal judge's demands. Sheriff Gusman oversaw the construction of a poorly designed jail building, knowing that he could, and would, argue for expansion. But since then, the jail's population has decreased by almost 50%, so why do we need a larger jail?

REPLY: See responses to Question 5, 10 and 16 in the Chatbox response portion and the comments below.

WELLPATH-KISSEL: I think the building is going to allow enhanced programming. We're challenged because of limited space for groups, which we know is best practice for our patients. We know that we're challenged with having ample safe housing space for those who are in a self-injurious crisis. So, this will enhance our ability to provide the best quality care we can while they're with us. We are proud of the level of care we are providing, now. This will enhance the treatment that we can provide our patients.

7. **Stanford Rosenthal: QUESTION** - Given that the sheriff has not been able to adequately staff the Phase II building or TDC, and that adequately staffing jails is a national problem, how do you envision the sheriff being able to hire the over 100 new staff that will be required to operate Phase III?

REPLY: As to your question regarding staffing, a response was included in the discussion.

OPSO: First off, I think this 100 number that's thrown around is a mischaracterization. I think it was included in a city document that did not operate with the assumption that once this building opens, TDC closes. We believe that the staffing required for this building's - security staff - is going to be very similar, if not identical, to the staffing required to operate TDC right now. So, those staff will be swinging back over into this new building. To be sure of this, we recently engaged an expert, I think they are on this call right now just listening and observing, to confirm we have projected the right amount of staff, both security and medical. But we've had challenges hiring deputies, as has everyone; Covid has impacted that. We were unable to train as much as we wanted to during Covid. But we're now opening back up. We have an academy class running right now. Like the NOPD, like other agencies around the area, like restaurants and everywhere else, we're going to continue to make a push to hire and believe we will be in a position to staff the facility.

8. **Emily Rhodes: QUESTION** - I am a resident of District C. I firmly oppose the construction of a Phase III psychiatric facility because we do not need another jail facility in New Orleans. Given that we presently use UMC for medical needs beyond those that can be served in the Phase II Clinic, why would we pay to build, staff and supply an infirmary inside of the jail?

REPLY: As to your question about the need for an infirmary inside of the jail, related responses to the questions, were included in the discussion.

OPSO: I guess I'll answer first, from a security perspective. The issue that we have is, we have no access to the secured unit at the University Medical Center. It's almost always taken up by the most serious state inmates who cannot stay at the infirmaries that are located around the state. So, every time we send an inmate to the hospital, the inmate stays in an ordinary room on an ordinary floor. We have to assign two deputies, 24 hours a day, 7 days a week, until the inmate is released. This has sometimes spanned months. At one time, we had to move an inmate who was

incapacitated for over a year because he was shot, while shooting someone else. He stayed in a nursing home that was costing the taxpayers a thousand dollars per day. So, as the City's expert testified at the hearing, a city and jail, of this size, need an infirmary. We're going to get inmates that come in that have committed crimes, that are incapacitated and/or are seriously mentally ill and the judges are not going to release them because of what they've done. We need to have a solution to be able to safely and adequately house these people and, hopefully, release them better, if they are going to be released on the streets, than when they came in.

WELLPATH-HOWARD: We have had patients that have ended up for weeks at the hospital just because they needed round-the-clock antibiotics. This would be rendered completely unnecessary if we had our Infirmary space in place. It would save money and be safer for the patients.

An alternative plan to retrofit the existing jail building, which would save the city an estimated \$184 million in construction, maintenance, and staffing costs over 35 years and offer a constitutional solution for those with mental illness within one year, has been widely endorsed by advocates. The retrofit plan construction costs would total approximately \$10 million, with no increase in future operating costs. This plan would also permit the City to use brick and mortar restricted FEMA funds to build a community wellness center to care for people with serious mental illness outside of the carceral system.

Thank you for your consideration.

