Second Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails

Mays v. County of Sacramento

Case No. 18-02081

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I. EXECUTIVE SUMMARY

The Consent Decree in this matter provides that Plaintiffs' counsel will issue written reports on Sacramento County's compliance with the restrictive housing provisions of the court-ordered Remedial Plan. *See* Consent Decree, Doc. No. 85-1 at 8 (June 20, 2019); Order, Doc. No. 110 (Jan. 8, 2020) (adopting Consent Decree). This report examines the practices and policies of Sacramento Sheriff's Office ("SSO") with respect to restrictive housing, classification, and discipline. This is the second monitoring report regarding restrictive housing practices, which have been a core concern in the negotiations between the parties since the outset of the case. *See* Plaintiffs' First Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails, Doc. No. 140-1 (Feb. 25, 2021).

The primary finding of this report is that the County remains in noncompliance with most of the key components of the restrictive housing provisions of the Remedial Plan. Conditions in the Jails' restrictive housing units amount to prolonged solitary confinement for many. Dozens of people spend almost every hour of the day locked in small, dark cells. People go weeks or even months without any access to fresh air. Even when they are permitted to go to outdoor recreation, they are confined to another grim concrete space, with no grass, no exercise equipment, and dark tarps that block any view of the outside world.

Despite express provisions of the Remedial Plan to the contrary, the County continues to house many people with serious mental illness in conditions of solitary confinement for extended periods of time. People who decompensate in solitary confinement often remain in that setting due to lack of sufficient mental health resources to meet the needs of the population. Many are moved to mental health crisis settings for a short period, only to return to the solitary confinement unit in which they previously decompensated. Although they experience active symptoms of mental illness, such as auditory and visual hallucinations and severe depression, many people in the Jails' restrictive housing units are only able to communicate with mental health providers cell-side, and sometimes only by shouting through the food port in their locked cell doors. The County also has not yet met its legal obligation to incorporate comprehensive mental health input into the disciplinary process in order to ensure that people are not punished for behaviors that are manifestations of their mental illness or subjected to punitive measures that exacerbate their mental illness.

The Sheriff's Office has not demonstrated the leadership or oversight necessary to bring its classification practices in line with the requirements of the Remedial Plan. People continue to be placed and retained in restrictive housing in violation of the Remedial Plan, reflecting an excessive reliance on solitary confinement and a failure to set and implement new norms with respect to its use. In addition to failing to comply with the strict criteria for placement and retention in Administrative Segregation, the SSO employs a system of solitary confinement by other names. Dozens of people whom the SSO ostensibly classifies as minimum, medium, and maximum custody or who are in various mental health-related classifications live in conditions indistinguishable from restrictive housing. The SSO also fails to meet its obligation to provide appropriate alternative

housing for LGBTI people. Transgender and intersex people are systematically housed in conditions that amount to restrictive housing, solely on account of their identity.

At the core of this crisis is the oversized jail population, which the County has failed to manage in a humane or lawful manner. The County has failed to provide sufficient mental health resources to meet the needs of the population it chooses to incarcerate, relying instead on solitary confinement to manage people with unmet mental health needs. Overcrowding in the Main Jail prevents the County from providing appropriate housing options to people who are incarcerated, causing a harmful and preventable accumulation of people in dangerous restrictive housing units. *See infra* Section V.

There are some signs of limited progress. The County recently has modified its contract with the U.S. Marshals to substantially reduce the number of federal detainees who will be housed in the Jails. *See* Filing of Amended Fifth County Status Report Pursuant to Paragraph 12 of the Consent Decree ("County's Fifth Status Report"), Doc. 155 Ex. 3 at 189 (June 16, 2022). It also has committed to establishing a 32-bed intensive outpatient mental health unit for people at high custody levels, which will serve some of the people who currently are held in solitary confinement. *See* Memorandum of Agreement: Mental Health and Suicide Prevention Remedial Measures Implementation, Doc. No 153-2 at 11-12 (June 3, 2022). The County has contracted an expert to present safe and feasible jail population reduction measures for the Board of Supervisors to consider. *Id.* at 2. In the June 2022 budget, the Board of Supervisors approved the addition of eleven mental health positions to implement systemic mental health reviews of disciplinary actions in the Jails.

Nonetheless, the chasm between the jail population and the resources provided to meet their basic needs persists. Concerted, timely action and leadership are necessary for the County to meet its fundamental legal obligations to the people it incarcerates and prevent more human harm.

II. BACKGROUND

The background regarding restrictive housing in Sacramento County Jails is recited in Plaintiffs' first restrictive housing monitoring report. *See* Doc. No. 140-1 at 3-7. In short, the overuse of solitary confinement and the extreme deprivations to which people are subject in the Jails' restrictive housing units have been key concerns since the outset of the *Mays* litigation. The use of solitary confinement for people with mental health needs has been a core feature of Sacramento County Jails' housing practices and is of profound legal and humanitarian concern.

The Remedial Plan, which was approved by the Court in January 2020, requires significant reforms to the SSO's restrictive housing and classification practices. The Remedial Plan was negotiated and adopted on the understanding that it represents a marked shift in the way Sacramento County uses restrictive housing. Among other things, the Remedial Plan requires that people be housed in the least restrictive setting appropriate to their case factors. Sec. VIII.E.2. The Plan allows for the use of administrative segregation only where "objective evidence indicates that a prisoner participated in a recent assault and the assaultive behavior involved an assault on staff or visitors, serious injury, use of a weapon, gang removals, or multiple prisoner assaults," or where Jail leadership determines and documents that the person poses an "extraordinary safety risk." Sec.

VIII.E.1. The Plan adopted a two-phase administrative segregation system. Placement in the first phase of administrative segregation is limited to 15 days except in specific circumstances where authorized and documented by Jail leadership. Sec. VIII.E.2(e). Placement in the second phase of administrative segregation is limited to 30 days unless the person commits a serious behavioral violation while in administrative segregation. Sec. VIII.E.3(c). The intention of these measures is to professionalize the classification practices of the Sacramento Sheriff's Office, institute objective criteria with respect to the use of restrictive housing, and substantially reduce the number of people in restrictive housing.

The Remedial Plan also requires reforms to classification processes. Class members are entitled to written notice of placement in restrictive housing, including the reasons for placement and a case plan describing the conduct required for release from that setting. Sec. VIII.E.2(c). The SSO must conduct face-to-face classification reviews with class members in restrictive housing at least every 30 days to review compliance with their individual case plan. Sec. VIII.E.2(d).

The Remedial Plan requires everyone in the Jail to receive a minimum of 17 hours per week out of their cells. The only exceptions are for people serving disciplinary terms or in Administrative Segregation Phase 1, who must receive seven hours per week of out-of-cell time. The Remedial Plan strictly limits the duration of placement in those statuses. The Remedial Plan requires everyone who is not serving a disciplinary term to receive phone privileges during business hours. It also addresses a range of issues relating to the conditions of disciplinary segregation (Sec. VIII.G) and protective custody (Sec. VIII.F) and the conditions for women classified as maximum security (Sec. VIII.A.1(c)).

III. METHODOLOGY

This report is based on interviews with Jail leadership, deputies, mental health staff, and people living in the Jails. It reflects several months of focused engagement on restrictive housing issues in the Sacramento County Jails. Plaintiffs' counsel conducted telephonic interviews with class members and Jail staff in October 2021, in lieu of in-person interviews and meetings due to concerns about COVID-19 case rates. Plaintiffs' counsel subsequently toured the Main Jail and conducted in-person interviews with class members, mental health staff, and custody staff in March, April, and May 2022. In researching and drafting this report, Plaintiffs' counsel circulated dozens of surveys for class members and corresponded by mail with hundreds of class members.

This report focuses on conditions of confinement (Sec. VIII.B), administrative segregation (Sec. VIII.E), classification practices (Sec. VIII.E.2), and aspects of protective custody (Sec. VIII.F). For this monitoring report, Plaintiffs' counsel did not assess the provisions of the Remedial Plan relating to release from jail directly from segregation (Sec. H), the use of restraint chairs (Sec. VIII.J), or disciplinary segregation (Sec. VIII.G), other than as it relates to privileges and mental health input and mitigation (Sec. VIII.G.7 & 8). Those provisions will be addressed in future monitoring reports.

This report focuses on restrictive housing conditions in the Main Jail, which houses the vast majority of people in restrictive housing status.

IV. FINDINGS

A. Use of Restrictive Housing for People with Serious Mental Illness

The SSO continues to house people with serious mental illness in restrictive housing, in violation of the clear terms of the Consent Decree. As noted in previous reporting, the primary restrictive housing unit in the Jail system is 8 West ("8W") at the Main Jail, which houses people in conditions of significant deprivation. As detailed below, many people in the unit spend all but a handful of hours per week locked alone in their cells. Some do not have any access to outdoor recreation for weeks or months at a time.

The conditions in these units are grim. The housing units are filthy, with flies buzzing in the cells and around the trash cans. Some of the cells reek of feces. There is frequently trash and debris on the ground of the dayroom, and there is a thick layer of dust covering virtually all surfaces. Crusted food waste covers the food ports to the cells, and many of the walls are splattered with human waste. In 8W-100, the pod which houses people with among the most significant unmet mental health needs, people are often shrieking and banging on cell doors. It is common to hear people crying for help through their locked cell doors or describing the vivid and terrifying hallucinations they are experiencing.

By all accounts, the Jails' restrictive housing units continue to function as de facto mental health units, without the necessary resources to provide care. During a visit to the Main Jail in April 2022, the SSO provided a roster of 93 people housed on 8 West. All but 18 of them were on the mental health caseload—many with a history of placement in the Department of State Hospitals and repeated placements in the Jail's acute inpatient mental health care unit.

As of April 2022, there was one social worker assigned to 8 West. Most patients report that their interactions with the social worker are limited to non-confidential cell-front check-ins, which, in practice, means that the patient and clinician must speak in earshot of the entire housing unit and sometimes by hollering through a closed door to communicate. As one would expect (and as we have reported before), placing people with serious mental illness under conditions of extreme isolation with inadequate, non-confidential treatment has tragic effects.

