

Murray, et al. v. County of Santa Barbara, et al.;
Case No. 2:17-cv-08805
Remedial Plan Fourth Status Report
Terri McDonald Consulting LLC
Sacramento, CA
November 11, 2024

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Re: Fourth Expert Report on the Remedial Plan
Murray, et al. v. County of Santa Barbara, et al.;
Case No. 2:17-cv-08805;

Dear Counsel,

The attached represents the fourth report on the status of compliance with the Remedial Plan (the "Plan") associated with the Stipulated Judgement pursuant to *Murray, et al. v. County of Santa Barbara, et al.* This monitor has been tasked with reviewing a variety of provisions, encompassing custody requirements that interface with clinical provisions; the majority of provisions of Section VII, Custody Operations/Segregation; and associated training relative to those provisions.

As with all prior reports, I want to thank and recognize Santa Barbara County, the Santa Barbara Sheriff's Office (SBSO), Wellpath, Counsel and the Incarcerated Population for the collaborative and transparent manner in which the various entities have approached reform and compliance with the Remedial Plan. Without exception, the SBSO and Wellpath have been candid in the challenges they face and have permitted unfettered access to documents, video, staff and the incarcerated population. The incarcerated population has provided valuable feedback on their living conditions and made reasonable recommendations for improvements.

The attached report will document the County and Wellpath's commitment to implement change and a willingness to engage in self-reflection and self-correction.

The report will use three categories of compliance:

- **Substantial Compliance** – Indicates compliance with all or most components of the relevant provision of the Remedial Plan, and no significant work remains to accomplish the goal of that provision.
- **Partial Compliance** – Indicates compliance with some components of the relevant provision of the Remedial Plan, and work remains to reach Substantial Compliance
- **Non-Compliance** – Indicates non-compliance with most or all the components of the relevant provision of the Remedial Plan, and work remains to reach Partial Compliance.

As with prior reports, this report will document the provisions of the Remedial Plan followed by a summation of the County's status report dated November 1, 2023, followed by the assessed compliance rating. Each provision will also have a section regarding policies, training, observations and recommendations.

This report is informed by reviewing a significant amount of document and data review, on-site tours, interviews with staff and incarcerated persons and discussions with counsel. For this rating period, tours were conducted of both the Main Jail (SBJ) and Northern Branch Jail (NBJ) on November 29-30, 2023 and April 29-30, 2024. Tours included walking through the majority of areas of the jail, interviewing staff and incarcerated persons and assessing aspects of the provisions through on-site assessment and document review. On-site technical assistance also occurred on July 27, 2023. The County continues to focus on the reduction of incarcerated persons in administrative segregation and establishing behavioral health treatment units.

During the previous report, eight (8) provisions were recommended to discontinue monitoring with counsel agreeing to discontinue monitoring seven (7) provisions.¹ For this reporting period, five (5) additional provisions have achieved sustained substantial compliance with a recommendation to discontinue monitoring and three (3) provisions improved from partial compliance in the last review period to substantial compliance in this monitoring period.

The following areas showed sustained compliance from the last report and should be considered for discontinuation of official monitoring. Both parties agree that such discontinuation of monitoring is appropriate for these provisions

- IV.D.3 Sanitation of Safety Cells
- IV.G.1 Availability of Safety Equipment. Staff CPR Training
- IV.G.2 Monthly Inspections of Safety Equipment
- VII.D.2 Northwest Out-of-Cell Hours
- VII.E.1 Process for Disciplinary Restricted Housing Placements

¹ Provision IV.G.3 Staff Response to Suicide Attempt was removed from consideration for reasons articulated in the report.

Three (3) provisions were partially compliant in the last rating period, have shown progress and are currently rated as substantial compliance.

- II.N.5 Health Care Grievances included in Quality Management Program
- VII.E.3 Restriction on Restricted Housing for more than 30 days for single incident.
- VII.F.2 Safety Checks

One provision reduced from substantial compliance to partial compliance from the prior reporting period due to a critical incident described in the attached report:

- IV.G.3 Staff response to a suicide attempt.