REPLY: As to your observations regarding the plan to retrofit the existing jail building, this was not specifically addressed in the discussion. However, aspects related to the retrofit were noted during the chronology portion of the presentation. Those included the Compliance Director's supplemental compliance action plan containing recommendations for the acute and sub-acute mental health and medical service needs. The recommendations included a housing capacity of 89 security beds and 14 infirmary beds, accommodations for only Male and Female inmates with acute and sub-acute mental disorders, laundry service, family and attorney visitation, an infirmary, medical clinic and administrative space for medical and mental health staff. The retrofit of Phase II did not meet the monitors' approval. In part, the monitors found retrofitting existing housing unit(s) problematic as the housing units have mezzanines which they considered hazardous for acute patients.

9. **David Brazil: QUESTION** - I understand that the Phase II retrofit plan includes construction of 6 additional individual interview/counseling rooms on the pods renovated for the acute and sub-acute inmates. If this is correct, given the existing interview/counseling rooms in the Phase II building, wouldn't that satisfy the needs of the acute and sub-acute inmates? I also wish it to be a matter of record that I oppose the proposal.

REPLY: As to your question regarding interview/counseling rooms in the retrofit plan, this was not addressed in the discussion. Currently, OPSO and Wellpath are working with a criminal justice consulting firm to develop staffing and operational plans. The staffing and operational plans will assist in determining the adequacy of the number of interview/counseling rooms provided in Phase III. This is to assist in providing the required verification to the monitors.

- 10. Rachael Wingate: OBSERVATIONS** - I am a resident of Broadmoor, New Orleans. I firmly oppose the construction of a Phase III psychiatric facility because people with mental illness need medical help, not handcuffs. They need community care, not prison cells. Cities across the country are changing how they treat mental illness – as a matter of access to healthcare, not a crime problem. We must follow their lead and invest in New Orleans' non-carceral infrastructure, and allocate the proper funding to education, housing, and community wellness.

Angela Davis said: "Prisons do not disappear social problems, they disappear human beings." Putting people with psychiatric problems into prison is NOT JUSTICE. It is inhumane.

REPLY: As to your question regarding treating mental illness in the carceral setting, this was addressed in the discussion. Please refer to responses in Number 13.

- 11. Rachel Wallace: OBSERVATIONS** - I am a resident of Orleans Parish. I firmly oppose the construction of a Phase III psychiatric facility for various reasons. Firstly, because people with serious mental illness are over criminalized throughout the country, particularly in New Orleans. The National Alliance on Mental Illness says: "Once in jail, many individuals [with mental illness] don't receive the treatment they need and end up getting worse, not better." Secondly, the money spent to build this facility could be used much better to provide mental health help and support for people BEFORE they are incarcerated and to provide more beneficial care for those currently incarcerated.

REPLY: As to your question regarding treating mental illness in the carceral setting, this was addressed in the discussion. Please refer to responses in Number 13.

- 12. Aidan Morse: OBSERVATIONS** - I am a resident of District A. I firmly oppose the construction of a Phase III psychiatric facility because:

- People with serious mental illness are over criminalized throughout the country, particularly in New Orleans.
- New Orleans can't afford to build a Phase III jail facility.
- An alternative plan to retrofit the existing jail building, which would save the city an estimated \$184 million in construction, maintenance, and staffing costs over 35 years and offer a constitutional solution for those with mental illness within one year, has been widely endorsed by advocates.
- Following previous demands from New Orleans residents and business leaders, mental health experts, and city officials, the City of New Orleans suspended the programming, design and construction of a new Phase III jail facility and filed to request a modification of prior court orders in early 2020.

REPLY: As to your observations on the plan to retrofit the existing jail building, please refer to the response to Number 8.

- 13. Kendra Davis: OBSERVATIONS** - We need real mental health care, not cages. We need compassionate community members who care for one another, not prisons. New Orleans does NOT WANT more jail beds! Please tune in and listen to us! Stop constructing phase 3 of the jail.

REPLY: As to your comment regarding compassionate treatment, this was addressed in the discussion.