One patient's experience in restrictive housing illustrates the gravity of the problem. This patient's most recent term at the Jail began in late May 2021, but he has been in and out of the Jail since the early 2000s. His most recent term of incarceration started just two weeks after he was discharged from the Jail on his previous term. At the time of his previous release, his symptoms of mental illness were so severe that Adult Correctional Mental Health ("ACMH," also known as Jail Psychiatric Services or "JPS") evaluated him to determine whether he met the criteria for involuntary commitment. When they determined that he did not, he was released to the community. Sixteen days later, he was re-arrested.

When the patient was booked into the Main Jail in May 2021, ACMH listed his diagnoses as serious mental illness, bipolar 1 disorder, amphetamine-induced psychotic disorder, and noted that he experiences both auditory and visual hallucinations. During this initial evaluation, the patient requested to be housed on the Jail's third floor so that he could participate in the Outpatient

Psychiatric Program (OPP). Mental health staff agreed and recommended him for OPP housing. But custody staff overrode that recommendation, noting on a classification document that "[i]nmate must stay in [restrictive housing] due to him breaking button in every cell he lives in." A subsequent mental health note indicates: "Classification stated [patient] is ADSEG and unable to move to OPP floor due to past behaviors."[1]

Accordingly, despite this patient's well-documented serious mental illness, he was put on Administrative Segregation 2 status and housed on the Jail's restrictive housing floor because of his disruptive behavior during his previous term. He was placed in a cell by himself and only permitted to program alone in an empty dayroom.

Unsurprisingly, while in solitary confinement, the patient's mental health deteriorated. His mental health and custody records indicate that he was trapped in a devastating cycle—the severe deprivations in restrictive housing caused his mental health to rapidly and significantly decline; the decline in his mental health caused him to engage in disruptive behavior; the disruptive behavior resulted in him receiving disciplinary infractions from custody staff; the discipline led to more severe restrictions and deprivations as punishment; and the even harsher environment continued to cause a decline in his mental health.

He was initially placed in restrictive housing in June 2021 after his intake, and by early July 2021, he was experiencing significant delusions. He detailed to mental health staff that he believed someone had placed a "computer chip in my head."[2] He was not recommended for a higher level of mental health treatment or removed from restrictive housing at that time.

Two weeks later, he received a disciplinary write-up for removing a tarp attached to the chain-link fence around the outdoor recreation yard. At the disciplinary hearing, the patient admitted in a written statement to tearing the tarp down. He wrote that the tarp was "obstructing/hindering" his "rehabilitation/justice" because "covering the outside free world is not therapeutic." Without input from mental health staff, a sergeant found this patient guilty of the

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[1] As discussed below, the Remedial Plan prohibits classification staff from placing a person in restrictive housing because of behavior during a prior term. But, apart from that, it is unclear why this patient's alleged history of removing an in-cell emergency button precluded him from being housed in a designated mental health unit. The restrictive housing cell into which he was placed also had an emergency button. His placement in restrictive housing did not resolve the apparent issue of him removing emergency buttons; it only served to deny him mental health care that he needed.

[2] Each of this patient's clinical encounters occurred in a non-confidential setting, generally at his cell door where custody staff and others in the unit could hear the conversation. Many of the records indicate that the encounters did not occur in a confidential, clinical area because of the class member's "behavior problems" or "unpredictability." But many of those same mental health records note that his mood and affect were "pleasant" or "cooperative" during the encounter. It appears that mental health staff predetermined that this patient was not entitled to confidential clinical encounters, or uncritically accepted custody staff's opinion to that effect, in violation of the Remedial Plan. *See* Sec. IV.C.1 ("All clinical interactions shall be private and confidential absent a **specific, current risk** that necessitates the presence of custody staff.") (emphasis added).

disciplinary and assessed him five days of "full restriction," further removing privileges and limiting his access to out-of-cell time.

At his next scheduled clinical encounter, one week later, mental health staff did not evaluate the patient. Instead, mental health staff merely noted that the clinician was "unable to see patient through door window." Mental health staff also indicated that, because he recently tore down the tarp, "staff was taking his right away to see the outside." Mental health staff did not offer a clinical opinion on the appropriateness of the disciplinary action or punishment.

The harsh conditions of restrictive housing continued to affect this patient's mental health. According to Jail mental health records, in late July, the patient told his clinician that custody staff were "[v]iolating my rights" because he was not receiving adequate out-of-cell time. During that same encounter, he "licked the cell wall and indicated that the walls have chemicals on them and they give him '3rd degree burns.'" This clinical encounter, like nearly every other one, was conducted at this person's cell-front in a non-confidential setting.

And two weeks later, the patient received another disciplinary for "vandalism." The disciplinary paperwork describes how he began kicking his door when he did not receive dayroom, and he told the deputies that he removed the emergency button from his cell. When deputies searched his cell, they found that his mattress had been taken apart. In a subsequent clinical appointment, the patient told mental health staff that he took the mattress apart because he was doing "arts and crafts." The patient was again found guilty of this violation, but this time was assessed ten days of "full restriction," doubling his previous punishment. He was not placed at a higher level of care or assessed for more mental health care. The response to his rule violations was purely punitive.

This cycle continued for the duration of this patient's incarceration at the Jail. At another cell-front clinical encounter in early September, mental health staff noted that the class member "thrust[ed] page 23 of correctional handbook to cell window and yell[ed] about needing 3 hours of exercise a week." And a few weeks later, he received another discipline for kicking a thin, metal support beam from a dayroom table until the beam broke off. The sergeant responsible for adjudicating the disciplinary imposed 15 days of "full restriction." Once again, there is no indication that mental health staff provided a clinical opinion as to whether 15 full days was an appropriate punishment in light of this patient's mental health, whether "full restriction" would cause this patient to further decompensate, or whether this patient's mental health condition contributed to his behavior such that issuing discipline is inappropriate (all express requirements of the Consent Decree).

At his next cell-front clinical encounter, the patient asked why he had not been transferred to a state hospital yet.[3] He also exhibited bizarre behavior and delusional thinking, asking the

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[3] Lengthy wait times for placement in the Department of State Hospitals pose a major challenge in the Sacramento County Jail, which is ill-equipped to provide ready access to higher levels of mental health care. As of May 3, 2022, there were 95 people in the Sacramento County Jails awaiting placement in the Department of State Hospitals.

clinician to find his "stolen children," even though he has no children. He told the clinician that he hears "radio frequency" in his head and sees "uploaded movies."

Finally, in early October, and after months of this discipline and decompensation, mental health staff referred this patient for the Intensive Outpatient Program (IOP), a higher level of mental health care at the Jail. The patient accepted the referral, but he was placed on the IOP waitlist because the program was full. The patient remained on the waitlist (and in restrictive housing) for over a month until he was eventually released to the Department of State Hospital in November 2021.

This patient's experience in restrictive housing is profoundly troubling for numerous reasons, including because it so closely resembles the experience of a person who we described in our last restrictive housing report. In that report, filed with the Court in February 2021, we described the experience of a person with serious mental illness housed in restrictive housing at the Jail. *See* Doc. 140-1 at 21-22. We noted how he was sent back and forth between the Jail's involuntary psychiatric unit and restrictive housing. *Id.* When he decompensated in restrictive housing—refusing to take his medication, taking off his clothes in the dayroom, and demanding that everyone in the unit sing him "Happy Birthday" on a day that was not his birthday—he was sent to the Jail's involuntary psychiatric unit. *Id.* Eight days later, however, that patient was brought back to restrictive housing and the cycle continued. *Id.* at 22. We detailed in that report the numerous provisions of the Remedial Plan that the SSO and ACMH violated with respect to that class member. *Id.* at 22-23.

This patient's story similarly illustrates numerous serious problems that have led to the persistence of harmful and unlawful conditions of confinement in the Jails' restrictive housing units. Virtually every safeguard required by the Remedial Plan to prevent this type of serious harm was overlooked or disregarded with respect to this patient. *First*, the patient's serious mental illness should have precluded him from being placed in restrictive housing in the first place. The Remedial Plan expressly prohibits the SSO from housing people with serious mental illness who meet the criteria for a Designated Mental Health Unit (2P, IOP, OPP) in restrictive housing settings. Sec. VIII.D.1. All parties—mental health staff, custody staff, and the patient himself—recognized that he had a serious mental illness. And this fact was known upon the class member's initial evaluation at the Jail, when mental health staff documented his serious mental illness and recommended him for OPP housing. Despite ACMH's recommendation, the SSO still placed him in restrictive housing for the duration of his term (for reasons that do not meet the Remedial Plan's criteria for Administrative Segregation placement).[4] Months into his time at the Jail, after his mental health had

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[4] Even if this patient did not have a serious mental illness, classification staff's basis for placing him in restrictive housing violates the Remedial Plan. The SSO can place someone on Administrative Segregation status only if that person "participated in a recent assault and the assaultive behavior involved an assault on staff or visitors, serious injury, use of a weapon, gang removals, or multiple prisoner assaults." Sec. VIII.E.1.b. Classification staff had no evidence that the person committed any of those triggering offenses. But even more egregious, they placed him on Administrative Segregation for conduct (and not any of the above listed conduct) that occurred during a *prior* detention at the Jail.

significantly declined, mental health staff again referred him to designated mental health housing, but he remained in restrictive housing until his release. The SSO's failure to comply with this provision of the Remedial Plan resulted in this class member suffering and decompensating in solitary confinement conditions for months.

Second, the SSO failed to document any finding that restrictive housing was the appropriate placement for this patient despite his serious mental health needs. *See* Sec. VIII.D.2. The SSO can place people with serious mental health needs in restrictive housing only in "rare" cases, based on a finding that the person "presents an immediate danger or significant disruption to the therapeutic milieu, and there is no reasonable alternative." *Id.* No such finding is documented in the record for this patient. Instead, classification staff cite his prior history of removing in-cell emergency buttons as the basis for his placement in restrictive housing. Neither classification staff nor mental health staff indicate that he presented an "immediate danger" or "significant disruption," as the Remedial Plan requires. And even if he did meet either of those criteria—which he did not—the SSO may only house him separately "for the briefest period of time necessary to address the issue." *Id.* There is no indication that the SSO tried to integrate him back into general population or mental health housing. (There is also no indication that he was put on a behavioral management plan to help him address the behaviors that led to his placement in solitary confinement. It is not surprising that prolonged placement in solitary confinement did not improve his mental health condition or associated behaviors.)