Only one (1) provision continues to be assessed as non-compliant, but the County demonstrated significant effort in the infrastructure needed to achieve substantial compliance in the next rating period:

- VII.C.2 Restricting suicide risk incarcerated persons from high risk cells.

The remaining provisions were previously rated as partial compliant and remain at partial compliance in this rating period.

Despite good progress, there remain foundational barriers that require remedy, including but not limited to:

- Adequate staffing for custody and health care. While there has been an increase in healthcare positions, there remain insufficient custody and clinical staff working in the jails. A custody and health care staffing analysis are critical for the County to develop a hiring plan to address the needs of the remedial plan. Absent that, the County will not meet the requirements of the most complex provisions.
- The physical plant and overall living and working conditions in the Main Jail (SBJ) does not align with modern correctional practices. The linear design facility with limited access to appropriate clinical, recreation and programming opportunities, coupled with lack of lighting and fresh air, is troubling. If the jail is going to be continued to be utilized, a physical plant modification to comply with the Americans with Disability Act (ADA) as well as improving access to health care, programming and services should be completed. It is recognized the County is moving forward with a redesign plan and potential expansion of the Northern Branch Jail to decommission units at SBJ, topics which will be addressed in the next report. Focusing on improving the overall the living and working conditions in the SBJ must be a priority.²

² Concept repeated from first and all subsequent reports.

- While the County has demonstrated the ability to meet out-of-cell time primarily at the Northern Branch Jail (NBJ) and designated units at the Main Jail (SBJ), the County has been unable to fully comply with the out-of-cell recreation and treatment provisions of the Remedial Plan and this is due, in part, to the physical plant of the SBJ. Paragraph II of the Stipulated Judgment appears to require an incremental approach towards providing specialized mental health unit programming and out-of-cell time to the “maximum extent possible.” To date, it does not appear that the County has been able to fully develop a comprehensive incremental plan to comply with Paragraph 11 but has recently stipulated an interim measure to modify the main yard at the Main Jail to be completed by mid-September 2024.
- Population pressures, particularly surrounding acutely mentally ill incarcerated persons, strain the system and capacity. The County is encouraged to continue to explore alternative custody models and expand countywide efforts to address the complex needs of the jail population.³
- The County should remain focused on the investment in updated information technology (IT) solutions, such as a modern jail management system and radio frequency technology (RFID) to support internal operations, monitoring and compliance with the Remedial plan.⁴

Respectfully Submitted,



Terri McDonald

Enclosure

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³ Repeated from second and subsequent reports.

⁴ Repeated from previous reports.

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Sacramento, CA
Remedial Plan Fourth Status Report
November 11, 2024

The following are excerpts from the Remedial Plan provisions (the “Plan”) assigned to Terri McDonald for monitoring. The specific provision language is followed by the expert’s summary of the County’s status as reflected in the County’s November 1, 2023, Fourth Status report as well as the Expert’s findings and recommendations.

Provision	Requirement	Rating	Prior¹
II.F.9	Custody Escorts for Access to Care	PC	PC
II.N.5	Health Care Grievances included in Quality Management Program	SC	PC
III.A.7	Policies and Procedures on De-escalation and role of MH in situations involving SMI	PC	PC
III.D.6	SMI exclusion from Restricted Housing	PC	PC
III.F.1	Qualified Mental Health Professional Role in Incarcerated Person Discipline	PC	PC
III.F.2	Develop Policies and Procedures for Mental Health Role in Discipline	PC	PC
III.F.4	Meaningful Consideration of Mental Health findings in Discipline	PC	PC
III.F.5	Meaningful Consideration to Minimize Deleterious Effects of Discipline	PC	PC
III.F.6	Documentation if Hearing Officer does not concur with clinical recommendations on discipline	PC	PC
III.F.7	Discipline Not to Prevent Delivery of Treatment or Adaptive Supports	DC	SC - DC
III.F.8	No Discipline for Refusing Treatment or Medication	DC	SC - DC
III.F.9	Effective Communication and Reasonable Accommodation in Disciplinary Process	PC	PC
III.F.10	Ensure the Provision of Effective Communication and Assistance in the Disciplinary Process	PC	PC
III.F.11	Supervisory Oversight and Tracking of Disciplinary Process	PC	PC
IV.D.3	Sanitation of Safety Cells	SC - DC	SC
IV.G.1	Availability of Safety Equipment. Staff Training CPR	SC - DC	SC
IV.G.2	Monthly Inspection of Safety Equipment	SC - DC	SC