WELLPATH-KISSEL: I think this facility is going to allow, if a patient is incarcerated, it's going to allow us the resources to include group and programming space, appropriate cell space,

whether it be single or double, or appropriate safe cells for those in a self-injurious crises. It is going to help us start the recovery for that patient during his or her incarceration. Start programming, start mental health treatments, groups on life skills and job readiness and other life skill opportunities. Then we can do a very warm and tight hand-off to community resources and community providers. We know so many of our patients are going to be returning to the community. Very few end up going to Louisiana DLC. This is giving us an opportunity to really assist patients jump-start their recovery. I'll pass to Dr. Rouse at that point.

WELLPATH-ROUSE: I've been involved in public mental health in this city for nearly 20 years, at this point. Working inside the Orleans Justice Center has shown me a new side of things that even I had not seen before. And it all comes down to this simple fact: at OJC, the Sheriff does not determine who the police arrest and bring to him. At OJC, the Sheriff doesn't determine when people leave; that's the judges. So, there's a space and that's where our fellow citizens are. So, to me, the question is what can be done for them while they are here. And, that's what drives us every day to do what we do. I will be the first to admit I do not want to see the criminalization of the mentally ill. But the bottom line is that sometimes people get arrested. That doesn't change whether or not they need care or deserve evaluation and deserve treatment. So, that is what we try to do on the inside. The medical staff and the Sheriff's staff don't control the front door and don't control the exit for the most part.

- 14. Bob Murrell: OBSERVATIONS** - Hello, my name is Bob Murrell, and I'm a resident of District A in New Orleans. I oppose the construction of the Phase III psychiatric jail, and I hope you do too. In a time where our city continues to struggle to get tax dollars dedicated to helping citizens, the Phase III expansion does little to help our citizens in need. The retrofit plan that was approved by Council and the mayor more than adequately addresses the population that would need psychiatric care at a significantly less amount of money. Further, the expanded jail would not be adequately staffed with the current number of employees in the sheriff's department. A Phase III only benefits the sheriff and those that stand to profit from its construction - not the deputies, not the medical staff, and certainly not the incarcerated people that need psychiatric care.

REPLY: As to your question regarding the adequacy of the retrofit plan, this was not specifically addressed in the discussion. However, aspects related to the retrofit were addressed during the chronology portion of the presentation. Please refer to the reply in Number 8.

- 15. Lian Lucansky: OBSERVATIONS** - I'm a resident of District A. I firmly oppose the construction of a Phase II psychiatric facility because our prisons and jails should not be in charge of people's mental health treatment. Research shows that people with mental illnesses are disproportionately incarcerated, and the construction of this facility will be contributing to the problem, not creating a solution. I believe this money instead should be supporting mental health services run by the city in partnership with community members directly impacted by incarceration and mental health. Increased mental health services will invest in our community's wellbeing and prevent incarceration for mental illness in the future.

REPLY: As to your observation regarding treating mental illness in the carceral setting, this was addressed in the discussion. Please refer to additional responses in Number 13.

To your observation regarding investing in treatment of mental illness outside the carceral setting, the topic was alluded to in the discussion.

WELLPATH-ROUSE: So, in my opinion, people want to see a quicker and more robust pipeline to that state forensic hospital. I'm all for it, I'm your biggest advocate. But that's a question for the Governor and how Office of Mental Health allocates their funds.

- 16. Lucy Blumberg: OBSERVATIONS** - People with mental health issues NEED safe and good treatment. They do not need to be incarcerated, and we do not need to add more beds to the jail. Please do not expand the jail.

REPLY: As to your observation regarding treating mental illness in the carceral setting, this was addressed in the discussion. Please refer to responses in Numbers 13.

- 17. Zoe Johnson: QUESTION** - If all inmates were accommodated in the Phase II building, wouldn't that negate the need to hire more staff?

REPLY: As to your question regarding staffing, please refer to the reply in Number 7.