Third, classification staff failed to meaningfully consider mental health staff's clinical input before placing the patient in restrictive housing. The Remedial Plan requires that "a qualified mental health professional who has conducted a clinical evaluation of the prisoner in a private and confidential setting…, is familiar with the details of the available clinical history, and has considered the prisoner's mental health needs and history" provide clinical input that must factor into the decision to place the person in restrictive housing. Sec. VIII.C.1.b. Here, mental health staff expressly stated that this class member *should* be housed in a designated mental health unit (OPP). Classification staff rejected that recommendation. Clinical input is an essential part of the decision to place a person in restrictive housing, and the SSO's wholesale dismissal of the clinician's recommendation violates an important provision the Remedial Plan and undermines a key safeguard for class members.

Fourth, mental health staff failed to recognize this class member's decompensation and take appropriate action. According to the framework set forth in the Remedial Plan, clinical staff play a critical role in providing treatment when a person with serious mental illness is placed in restrictive housing. A clinician must, for example, conduct a weekly check-in with the class member and document "the effect of the current placement on [the class member's] mental health" and "determine whether the [class member] has decompensated or is at risk of decompensation." Sec. VIII.D.2.b.i. These weekly check-ins must "not be a substitute for the weekly treatment session." *Id.* And when a class member in restrictive housing "develops signs or symptoms of mental illness where such signs or symptoms had not previously been identified" or "suffers deterioration in his or her mental health," that person must be "immediately be referred for appropriate assessment and

treatment from a qualified mental health professional who will recommend appropriate housing and/or programming." Sec. VIII.C.3.a.

All of these provisions are designed to protect against the very situation that happened here—a person with serious mental illness decompensating in restrictive housing. But when clinical staff identified clear signs of this patient's decompensation (licking the walls, describing his severe auditory and visual hallucinations, asking for clinical staff to find his "missing children"), they simply documented his decline. More than five months after the patient was placed in solitary confinement, mental health staff finally placed him on the waitlist for an IOP mental health unit, but he remained in restrictive housing for the remainder of his term because the system is chronically overcrowded, riddled with delays, and unable to deliver adequate care.

Finally, and relatedly, mental health staff failed to provide the patient with the level of mental health care required by the Remedial Plan. Under the Remedial Plan, people in restrictive housing who meet the criteria for OPP or IOP, like this class member, "shall receive commensurate out-of-cell time and programming" as people housed in those mental health units. Sec. VIII.D.2.a. Such programming must include "10 hours/week of group treatment/structured activities, 7 hours/week unstructured out-of-cell time, [and] weekly individual clinical contact." *Id.* As noted above, the weekly individual clinical contact must be provided in addition to clinical staff's weekly check-in. The only mental health care that this class member received was a weekly, non-confidential, cell-front check-in. He did not receive an additional weekly treatment session, group treatment, or structured mental health activities. As his symptoms continued to worsen, mental health staff provided no additional support.[5]

Unfortunately, this patient's story is not unique. ACMH and SSO have failed to meet their well-settled obligation to exclude people with serious mental illness from restricted housing or, for the rare cases where someone is housed in restricted housing despite having serious mental illness, to deliver the hours of treatment required by the Remedial Plan. The Jails' restrictive housing units continue to serve as a warehouse for people with unmet mental health needs. The result is serious, foreseeable, and preventable harm to the people incarcerated in the Jails.

As discussed below (*see* Section V), these profound failures have their roots in the untenable demands of the jail population at its current size and the County's chronic failure to provide adequate resources to meet people's basic needs inside the Jails. The problems also reflect a dearth of stable leadership at the SSO, which prevents the County from making lasting changes to its classification and housing practices.

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[5] The list of Remedial Plan violations outlined above is not exhaustive. The SSO violated this class member's rights under the Remedial Plan in more ways, including by failing to provide him adequate out-of-cell time, failing to provide him access to outdoor recreation time, failing to provide him programming opportunities, retaining him in restrictive housing for far longer than is allowed (even for people without serious mental illness) and for reasons not consistent with the Remedial Plan, and failing to have mental health staff evaluate the appropriateness of his discipline. Many of these violations are endemic to the Jail and are issues described in more detail below in this report.

B. CONDITIONS OF CONFINEMENT

Conditions in the Jails' restrictive housing units continue to be profoundly harmful and violate the requirements of the Remedial Plan. Many class members in restrictive housing continue to report that they are spending nearly every minute of the day inside their cells, often alone, with little or no programming. Access to the outdoor recreation yard is virtually nonexistent, and the SSO has failed to provide meaningful education or rehabilitative programs, congregate religious services, or even books and basic arts and crafts supplies. Class members report disgusting, unsanitary conditions as a result of the SSO's failure to meet basic cleaning standards. In short, the conditions in restrictive housing at the Jail routinely amount to long-term solitary confinement, largely of people who have serious mental illness, in small, dark, filthy, isolated cells.

1. Out-of-Cell Time

By its own admission, the County does not comply with Remedial Plan provisions governing out-of-cell time. County's Fifth Status Report, Doc. 155 at 173.

As noted above, the Remedial Plan requires that all people at the Jail, except those subject to Administrative Segregation Phase 1 or Disciplinary Segregation, receive at least 17 hours of out-of-cell time per week. Sec. VIII.B.1. People on Administrative Segregation 1 or Discipline status—which are intended to be strictly time-limited placements— are entitled to seven hours out of cell per week. In our previous monitoring report, we reported that many people in restrictive housing received an "extremely limited number of out-of-cell hours," and the long periods of time spent locked in one's cell were the "most significant feature of restrictive housing at the Jail." Doc. 140-1 at 8.

The situation has not improved since that finding was made in early 2021. Many people in restrictive housing units still receive shockingly few hours out of their cells and live in conditions of substantial isolation and sensory deprivation. For example, one woman in Administrative Segregation 2 status reported that she was only released from her cell once every few days, by herself, in fifteen-minute increments, and only to use the shower. Each time she was let out to shower, the deputies hurried her back to her cell, telling her that she was taking too long. At the time we interviewed her, she had only been allowed out of her cell for a few hours over the course of over a month and had not been given any outdoor recreation time during that period. She also reported that she was rarely permitted to use the phone in the dayroom, which made it hard for her to keep contact with her young child. She said the extremely isolating conditions—nearly every minute alone in her cell for over a month, no outdoor recreation access, and very limited phone access—were significantly affecting her mental health. She experienced racing thoughts and said she often talked to herself because she was so lonely.

Class members in restrictive housing echoed her experience, widely reporting that they received vastly fewer hours than are required under the Remedial Plan. Below is the SSO's out-of-cell log for class member who was housed on 8 West on Administrative Segregation Phase 2. The log documents this class member's out-of-cell time over the 6.5-week period from January 31, 2022 to March 9, 2022. During that period, this class member should have received 17 hours of out-of-cell time per week, or around 92 hours total. Instead, the SSO's records indicate that he was offered

only 63 hours in total, or 11.6 hours per week, and he purportedly "accepted" just over 32 hours in total, or 4.6 hours per week.

Reporting: 01/31/2022 - 03/09/2022

Movement Type	Offered	Actual
CLASSIFICATION REVIEW	0:00	0:00
DAYROOM TIME	62:00	31:14
SOCIAL VISIT	0:59	0:59
Total	**62:59**	**32:13**

Another class member created his own log, reproduced below, documenting his limited out-of-cell time. This class member was on Administrative Segregation Phase 2 at the time of this log and therefore was required to receive 17 hours of out-of-cell time per week. Instead, he was let out of his cell for less than six hours for the week, and at inconsistent, unpredictable times:

Date	Dayroom Out-of-Cell Time	Outdoor Rec Time
Monday, Aug. 9, 2021	10:25 PM to 10:55 PM (**30 minutes**)	0 minutes
Tuesday, Aug. 10, 2021	9:45 AM to 10:55 AM (**70 minutes**)	0 minutes
Wednesday, Aug. 11, 2021	6:25 PM to 6:55 PM (**30 minutes**)	0 minutes
Thursday, Aug. 12, 2021	10:10 AM to 11:30 AM (**80 minutes**)	0 minutes
Friday, Aug. 13, 2021	6:25 PM to 6:55 PM (**30 minutes**)	0 minutes
Saturday, Aug. 14, 2021	9:30 AM to 10:30 AM (**60 minutes**)	0 minutes
Sunday, Aug. 15, 2021	9:15 PM to 9:45 PM (**30 minutes**)	0 minutes
WEEKLY TOTAL	**5 hours 30 minutes**	**0 minutes**[6]

[6] The SSO asserts that this class member was offered just over 11 hours of out-of-cell time that week (still well below the 17 hours required under the Consent Decree). Plaintiffs' counsel has serious concerns about the documentation of hours "offered" and "received" in the SSO's out-of-cell logs. Class members consistently report that the hours "offered" bear no resemblance to their actual experiences and that they accept all the out-of-cell hours they are offered, despite indications to the contrary in the SSO's documentation. More broadly, Plaintiffs' counsel doubts the reliability of the SSO's system for documenting out-of-cell time for the purpose of gauging compliance with the Remedial Plan. A reliable tracking system will be essential to demonstrate compliance with the Consent Decree and thus to bring this case to resolution.

Each day of the week, this class member spent around 23 or 23.5 hours locked in his cell, with very limited access to other people and never seeing direct sunlight. And his experience in restrictive housing is consistent with other records of out-of-cell time we reviewed during this monitoring period. Class members on Administrative Segregation Phase 2 housed on 8 West reported receiving out-of-cell time in around 30-minute to one-hour intervals, typically amounting to somewhere between four and ten hours per week.