¹ NC – Non-Compliance, PC = Partial Compliance, SC = Substantial Compliance, SC-DC = Substantial Compliance, Recommend Discontinuation of Monitoring, DC – Monitoring Discontinued

IV.G.3	Staff Response to Suicide Attempt	PC	SC
VII.A.1	Housing Incarcerated Persons in Least Restrictive Environment	PC	PC
VII.A.2	Incarcerated persons not to be placed in restricted housing based on mental health or discipline	PC	PC
VII.A.3	Placement Process for Restricted Housing	PC	PC
VII.A.4	Restricted Housing Reclassification Process	PC	PC
VII.B.1	Classification Validation	PC	PC
VII.B.2	Clear Restricted Housing Classification and Documentation Guidelines	PC	PC
VII.B.3	Classification Process to include Behavioral Health Staff in placement decisions of SMI	PC	PC
VII.B.4	Review and Documentation for Restricted Housing Placements	PC	PC
VII.B.5	PREA screenings in private	DC	SC - DC
VII.C.1	Addressing Structural Suicide Hazards	PC	PC
VII.C.2	Restricting Suicide Risk Incarcerated Persons from High Risk Cells	NC	NC
VII.C.3	Deactivation of C 7 and C 8	DC	SC - DC
VII.C.4	Deactivation of South 1-16, West 18-29 and East 11-22	DC	SC - DC
VII.D.1	Minimum Out-of-Cell Hours	PC	PC
VII.D.2	Northwest Out-of-Cell Hours	SC	PC
VII.D.3	Normal Hours for Out-of-Cell Time	PC	PC
VII.D.4	Develop System for tracking Out-of-Cell Time	PC	PC
VII.D.5	Conduct Monthly Audits for Out-of-Cell Time	PC	PC
VII.D.6	Mental Health Referral for Repeated Refusal for Out-of-Cell Time	PC	PC
VII.E.1	Process for Disciplinary Restricted Housing Placement	SC - DC	SC
VII.E.2	Limitation on Disciplinary Restrictions for Out-of-Cell Time	PC	SC-DC
VII.E.3	Restriction on Restricted Housing for More than 30 Days for Single Incident.	SC	PC
VII.E.4	Use of Safety Cells for Punishment Restriction	DC	SC - DC
VII.E.5	Restriction on modification or denial of food as punishment	DC	SC - DC
VII.F.1	MH Review prior to placement in RH	SC	PC
VII.F.2	Safety Checks	SC	PC
VII.F.5	Confidential Health Care contacts in Segregation	N/A	PC
VII.F.7	Avoid Release Directly from Restricted Housing	PC	PC
VII.F.8	Individualized Discharge Plan for Restricted Housing Population with Less Than 60 Days to Serve	PC	PC
VII.G.1	Grievance Forms and Inmate Requests in Each Housing Unit	SC	PC

VII.G.2	Equal Access to Grievances and Inmate Requests in Restricted Housing Units	PC	PC
VII.G.3	Access to Daily Personal Phone Calls and In-Cell Activity Supplies	PC	PC
VII.H.1	Jail Capacity, Bed Assignment and Sight and Sound Separation	PC	PC