- 18. Celeste Cahn: OBSERVATIONS** - I firmly oppose the construction of a New phase III jail facility because I believe that money would be put to better use elsewhere, we should have a better mental health service on the front end because jails must stop being our way of dealing with mental health crisis, it is unfair to the people who get imprisoned because of that, it is unfair to their communities and it is unfair to the officers who then must care for those people when they are not equipped to do so and don't have what is truly necessary in either training or tools. New Orleans cannot afford this facility that will simply continue the trend of over-criminalizing people with mental illness. I hope you will consider the alternative plans and invest more of this money into actual mental health care for the citizens of New Orleans.

REPLY: As to your observation regarding allocation of funds, this topic was alluded to in the discussion. Please refer to the response in Number 15.

As to your observation regarding officers training and the jails tools, please refer to the response in Number 6.

- 19. Jenna Losh: OBSERVATIONS** - I live off Broad not too far from the jail complex. I am totally opposed to any expansion of the New Orleans jail, and I am totally opposed to supposed "treatment" of mental illness in the jail.

There's no need to build this additional building to be in compliance with the constitutional requirements for care - a retrofit would meet that standard. It would be expensive and waste money we could give to communities to treat mental illness in a loving and non-punitive way. It further solidifies the hold of prisons and punishment as a way of creating safety, which research and experience show us is the opposite of reality.

I want our money and attention to go towards creating real safety, towards addressing the root issues of poverty, white supremacy, etc., etc.

REPLY: As to your observation regarding treating mental illness in the carceral setting, this was addressed in the discussion. Please refer to responses in Number 13.

As to your question regarding the adequacy of the retrofit plan, this was not specifically addressed in the discussion. However, aspects related to the retrofit were addressed during the chronology portion of the presentation. Please refer to the reply in Number 8.

20. John Burkhardt: QUESTION - Didn't Mr. Kissel testify under oath in federal court that Wellpath is providing adequate mental and medical care to the inmate population? With this, why is a Phase 3 building needed?

On a further note, I cannot believe - this many years later - we are still having to fight the same old battles because some people refuse to accept that a Super-Size Jail is an absolutely, terrible idea for this city. Today would be a great day to start!

REPLY: As to your question regarding treating mental illness in the carceral setting, this was addressed in the discussion. Please refer to responses in Number 13.

As to your question regarding the need for the Phase III building, this was addressed in the discussion. Please refer to responses to the Third part of Numbers 6.

21. Carolyn Mayes: OBSERVATIONS - I am a resident of District 1. As a registered nurse who regularly cares for people who are incarcerated, I firmly oppose the construction of a Phase III psychiatric facility. Individuals with mental illness are over criminalized in our community already-- community safety and the health needs of people with mental illness are better served by resources and treatment outside of the carceral system. Thank you for your consideration.

REPLY: As to your question regarding treating mental illness in the carceral setting, this was addressed in the discussion. Please refer to responses in Numbers 13.

22. Ruby Corbyn-Ross: OBSERVATIONS - I am a resident of Orleans Parish. I firmly oppose the construction of a new Phase III psychiatric facility because it is neither needed nor a good use of limited City funds. At a time when New Orleans is struggling from an estimated loss of \$137 million in sales revenue, the last thing we need is a costly construction project of a new jail building when there are better alternatives. Rather than spending \$84 million to build an unneeded new facility which would take three years, I urge you to retrofit the existing jail building for \$10 million for a constitutional solution within one year. Furthermore, those with serious mental illness are already over-criminalized, especially in New Orleans. People in need of help are often cycled through the criminal legal system instead of being provided adequate care. Rather than making a new jail with more beds for incarcerating those suffering from mental illnesses, I urge you to support a non-carceral mental health crisis intervention center to get the residents the help they really need. Thank you for your consideration

REPLY: As to your question regarding treating mental illness in the carceral setting, this was addressed in the discussion. Please refer to responses in Numbers 13.

As to your question regarding the adequacy of the retrofit plan, this was not specifically addressed in the discussion. However, aspects related to the retrofit were addressed during the chronology portion of the presentation. Please refer to the reply in Number 8.