The practice of locking people in their cells for extremely prolonged periods of time has been a persistent problem at the Main Jail. In our last report, we wrote that people in restrictive housing "receive, at most, ten hours out of their cells per week and as few as one hour per week." Doc. 140-1 at 8. Months after filing that report, in August 2021, we raised concerns with the SSO about a class member with serious mental illness who had been in restrictive housing and receiving very little out-of-cell time. Specifically, we reviewed a 15-week period of out-of-cell logs for this class member and reported to the SSO that the class member:

- Did not receive more than five hours of out-of-cell time in any of the 15 weeks;
- Received less than three hours of out-of-cell time per week for the majority of the 15 weeks;
- Received less than two hours of out-of-cell time per week during a specific two-week period;
- Appeared to receive no out-of-cell time at all for 45 separate days between February 28, 2021 and June 10, 2021 (a 103-day period).

In their response, the SSO did not dispute any of those findings and could "not see any specific reason for his minimal out of cell time during this timeframe." They concluded that "with the amount of ADSG1 and discipline inmates we had on [8 West] during this stretch, we were not able to hit the mandatory minimum."

As recently as May 2022, this class member with serious mental illness was still in restrictive housing at the Jail. And his out-of-cell logs from January 31, 2022 to March 9, 2022 indicate that he is still not receiving the required number of out-of-cell time, only being offered around 13 hours of out-of-cell time per week— more than 22 hours per day locked in his cell. His experience, in addition to the other logs we reviewed and class members we interviewed, demonstrate that the SSO is far from reaching compliance with the out-of-cell time provision of the Remedial Plan.

2. Outdoor Recreation

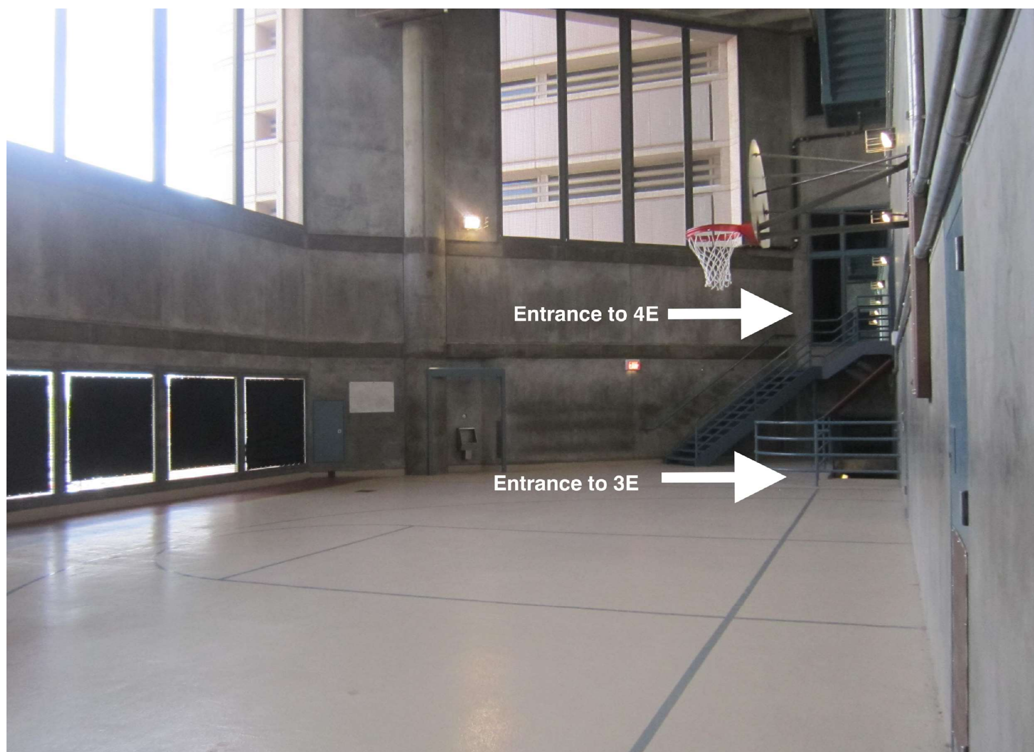
Many people at the Jail do not receive any outdoor recreation time at all, and the problem is most dire for people in restrictive housing. The Remedial Plan requires that "the opportunity to exercise shall be provided to prisoners seven (7) days per week, including outdoors/recreation time when feasible." Section VIII.B.2.[7] But the unusual design of the Main Jail, in combination with

[7] In addition to the Remedial Plan requirement, Title 15 requires the SSO to provide people in the Jail with a minimum of three hours of "exercise" time per week. *See* Cal. Code Regs. tit. 15 § 1065. Based on the logs we reviewed, it appears that the SSO is not meeting this obligation.

intense population pressures and the SSO's overuse of restrictive housing, prevents some people at the Jail from ever seeing beyond the concrete jail walls while they are in custody.

The Main Jail has eight floors, and each floor is divided into "east" and "west" sides. Floors 3 through 8 have between three and four "pods," or a group of cells, and each pod generally houses people with different classification factors. The 8 West 100-pod, for example, houses people with different classification factors and security concerns than the 8 East 100-pod.

Access to the outdoor recreation space is limited in part because each recreation yard is shared between both the east and west sides of two different floors. In other words, between 12 and 14 separate housing units must share one recreation space. For example, the Main Jail's seventh floor (including four pods in 7 West and three pods in 7 East) and eighth floor (including four pods in 8 West and three pods in 8 East) use the same outdoor recreation space.



Recreation Yard Shared By 4E, 4W, 3E, and 3W

People in different pods, and even people within the same pod, generally are not permitted to share the recreation space at the same time. People on Administrative Segregation Phase 1, for example, typically program alone on the outdoor recreation yard, meaning that one person on 8 West prevents the rest of 8 West, all of 8 East, and all the seventh floor from accessing the yard during that time. People on Administrative Segregation Phase 2 either program alone or in a small

group and present the same issue. With limited space, excessive population, and only so much time in the day, many people are completely denied access to the outdoor recreation yard.[8]

The SSO's out-of-cell logs confirm the problem. According to their logs, from May 2, 2021 to July 3, 2021, about three-quarters of people housed on 8 West (or 52 of 71, on average) were offered **no** outdoor recreation time each week. Some weeks were particularly abysmal. During the week of May 16, for example, zero people (out of 20) housed in the 8 West 200-pod were offered outdoor recreation time. For the next week, beginning on May 23, only two people (out of 22) were offered outdoor recreation time. And during the following week, beginning on May 30, again zero people (out of 25) were offered outdoor recreation time. Over this three-week stretch, the vast majority of people in this pod were unable to go outside. That finding was typical for the logs that Plaintiffs' counsel reviewed.

In the infrequent instances when class members are given access to the recreation yard, they are released on an empty half-basketball court, often with no exercise equipment, and either alone or with a very small group of other people. The outdoor recreation yards have high concrete walls and no overhead sun exposure.

The SSO covers many of these windows with thick black tarps, reportedly to prevent people on the recreation yards from communicating via hand signals to people on the street or being heard from the streets below. As a result, people who spend most of their days locked in dark, concrete cells are not permitted to see beyond the jail walls, even during "outdoor" recreation.

Tarps Covering the Windows of the Recreation Yard

The lack of access to outdoor recreation is profoundly harmful. Class members report that the lack of access to direct sunlight has been extremely detrimental to their mental and physical

[8] These challenges are exacerbated by chronically low custody staffing levels for the size of the jail population, which leads to lockdowns and inadequate staff to escort people through the Jail to programs, recreation, or confidential mental health encounters.

health. One class member, who had only been offered outdoor recreation one time in his year-long incarceration at the Jail, reported, "My family and friends keep telling me I'm pale. I haven't been in the sun in forever, people tell me I look sick." Other class members reported feeling overwhelmed and anxious without sufficient outdoor time. One person said about his lack of outdoor recreation time, "My anxiety and my PTSD, I'm suffering bad. It's messed over here… Like not even my medication is helping me."

To improve access to the recreation yard, the SSO should revisit the feasibility of bisecting the current exercise yards. Splitting each yard into two—either permanently or with temporary barriers—would allow more people in restrictive housing access to sunlight and space to exercise. If the SSO needs to work with the fire marshal or other entities to make this happen or seek appropriate waivers, it should prioritize those discussions. Moreover, if it is necessary to cover the windows in the outdoor recreation area for security reasons, the SSO should do so in a manner that does not block sunlight and cause excessive deprivation.

3. Programming and Recreational Materials

In addition to the lack of out-of-cell time and outdoor recreation access, class members in restrictive housing continue to have access to a very limited range of activities or programs, in violation of the Remedial Plan. The Remedial Plan requires the SSO to provide reasonable access to a variety of programming opportunities, including personal calls during business hours, education and rehabilitative materials, personal and legal visits, and religious services, among others. Sec. VIII.B.3. But class members consistently report that they are locked in their cells for the vast majority of the day without access to these activities, with little to do and extremely limited human interaction.

With limited out-of-cell time and opportunities to interact with only a small number of people, class members in restrictive housing are unable to make meaningful social connections. As mentioned above, people on Administrative Segregation Phase 1 and Disciplinary Segregation generally program alone, and many of them are in cells by themselves. People on Administrative Segregation Phase 2 program either alone or in a small group, usually of around two or three other people, and some of these individuals have cellmates. Under these conditions, class members in restrictive housing are often lonely and deprived of prosocial interactions.

Class members are also not afforded reasonable opportunities to speak to their loved ones. The Remedial Plan requires the SSO to allow people in restrictive housing to make personal phone calls, "including at least five hours or three weekdays per week of phone access during normal business hours." Sec. VIII.B.3. However, many class members reported that they are released at inconsistent times and often late in the evening throughout the week, preventing them from regularly speaking with their family members. Frequent lockdowns during the day because of short-staffing or some other reason mean that class members are unable to keep regular contact with their friends and families.