Commonly Used Acronyms

BHU	Behavioral Health Unit
CIT	Crisis Intervention Training
IDR	Inmate Disciplinary Report
IP	Incarcerated Person
MET	Medical Escort Team
MH	Mental Health
NBJ	Northern Branch Jail
RH	Restricted Housing
SBJ	Santa Barbara Jail
SBSO	Santa Barbara Sheriff's Office
STP	Sheriff's Treatment Program
SMI	Seriously Mentally Ill

PROVISIONS

II. F. Medical Care

9. The County shall designate and provide sufficient custody escorts to facilitate timely delivery of health care.

County Response –November 1, 2023 Status Report.²

This requirement is being met at the Northern Branch Jail as most visits are being completed in the treatment rooms attached to each housing unit. The County is undergoing a staffing analysis and currently supplements the teams as needed. In the next six months, the County will also work on a MET Policy and will work with Wellpath to create a tracking mechanism to track medical appointments that were completed,

² Pursuant to the Joint Status Report of August 13, 2023, the County will provide annual updates on or about November 1. The November 1, 2023, is the most recent County update for this report and will be referred repeatedly as “County Response” in the header.

missed, and rescheduled. The County anticipates completing this requirement within six months of the Board of Supervisors' approval of any proposed staffing augmentations.

Expert Review

Compliance Rating: Partial Compliance

Prior Compliance Rating: Partial Compliance

Policy - Wellpath D-06 – Patient Escorts

Training - Disability Rights Remedial Plan Implementation

Metrics Medical Escort Team Tracking Reports

Grievances

Tours/Interviews

Observations

The County demonstrated an improvement in the availability of Medical Escort Team (MET) deputies at the Santa Barbara Jail (SBJ) this reporting period compared to the Third Monitoring Report. But the County and Wellpath have not yet created an adequate data reporting system to determine if the existing custody staffing and MET unit are sufficient to meet the overall needs of the population. The SBJ tracking report is a simple document that shows how many MET staff were assigned and gives total numbers of escorts and refusals without any details. There is no tracking report at the Northern Branch Jail (NBJ) to determine if custody staffing vacancies are impacting access to care but the health care personnel at both facilities report that there are times where custody vacancies impact on-site and off-site appointments as well as medication distribution.

As demonstrated in the chart on the subsequent page, the number of MET deputies has fluctuated since the inception of the program in August 2021; however, it appears that the number of assigned MET deputies increased during this monitoring period over the Third Monitoring Report. When the MET program began, there were generally at least two deputies assigned to provide escorts, but the County struggled intermittently to maintain two deputies and frequently assigned no MET staff. However, during this monitoring period,³ the majority of days SBJ was able to assign at least two MET deputies, which resulted in an increase in the number of incarcerated persons attending a medical appointment.

³ Generally, the Fourth Monitoring Report relies upon data the period of July 2023-May 2024 unless reflected otherwise.

The following charts are snapshots of the SBJ MET program since inception in August 2021:

MET Statistics Sample SBJ 2021-2023

Daily Average for sample week

Months	Appts	Seen	Refused	% Seen	% Ref	SBJ Population	Appt per Pop	Comments
Aug-Dec 2021	105	86	16	82%	16%	697	15%	
July - Dec 2022	81	67	12	83%	15%	540	15%	
Jan - June 2023	42	32	8	77%	20%	424	10%	MET operational on average only 14 days per month, second deputy approximately 7 days per month.

The following is a summary of MET statistics for the period of July 2023 through May 2024.⁴

MET Statistics SBJ

July 2023-May 2024

Months	Appts	Seen	Refuse	% Seen	% Refuse	SBJ Pop	Appt per Pop	Comments
July 2023- May 2024	63	55	14	78%	22%	413	15%	
Change Since Third Monitoring Report	+50%	+72%	+75%	+1%	+2%	-2%	+5%	Reduction in number of days with no MET or only 1 MET deputy

In comparing July 2023 through May 2024 to the prior review period of January through June 2023, the County has demonstrated an increase in available MET deputies at SBJ. For example:

- The average number of appointments per day has increased from 42 per day to 63 per day – a 50% increase.
- The number of refusals increased but the percentage of refusals rose slightly – 20% refusal rate realized January to June 2023 to 22% refusal rate July 2023 to May 2024.