The SSO has not made sufficient programming available to class members to fill the long periods of isolation. People in restrictive housing have no access to in-person education classes, in-person rehabilitative programs, congregate religious services, job assignments, communal dining, or

many of the other programs common in detention settings.[9] Access to individual, in-cell programming is also very restricted. One class member on 8 West completed a request form asking the chaplain for the Quran, Bible, Torah, and other religious texts, so that he might explore his faith while incarcerated. According to the class member, the chaplain denied his request, responding, "We do not provide religious books for research." Another class member, who has two children, ages one and two, was enrolled in a correspondence-based parenting class while in restrictive housing. He said that some of the course materials involved role-playing, but he was unable to complete the course because he did not have a cellmate—or anyone else—to help him complete the lessons.

Class members experience substantial sensory deprivation. Each of the pods, for example, have a television in the dayroom, but many people in restrictive housing are also unable to watch the television because of its placement:

View of the Dayroom Television from Outside of a Cell on the Second Tier

Others report being unable to see a clock from their cells, which causes profound temporal disorientation.

The SSO also fails to provide class members with simple recreational materials, like books or art supplies. In September 2021, we wrote a letter to Defendants about their multiple, serious violations of the Remedial Plan with respect to a particular class member with mental illness housed in restrictive housing. In the letter, we described how the class member had no access to books (or any other programming opportunities), and the total isolation and sensory deprivation while in his

[9] The SSO reports that it now offers a once-weekly Bible study opportunity to some people housed on 8 West. As of July 2022, five people participate in the program.

cell alone all day causes him to decompensate. We described how in August 2021, this class member filed a request for books, and the Sheriffs' Office responded: "Don't have books at the moment."

When we interviewed class members two months later, we again heard reports that people in restrictive housing do not have access to books. A different class member reported that he had submitted numerous request forms and spoken to mental health staff about books, but he was only told that "we'll bring books when we get some." Another class member reported that he has re-read the same magazine he received from his family "a million times."

After receiving these reports, Plaintiffs' counsel again relayed our concerns to the SSO in October 2021 about class members' lack of access to books. The SSO responded that "they are currently out of books but have magazines." They also reported that they only rely on donated books, and during the pandemic, the number of donations has declined. In May 2022, the SSO informed Plaintiffs' counsel that their request for funds to purchase books had been approved for the 2022-2023 fiscal year, but they were unable to estimate when those books would be available for class members at the Jail. In July 2022—ten months after Plaintiffs' counsel raised the issue of inadequate access to books—the SSO informed Plaintiffs' counsel that a large order of books had been received and would be distributed. The sufficiency of this supply and the adequacy of the exchange procedures will be monitored in a future report.

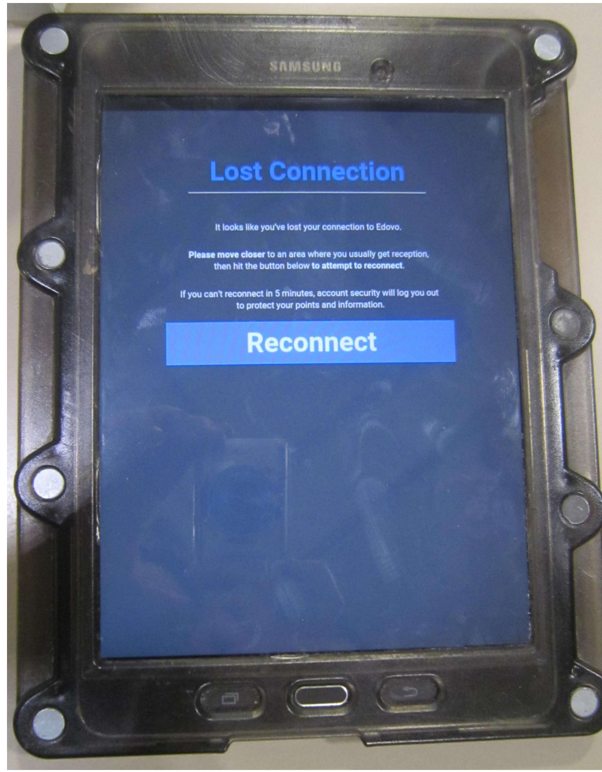
One of the few programs that people in restrictive housing have any access to is the tablet program. In our last monitoring report, we explained that the tablets "allow[] access to minimal educational and rehabilitative material," Doc. 140-1 at 11, and are sparingly available to class members in restrictive housing. Class members in restrictive housing reported receiving the tablets every three days for use in their cells. The tablets provide class members with some relief from the many hours of isolation. One class member reported, "It helps me forget that I'm stuck inside a cell for an undisclosed amount of time, being able to put myself somewhere else. It's kind of therapeutic, as soon as they take them, I'm back in hell." Another class member reported:

> We depend on the utilization of the tablets for mental stability. We're stuck in our cells for 23 hours a day. A lot of us are going through problems with family, people passed away, people have court – looking at a lot of time. That time [with the tablets] makes us feel better and distracts us, helps us watch movies or listen to music, which is relaxing or calming, instead of being stuck.

But class members also reported problems with the tablet program. Many people said that the tablets are not provided consistently. Class members said that custody staff who work on the floor for part of the week have a different schedule for distributing the tablets than the staff that work the other part of the week. And custody staff reportedly can decide to withhold the tablet from class members for behavioral reasons, such as not rising for morning count, even without issuing a formal discipline.

Lastly, some class members reported that the tablets frequently lose connection, which requires the user to reconnect then restart the programming. One class member reported that he only has digital service on his tablet when his food port is open and when he is leaning against his

cell door. Another class member demonstrated to Plaintiffs' counsel that even moving around his small cell, he is unable to reconnect his tablet once he has lost the connection.



Tablet With a "Lost Connection"

Class members reported that the tablet program would be more meaningful if people were able to make phone or video calls to their loved ones from the tablets. Other detention facilities, including some California Department of Corrections and Rehabilitation (CDCR) prisons, offer tablets to people that are equipped with this function. We recommend that the SSO:

(1) Investigate the feasibility of acquiring tablets that can make phone or video calls;

(2) Develop a consistent schedule for distribution of the tablets to class members in restrictive housing;

(3) Develop and distribute criteria by which tablet access can be removed; and

(4) Improve connectivity for the tablets.

We understand that a new tablet program is being rolled out in the coming months, with the goal of having enough for the entire jail population. If the tablets work consistently and are readily available, this would be a positive development. Jail leadership's careful attention to this rollout will be essential.

4. Sanitation

Class members throughout the jail described filthy, malodorous conditions and an absence of basic sanitation practices. Several individuals housed on 8 West reported that it typically takes

one to two days, and as many as five days, for workers to clean up large messes, such as thrown food, feces, and other bodily fluids, in the dayroom or on the tier. People noted trash littering the floor around where they were standing to use the phones. Typically, incarcerated workers who are housed in other parts of the Jail are responsible for cleaning 8 West. But multiple class members shared that when workers do come to the unit, they might disinfect the tables and sweep, but they do not mop, so dirt, debris, and waste remain on the floors. They also do not adequately clean the showers, so they are full of hair, debris, and trash. Cells reportedly are not cleaned before people move in.

Many people also reported that the infrastructure of the Jail is in extreme disrepair, which causes sanitation problems. One class member, for example, reported that his toilet no longer flushed, and it had been full of feces for over 24 hours. He had reportedly filed paperwork for repairs but no one had urgently repaired it or moved him out of the cell. Another person with asthma said that he has near-constant allergies and coughing in the unit, likely because the ventilation system in the unit is dirty. Several people also described an "infestation" of flies and gnats because there is no liner in the trash can. Plaintiffs' counsel witnessed this gnat infestation in March 2022 while touring the Main Jail with an Environmental Health and Safety expert. The Environmental Health and Safety expert's forthcoming report, which was conducted pursuant to the Consent Decree in this case, will describe the sanitation deficiencies in more detail. Immediate action to remedy such deficiencies, both in the near-term and into the future, must be a top priority.

C. Classification Policies and Practices

The Sacramento County Jails continue to place and retain people in restrictive housing contrary to the express requirements of the Remedial Plan.

1. The Restrictive Housing Population

At present, the classification and tracking system used by Sacramento County Jail is too rudimentary to accurately report the number of people in restrictive housing in the Jails or to identify trends in the size of the restrictive housing population over time. As of May 2022, the SSO reported that there were 65 people on Administrative Segregation 1 and Administrative Segregation 2 status at the Main Jail. However, many more people live in conditions that mirror Administrative Segregation, despite having a different nominal classification status.

For example, as of May 13, 2022, 25 of 102 people housed on 8 West at the Main Jail were classified as medium security, minimum security, and/or protective custody. These people are not included in the Jail's Administrative Segregation population. But the conditions in which they live do not meaningfully differ from others housed in the unit. They uniformly report that they have extremely limited out-of-cell time and no access to rehabilitative programming, jobs, religious services, or other prosocial programming.

One class member classified as "PC medium" and housed on 8 West reported in May 2022 that he receives almost no out-of-cell time at all, even for showering. The SSO's out-of-cell logs confirm this—indicating that during the three-week period between March 27, 2022 and April 16, 2022, he was out of his cell for just <u>24 minutes</u>. Over the course of six weeks, according to the

SSO's logs, he was out of his cell for just 97 minutes—an average of less than 3 minutes per day—despite his ostensible classification as medium security.

Date	Total Out-of-Cell Time
March 27, 2022 – April 2, 2022	0 minutes
April 3, 2022 – April 9, 2022	24 minutes
April 10, 2022 – April 16, 2022	0 minutes
April 17, 2022 – April 23, 2022	70 minutes
April 24, 2022 – April 30, 2022	0 minutes
May 1, 2022 – May 7, 2022	3 minutes
Total for Six Weeks	**97 minutes**

The class member described that, during this period, "I've been going crazy – talking to myself. . . A lot of people [on 8 West] are out of their minds. A lot of people *go* out of their minds. Once you're up here, you can't go back." He reported insomnia and racing thoughts and described becoming so distressed with the lack of out-of-cell time that he smeared feces on three cell doors "to try to get their attention," before telling deputies that he planned to harm himself. He was merely moved to a different pod on 8 West.

The same is true of many people in the Jail who are classified as OPP ("Outpatient Psychiatric Program"). The SSO classifies people as "OPP1," "OPP2," "OPP maximum," and "OPP medium." Under the Consent Decree, people classified as OPP must receive certain programming and privileges intended to support their mental health needs. *See* Sec. IV.F.2.a. However, the conditions of confinement in those OPP classifications are substantially identical to those for people on Administrative Segregation status. The SSO's classification team appears to draw little distinction between the two; one classification review for someone on 8 West included the designation "OPP2/ADS2 per Mental Health Services," indicating a plain violation of the Consent Decree.

That individual reported in May 2022 that he gets out of his cell for just 10 to 30 minutes per day, which is his only opportunity to shower. He reported that he is barred from using the phones or tablets. The only mental health service he receives is a non-confidential clinical contact once per month. Another person classified as OPP living on 8 West also reported that he lives alone and leaves his locked cell for just 30 minutes each day. He has serious mental illness with a history of suicidality. His mental health encounters take place at cell-front, within earshot of the entire housing unit. On the day we interviewed him, he said: "I just saw JPS [Jail Psychiatric Services] today. They came to ask how I was doing. I say 'fine.' They say 'do you want to talk about

anything?' I say 'no.' I'm paranoid schizophrenic. I see shadows; I hear voices." He went on to say that he talks to himself and thinks "it's from doing time in the hole."[10]

The conditions for people on OPP1, OPP2, OPP maximum, and OPP medium status are of particular concern because they are expressly intended for people with mental illness, who by virtue of their mental health needs, may not be subjected to solitary confinement under the Remedial Plan. Until the SSO is able to provide these class members with required quantities of out-of-cell time, they will be considered part of the SSO's restrictive housing population and their placement must be deemed a violation of the Remedial Plan.

In sum, it is not presently clear how many people in the Jails are held in restrictive housing. The SSO must develop a system to accurately track the conditions for people housed in these restrictive statuses, both so that it can accurately quantify its restrictive housing population and so that it can address the deprivations to which it is subjecting these people. It is not acceptable for the SSO to maintain a shadow system of restrictive housing.

2. Classification Practices and Documentation

The SSO's documentation of classification decisions remains disorganized, cursory, and inconsistent. It does not reflect sufficient engagement with or commitment to adherence with the Remedial Plan.

The primary function of the restrictive housing provisions of the Remedial Plan is to restrict the permissible bases for placement and retention in Administrative Segregation. These provisions of the Remedial Plan were intended to change the SSO's historical overreliance on restrictive housing by implementing strict limits on its use.

Our review demonstrated that the SSO continues to place and retain people in Administrative Segregation for reasons that do not comply with the express terms of the Consent Decree. (The Consent Decree allows for the use of administrative segregation only where "objective evidence indicates that a [person] participated in a recent assault and the assaultive behavior involved an assault on staff or visitors, serious injury, use of a weapon, gang removals, or multiple prisoner assaults," or where Jail leadership determines and documents that the person poses an "extraordinary safety risk." Sec. VIII.E.1.) Many of the documented reasons for placement or retention on Administrative Segregation status are facially problematic. For example, many files merely state that a person will be held on Administrative Segregation status "per intel." Others refer to gang membership as a reason for placement in Administrative Segregation, even though it is not a permissible basis under the Consent Decree. Some files refer generally to threats to safety and security, without any evidence or documentation of the threat. Other files refer to past disciplinary

[10] The SSO and ACMH have taken steps in an effort to expand patient privacy for people in restrictive housing. In particular, the County reports that deputies and mental health providers are now consulting one another with respect to the appropriateness of confidential clinical contacts for given individuals. Mental health staff have been instructed to document any instances in which their recommendations regarding confidentiality are overridden by custody staff so that a supervisor can review the decision. The effectiveness of these new measures will be assessed in a future report.

violations without any information about the nature of the violation or even the date of the violation, so it is not possible to determine whether a person is being held in restrictive housing for a months- or years-old violation.

The problem exists with respect to both placement and retention in restrictive housing. We observed many classification documents that advise class members that they will be discharged to the general population if they satisfy certain behavioral criteria, but it was clear from the housing records that people were retained in restrictive housing despite having met all the criteria for release.

In recent months, classification staff have adopted new forms that more closely track with the criteria set forth in the Remedial Plan, with Plaintiffs' counsel providing input on those revised forms in early February 2022. Rollout of these new forms is an important step. However, for the time being, people continue to be held in restrictive housing for reasons that violate the Remedial Plan. For example, one woman was held on Administrative Segregation status in the Main Jail because of her gang affiliation, despite having no disciplinary violations and meeting none of the criteria set forth in the Remedial Plan. In March 2022, Plaintiffs' counsel encountered a young man on 8 West who was classified as Administrative Segregation 2. Classification files indicated that the basis for his retention in restrictive housing for **ten months** was his *desire* to become part of a particular gang. As noted above, membership in a gang is not a permissible basis for placement in Administrative Segregation—let alone *desire* for membership in a gang.

One person, who has serious mental illness, was placed in Administrative Segregation in 2021 because he was deemed "too volatile" for the mental health program to which he would otherwise be referred. He subsequently significantly decompensated while housed on 8 West. During an interview at cell-front with Plaintiffs' counsel, he screamed and described being haunted by auditory and visual hallucinations. He reported that he struggles to sleep because of persistent images of violent shapeshifters. Another person reportedly was placed and retained in restrictive housing because he "bullies the other . . . inmates." A third, who also has serious mental illness, was placed in Administrative Segregation in March 2022 for refusing cellmates. These are not acceptable reasons for placing someone in restrictive housing, particularly someone who has serious mental illness and thus must be excluded from restrictive housing under the terms of the Consent Decree.

Plaintiffs' counsel also has grave concerns about the reliance on restrictive housing during lengthy periods of investigation. For example, one person with serious mental illness was placed on Administrative Segregation 1 status for over 40 days while under investigation for a PREA violation, which he denied and for which he was subsequently cleared. He never received a disciplinary write-up and was never found guilty of any offense. In fact, 40 days into his placement in this highly restricted and isolated status, he still had not been interviewed about the allegation. Perversely, the investigation lasted so long that he remained on Administrative Segregation 1 status for as long as he would have served had he been found *guilty* of the offense. Forty-three days after the allegation, which was not substantiated, this man was finally discharged from Administrative Segregation and placed back into a mental health unit.

Plaintiffs' counsel also learned of a 26-year-old class member placed on Administrative Segregation 1 status on August 22, 2021 pending investigation into an alleged PREA violation.

Although records indicate that he was not previously in restrictive housing and had not been accused of any new behavior qualifying him for retention in Administrative Segregation, he was reclassified to Administrative Segregation 2 when the allegation was found unsubstantiated on October 5. He reported receiving no face-to-face classification review or other information and did not understand why he was in Administrative Segregation, where he remained for **65 days** before he was released. The SSO's classification team could not explain why he had not been discharged to a lower custody level when he was cleared of the allegation.

The development and implementation of new classification documentation is an important development. Jail leadership should confirm that the outdated classification forms have been destroyed, that only the new ones are being used. More broadly, the SSO must take the constraints of the Remedial Plan seriously and make a concerted decision to change its classification practices.

In sum, the SSO continues to violate core provisions of the Remedial Plan with respect to the use of restrictive housing. The SSO has failed to exhibit the leadership necessary to change its practices, set clear expectations for staff, and ensure consistent decision-making.

3. Notice and Communication of Classification Decisions

The SSO has made some progress in meeting the Remedial Plan requirements to provide notice of placement in restrictive housing and conduct face-to-face classification reviews every 30 days, but significant deficiencies persist. Sec.VIII.E.2-3. The classification sergeant in the Jail is generally familiar to class members and present in the housing units to respond to inquiries about classification. However, dozens of people we interviewed were not aware of their classification status, why they were in restrictive housing, or what they needed to do to get out of restrictive housing.

Because of the sheer number of people in restrictive housing and the overwhelming population demands of the Main Jail more broadly, the SSO lacks staff to conduct in-person classification reviews in the required intervals. *See* County's Fifth Status Report, Doc. 155 at 179 ("Due to staffing, ADSEG-2 reviews sometimes are not accomplished face-to-face within the 30-day timeframe."). The SSO also fails to meet the Remedial Plan requirement to develop and implement a case plan describing the conduct required for people's release from restrictive housing. *See* Sec. VIII.E.2(c).

D. Disciplinary Segregation

The Remedial Plan sets forth a number of provisions regarding disciplinary segregation, including with respect to the process for placement and limits on the duration of placement. Those provisions will be addressed in future monitoring reports. However, several areas of noncompliance emerged from this limited review.

1. Mental Health Input into the Disciplinary Process

The Remedial Plan requires the involvement of mental health staff in disciplinary assessments for people with mental illness or developmental disabilities. In particular, mental health staff must assess whether there is "a possibility of a nexus between the inmate's mental illness/symptoms and/or developmental disability/functioning deficits and the behavior(s)" at issue

in any disciplinary allegation. *See* Sec. V.A-C. The intention of the requirement is to prevent people from being disciplined for manifestations of their mental illnesses and to prevent hearing officers from imposing disciplinary measures that will harm class members or undermine their mental health treatment plans.

Two and a half years since the approval of the Consent Decree, the SSO and ACMH have not fully implemented this critical safeguard. Chronic staffing shortages have prevented ACMH from providing input into the disciplinary process. As of June 2022, ACMH was conducting mental health reviews of rule violations on only a limited basis, for people in the following mental health programs: Intensive Outpatient Program (IOP), the acute mental health unit (and associated waitlist), and the Enhanced Outpatient (EOP) caseload. Mental health input into disciplinary action is also occurring on a limited basis in Administrative Segregation units. As a result, no mental health input is provided for disciplinary action involving many people in the Jails who have mental health needs.[11]

The consequences of this deficiency are profound. With no meaningful exclusion of people with serious mental illness from solitary confinement and no systematic input from mental health staff into the disciplinary process, people in the Jails are still placed into disciplinary housing and restrictive housing for behavior that stems from mental illness. This contributes to the concentration of people with serious mental illness in the Jails' restrictive housing units. It also represents a missed opportunity for alternative, clinically-driven interventions for people with unmet mental health needs.

2. Punitive Disciplinary Responses to Patients with Mental Health Needs

In addition to the County's failure to incorporate mental health input into the Jail disciplinary process, there is evidence that some SSO deputies invoke the disciplinary process punitively and unnecessarily with respect to people who require mental health care.

In some particularly troubling cases, people in the Jails are still disciplined for instances of self-harm. For example, in May 2021, a man with serious mental illness ripped up a blanket in his cell with the intention of using it to commit suicide. In response, a deputy charged the man with vandalism/theft, a Category 1 offense. Three days later, a sergeant conducted a disciplinary hearing and assessed the man five days on full discipline and charged him for the cost of the blanket. There was no documented consideration of the significant mental health implications of charging this man with discipline for an act of self-injury, which is directly prohibited by the Remedial Plan. *See* Sec.V.B.7 (people in the Jail "shall not be subject to discipline for refusing treatment or medications, or for engaging in self-injurious behavior or threats of self-injurious behavior."). There was also no

[11] Pursuant to lengthy negotiations between the parties regarding the County's noncompliance with this requirement, the County recently agreed to fully implement the mental health rule violation review process by September 1, 2022. *See* Memorandum of Agreement: Mental Health and Suicide Prevention Remedial Measures Implementation, Doc. No 153-2 at 11 (June 3, 2022).

documented consideration of the mental health effect of subjecting someone who is exhibiting suicidal behavior to full disciplinary restrictions.

More broadly, we observed multiple cases in which officers issued discipline in response to issues involving serious mental health needs. For example, in the fall of 2021, the SSO issued a disciplinary infraction to a 22-year old woman with serious mental illness and a history of suicide precautions for "fail[ing] to wake up and stand in line for her pills." The patient was asleep one morning when a deputy informed her that she was supposed to report for pill call. According to the incident report, the patient "mumbled" inaudible responses from her bunk and told the deputy that "I don't have pills to take." Ultimately, after the deputy informed her that "she was making a bad decision by refusing to get off her bunk," the patient sat up on her bunk and got dressed.

Despite ultimately reporting for pill call, the patient was charged with and found guilty of failure to report for pill call and insubordination. She was assessed seven days on full restrictions—a sanction which lacked any consideration of her mental health disability, in violation of the Remedial Plan. *See* Sec. V.A. And even after her disciplinary term concluded, the patient was informed that she was required to remain in maximum custody housing for 30 days. She described experiencing severe anxiety in that setting, sitting alone staring at bugs crawling on the floor of her cell. It is unclear if the deputy understood that medication refusals are a common feature of many mental illnesses or how the SSO has counseled its deputies to respond to these predictable situations, as required by the Consent Decree. *See* Sec. IV.I.a.

In another case, a patient with a history of serious suicide attempts and multiple placements at acute levels of mental health care filed messages requesting urgent mental health care. The patient asked that the contacts be confidential so he could share personal information about his mental health needs. When mental health staff came to 8 West to meet with him, the deputies informed the patient that his clinical contact would have to take place in the dayroom. According to SSO's disciplinary records, the patient then requested a chair, and a deputy responded that the patient would be required to "sit on the floor" in the middle of the dayroom to communicate with his mental health clinician. The patient expressed concern about the cleanliness of the dayroom floor, and the deputies responded by handing him a "large trash bag" to sit on. The patient refused the appointment because he did not want to speak with his mental health clinician from a seated position on a trash bag on the floor of the dayroom on 8 West, in plain view of the entire housing unit and within earshot of the officers.

As the patient returned to his cell, the deputies informed him that he was wearing a contraband hair tie. Although it is the same hair tie he had used since he was booked into the Sacramento County Jail and no one had raised concern about it before, the deputies reportedly informed him that he would have to remove it immediately because it was not from the jail commissary. It is unclear why the deputies elected that moment to address the issue, or what threat the hair band posed that was so imminent as to warrant confronting the patient directly after he had been denied the confidential mental health encounter he said he needed.

The situation deteriorated still further after the patient was returned to his cell. Agitated from the denial of the confidential mental health appointment and the disarray in his cell due to a

cell search, the patient refused to allow the deputies to remove his cuffs through the food port. At that point, the patient was alone in his cell, in cuffs. There is no indication that he was engaging in self-harming conduct. Rather than walking away or taking steps to deescalate the situation before engaging in physical intervention, custody staff "deemed [it] necessary to place [the patient] in the wrap restraint device." Deputies entered the cell, forcibly subdued the patient, and took him to a safety cell in the booking loop, where he was "placed on the floor in the prone position and the wrap restraint device was applied."

Two days later, a disciplinary hearing was conducted. The patient was charged with insubordination and threatening a custody officer, among other things. He explained to the hearing officer that he had been upset about being asked to sit on the dirty ground to talk to his mental health clinician. Despite the clear provisions of the Remedial Plan requiring mental health input into disciplinary proceedings against people with serious mental illness, there was no mental health input into the disciplinary proceeding against the patient. The hearing officer imposed a penalty of 15 days with full disciplinary restrictions.

This case study demonstrates a range of serious problems with the way some custody staff interact with people with mental illness. Among those is the use of the disciplinary process to address issues that clearly involve mental health needs and require a mental health response. The SSO must take greater action to address this ongoing and serious problem, including through the development of a corrective action plan, the designation of a high-level staff member responsible for implementing the corrective action, and robust ongoing oversight.

E. PROTECTIVE CUSTODY

The SSO has not met its obligation under the Remedial Plan with respect to conditions for people in Protective Custody. As an initial matter, the County is required to create a policy that describes the process and criteria for placement of prisoners into Protective Custody, *see* Sec. VIII.F.3, but has not done so, *see* County's Fifth Status Report, Doc. 155 at 155. This is a significant shortcoming and requires attention.

During our review of Protective Custody during this monitoring period, we focused on the SSO's housing practices for transgender and intersex people at the Jail. The Remedial Plan requires the SSO to provide "alternative housing, with conditions comparable to those of general population," including privileges and out-of-cell time, for LGBTI individuals. Sec. VIII.F.4.a. The SSO is prohibited from placing LGBTI individuals "in Segregation or Protective Custody solely on the basis of such identification or status, or because they are receiving gender dysphoria treatment." *See* Sec. VIII.F.4.a.[12] For transgender or intersex individuals, the County is required to conduct

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[12] This Remedial Plan provision is consistent with PREA requirements. *See* 28 C.F.R. § 115.42(g) ("The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.").

individualized assessments to determine appropriate housing placements and to give "serious consideration" to the individual's own view of their safety (*e.g.,* male vs. female housing). *See* Sec. VIII.F.4.c.[13]

The SSO's current practices are in substantial noncompliance with these provisions of the Remedial Plan. In particular, the SSO maintains a highly restrictive classification called Protective Custody Segregation, or "PSEG," in which it houses people who are transgender or intersex. People we interviewed described extremely harsh conditions of confinement, characterizing PSEG as "PC within PC." People on PSEG status are completely isolated from others in the Jail. (The County appears to permit gay and bisexual men to interact and program with other Protective Custody individuals, but prohibits transgender individuals from interacting or programming with any non-transgender individuals.) Generally, only four to seven people are classified as PSEG at a given time, and they are prohibited from recreating or programming with anyone outside that group for the duration of their incarceration.

In addition to experiencing isolation from the rest of the Jail population, people on PSEG status live in solitary confinement-like conditions within their own housing unit. Transgender individuals reported they are required to cell alone, even if they prefer to have a cellmate. They are generally permitted out of their cells for just two to three hours per day, meaning that they spend 21 to 22 hours per day alone in their locked cells. During their limited time out of cell, people classified as PSEG have a limited opportunity to take showers, make phone calls, and interact with other transgender individuals in their small group. Like many people in the Jails' restrictive housing units, transgender individuals reported being able to access outdoor recreation only every few months.

The Jail's classification practices also appear to be inconsistent with respect to PSEG status. People classified as PSEG reported varying reasons for which and processes by which they were placed in that status. Some transgender class members reported that they would prefer to be classified as Protective Custody rather than PSEG, but they were told they could only be classified as PSEG. Others reported that they were told that hormone replacement therapy is exclusively available to individuals classified as PSEG and thus, to retain their access to gender-affirming treatment, they would have to stay classified as PSEG. This is an unacceptable practice that should be remedied promptly through policy clarification and training by SSO and ACH.

People classified as PSEG do not have similar or equal access to the programs, services, and activities that are available to the general population. The County fails to provide them with equitable access to in-custody jobs, education classes, re-entry services, and other forms of

[13] PREA also requires individualized assessments regarding appropriate housing. *See* 28 C.F.R. § 115.42(c) ("In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems."); 28 C.F.R. § 115.42(e)("A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.").

programming. Some transgender class members reported that because they are classified as PSEG, they cannot attend educational classes in person and can only participate in distance learning. Some reported that due to other disabilities, they are unable to complete homework assignments without assistance and thus are unable to access remote education services.

PSEG therefore functions as restrictive housing by another name, in violation of the Remedial Plan, and the County's treatment of transgender individuals amounts to discrimination.[14] These conditions negatively impact class members' mental health, physical health, and psychological wellbeing. Some individuals reported that their mental health symptoms, including self-harm and suicidal ideation, had significantly worsened since being in PSEG. Although staff are directed to utilize the classrooms when available, lack of confidential interview space is an ongoing issue, as others reported that they were unable to access the mental health treatment they needed because visits were exclusively conducted cell-side and thus were not confidential. Some people told us that they wished they were not transgender so that they could have more access to programs. Others reported that existing health issues, like heart problems and other stress-related conditions, had become much more acute during their incarceration.

The summary does not describe every issue that transgender individuals face at the Main Jail, but it illustrates numerous serious problems that have led to the harmful and unlawful conditions of confinement in the Jails' classification and treatment of LGBTI individuals, especially transgender individuals.

V. ROLE OF JAIL POPULATION IN ONGOING VIOLATIONS OF THE REMEDIAL PLAN

The fundamental problem underpinning these serious and chronic deficiencies is the County's demonstrated inability to manage the jail population at its current size. The County has failed for years to meet the basic needs of the jail population, including by providing adequate mental health treatment resources, safe and appropriate housing options, and space for recreation.

A. LACK OF SUFFICIENT MENTAL HEALTH STAFF AND PROGRAM CAPACITY FOR CURRENT JAIL POPULATION

The most significant driver of the restrictive housing population is the dearth of adequate mental health resources to meet the needs of the jail population at its current size. The majority of the people housed on 8 West should be housed in mental health housing units where they can live in a sheltered setting and receive the mental health care they require. To the extent some of them have heightened security factors (many do not), those needs should be addressed through behavioral management and treatment programs, not through isolation and deprivation.

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[14] The Remedial Plan prohibits the County from operating "Protective Custody units with Segregation-type conditions of confinement." Sec. VIII.F.2. The County is required to provide individuals classified as Protective Custody with access to "the same programs and privileges as general population, absent exceptional circumstances that are documented." *Id.* The current conditions of PSEG violate both provisions.

At present, the Jail has neither the mental health staff nor the mental health housing units that would be required to remove people with serious mental illness from restrictive housing conditions. Staffing shortages are endemic and prevent mental health staff from providing adequate input into the disciplinary process, providing adequate individual or group mental health treatment, or having confidential interactions with patients. (It is important to note that staffing shortages are simply a reflection of jail population. At a smaller population level, existing staff could provide more extensive and less superficial treatment.)

Similarly, the Sheriff's Office is constrained in its housing and classification options because the appropriate mental health treatment options simply do not exist in the Jails. There are long waitlists at every level of mental health care in the system. *See* County's Fifth Status Report, Doc. 155 at 176 (acknowledging "persistent" waitlist for higher levels of mental health care, which required staff to "triage and place inmates into these units depending on the most acute mental health needs."). These population pressures impede access to appropriate levels of care and the duration of a patient's placement in mental health treatment units. Faced with a scarcity of mental health placements, the SSO and ACMH have used restrictive housing units as a form of sheltered living for people who cannot cope in the general population or are afraid to live in the general population because of the symptoms of their mental illness.[15]

This practice is inhumane and counterproductive. The harmful conditions in restrictive housing have the effect of exacerbating existing mental illness and generating new mental health needs. By employing solitary confinement as a means to handle mental health needs among the jail population, the County drives up the very need it is already unable to meet.

Following a lengthy dispute resolution process in this case, the County has committed to creating two new high-security IOP housing units. An eight-bed unit for females was recently opened in the Main Jail, and the County has committed to activating a 24-bed unit for males by September 1, 2022. *See* Memorandum of Agreement: Mental Health and Suicide Prevention Remedial Measures Implementation, Doc. No 153-2 at 11-12 (June 3, 2022). This represents an important development. But further action is needed. The County and the SSO must actively

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[15] In some cases, mental health staff actively recommend that people with serious mental illness be housed in restrictive housing, a practice that both reflects and reinforces the dangerously inadequate mental health treatment system in the Jails. For example, in late 2021, a mental health clinician signed a form requesting that a patient—who was on the waitlist for acute psychiatric care—be placed in restrictive housing for 6-7 months. The clinician recommended the patient be placed in a single cell on 8 West for "up to two months," then on Administrative Segregation 2 status for another 4-5 months, at which time he would be assessed for mental health housing (OPP). The clinician made these recommendations because the patient "presents . . . a higher risk in regards to his mental health impacting his ability to program." The patient was placed on Administrative Segregation 1. We observed a similar situation documented in classification records for a patient living on 8 West in March 2022. It is deeply troubling that a clinician would advocate for a patient with mental illness to be placed in restrictive housing as a method to address behaviors associated with his mental health needs. It directly violates the Remedial Plan and reflects the critical lack of appropriate options to meet the needs of people with serious mental illness in the Jails.

decide to stop housing people with serious mental illness in solitary confinement and create the housing units they need to meet the needs of people with serious mental illness. Given the current size of the jail population, the chronic challenge of recruiting and retaining mental health staff, and the severe shortcomings of the physical plant, it is almost certain that this will not be achieved without substantial reduction of the jail population.

B. Lack of Appropriate Housing Options

Overcrowding also prevents the Jails from providing a range of appropriate housing units, instead causing the SSO to default to restrictive housing placements for people who do not meet the criteria in the Remedial Plan. Due to population pressures, the Main Jail has no single cell options except in restrictive housing units and certain intensive mental health settings. This is highly unusual for a detention facility. As a result, many people end up in restrictive housing units simply because they are unable to or afraid of living in a cell with others. Some people refuse cellmates because of their mental health needs; others have disabilities that make it difficult or dangerous to live with others. Still others have factors related to their criminal cases that make it difficult to cohabitate.

The inability to live in a cell with others should not translate to prolonged solitary confinement. Many of these people could program in the dayroom, educational programs, work opportunities, and on the exercise yard with others; they simply need an option for single cell housing in the general population or protective custody. Class members frequently report that they had to select between living in a setting in which they felt unsafe or living alone in a restrictive housing unit. The SSO reports that many people "choose" to live in restrictive housing units. *See* County's Fifth Status Report, Doc. 155 at 178. But a decision made based on a lack of safe and appropriate options is not a choice.

The failure to provide single-cell housing leads to excessive numbers of people in restrictive housing, which in turn reduces the out-of-cell time for everyone in restrictive housing and makes the grim conditions even worse. It also disproportionately affects people with mental health needs who may have difficulty sharing a cell with others because of the symptoms of their mental illness.

C. Inadequate Recreation and Out-of-Cell Time

Excessive jail population also accounts for many of the extremely severe conditions inside the restrictive housing units. The units are too crowded and house people with too many different case factors to deliver humane levels of out-of-cell time and outdoor recreation. Each pod houses dozens of people whom the SSO permits to program only alone or in very small groups. Under this approach, there simply are not enough hours in the day to get people out of their cells for adequate periods of time. Instead, many remain locked in their cells for nearly every hour of the day. This failure reflects excessive crowding in the restrictive housing units and the Jail more broadly.

D. Current Status and Next Steps

There have been some positive developments with respect to jail overcrowding and its ripple effects. The County has recently modified its contract with the U.S. Marshals to reduce by two-thirds the number of federal detainees who will be housed in the Jail system. *See* Filing of Amended Fifth County Status Report Pursuant to Paragraph 12 of the Consent Decree, Doc. 155 Ex. 3 at 189

(June 16, 2022). This will amount to approximately 200 fewer people in the overcrowded Main Jail (which housed 1,898 people in April 2022), many of whom are currently in restrictive housing, protective custody, and maximum custody setting.

The County also has contracted an expert to present options for jail population reduction. *Id.* at 2. The expert will present actionable strategies to reduce the numbers of people incarcerated in the Jails, which will be presented to the Board of Supervisors for decision. This is a critical opportunity for the County to exercise leadership and avoid costly enforcement litigation.

VI. CONCLUSION

We note the tremendous impediment posed by inconsistent staffing in the Jail leadership. SSO staff—even high-level officers—rotate between patrol and corrections, so their tenure in the Jail is short. New leaders scarcely have time to gain an understanding of the Consent Decree and its implications for jail practices conditions before they are rotated back out of the Jail. Several compliance lieutenants over the years have made strides in changing Jail practices, only to be rotated out and replaced by someone wholly unfamiliar with the County's legal obligations. As a result of this structure, there is a profound lack of institutional memory, vision, and consistency.

Changing jail practices, particularly with respect to classification and restrictive housing, requires leadership. It requires messaging from a high level that current practices are unacceptable and need to change. It requires clear expectations, oversight, and follow-through. The SSO has failed to provide that leadership with respect to the Consent Decree to which it is subject.

Under the current system, the primary responsibilities for addressing the broken system of restrictive housing fall on a classification sergeant, who does not have the authority to address the magnitude of the problems presented. Higher level Jail leadership has limited engagement with the Consent Decree, and even if they did, they too rotate frequently in and out of the Jail. This is not an adequate way to achieve change or to reach compliance with the Consent Decree. It will serve to prolong court oversight over the Sacramento County Jail and may lead to costly litigation due to ongoing noncompliance.

It is essential for the SSO to create a permanent position to handle Consent Decree compliance and oversee the major changes needed. Other counties have done this with success. The SSO needs stable leadership to set expectations, engage in long-range planning, report progress and setbacks, and hold custody staff accountable to the County's legal obligations. This could be achieved through the establishment of a sworn or unsworn position. It cannot be achieved under the current structure of revolving doors.

More broadly, changing the conditions in the Sacramento County Jail and preventing people from suffering needlessly in solitary confinement will require concerted action from the County. The Sheriff's Office and Adult Correctional Mental Health cannot solve these problems alone with the resources they have been allocated and the jail population they must manage. Complying with its court-ordered legal obligations will require the County to make important decisions, choose a course of action, and act with urgency to address the humanitarian crisis in its Jails.

VII. SUMMARY OF COMPLIANCE WITH RESTRICTIVE HOUSING REMEDIAL PLAN

Remedial Plan Sec. VIII.A	
1	Partial compliance
2	Partial compliance
3	Not assessed
Sec. VIII.B	
1	Partial compliance
2	Noncompliance
3	Partial compliance
4	Not assessed
5	Partial compliance
6	Not assessed
Sec. VIII.C	
1-3	Not assessed – see First Report of Compliance in Mental Health Services Based on Consent Decree, Doc. No. 136-1
Sec. VIIII.D	
1	Noncompliance
2	Noncompliance
3	Not assessed
Sec. VIII.E	
1	Partial compliance
2	Partial compliance
3	Noncompliance
Sec. VIII.F	
1	Not assessed
2	Partial compliance
3	Noncompliance
4	Noncompliance
5	Not assessed
Sec. VIII.G	
1	Partial compliance
2-5	Not assessed
6	Partial compliance
7-11	Not assessed
Sec. VIII.H	
1-2	Not assessed
Sec. VIII.I	
1	Substantial compliance
Sec. VIII.J	
1-3	Not assessed