⁴ Refer to Addendum A for monthly averages.

- The percentage of incarcerated persons escorted for an appointment at SBJ returned to the early average of 15% of the population from the previous low of 10% reported in the Third Monitoring Report.⁵
- The number of days with zero MET reduced significantly while the percentage of days there were more than one deputy increased. It is recognized, however, that supervisors were redirected to that role to assist.

As mentioned in the prior report, the County relies significantly on involuntary staff overtime to fill posts. The County previously reduced the number of involuntary shifts per pay period to assist with employee morale and wellness, but the decision had severe impact on jail operations and was rescinded in the fall of 2023, which is likely one of the reasons the MET staffing increased. Despite returning to prior involuntary overtime protocols, the custody staff continue to report frequent redirect from their assigned housing units to assist with off campus transports, which sometimes results in gaps in MET coverage, preventing full compliance with this provision. This has been reported at both SBJ and NBJ.

The County reports that a staffing analysis is underway to assist in determining the number of health care and custody staff to ensure access to care. The monitoring team has been provided a draft review of the staffing analysis, but it lacks an analysis concerning the number of custody staff required to support the existing number of health care staff or if any additional custody staff would be needed if there is an increase in clinical personnel. As a result, as stated in the prior report, the staffing analysis is not complete and requires further work.

The County is to be commended for addressing concerns about reduced compliance during the previous monitoring period. The number of custody staff assigned to access to care has increased. It is unknown if this is sufficient as the County has not presented a comprehensive analysis of access to care relative to incarcerated people attending their medical appointments. The County did share a healthcare staffing analysis which is still in process and the County approved an additional custody staffing analysis which will be addressed in future reports. Santa Barbara County, like other counties throughout the nation, is experiencing difficulty in recruiting and retaining new custody personnel, but this issue must also be addressed by the County as this is the primary reason staff are being required to work involuntary overtime. Custody vacancies inhibit the existing custody personnel from meeting the overall needs of the Remedial Plan.

Recommendations:

1. *⁶Wellpath to work with Santa Barbara Sheriff's Office (SBSO) and the Clinical Experts in creating a daily report of scheduled and missed clinical appointments. This should include both community and jail-based appointments and track the reason for the missed appointment.
2. *Determine if offsite medical consultations can be contracted to provide services in the jails rather than in offsite facilities that require transport of the patients.

⁵ Third Monitoring Report, pages 4-7.

⁶ Recommendations that begin with an asterisk (*) were recommended in previous monitoring report(s).

3. *Utilize an interdisciplinary team to address access to care barriers that have a nexus to custody resources. This should be included in the Quality Management review process.
4. *Conduct a comprehensive staffing analysis for clinical and custody to ensure adequate personnel to comply with this and other provisions. As appropriate, submit a staffing request via the budget process.
5. *In the interim, if insufficient custody resources are available to ensure access to care, continue to redirect resources in a manner that does not impact other provisions.

II.N. Quality Management

5. The County shall incorporate a systematic review of prisoner grievances related to health care into its Quality Management program.

County Response

The County is in the process of fully implementing this requirement. By July 2023, the County and Wellpath will update Wellpath's Grievance Mechanism for Health Complaints Policy (A-10) and the Administrative Meetings and Reports Policy (A-4), to meet this requirement, including incorporating systematic review of prisoner grievances into the CQI process. The County anticipated compliance by May 2024.

Expert Review

Compliance Rating: Substantial Compliance

Prior Compliance Rating: Partial Compliance

Policies - Wellpath A-10 – Grievance Process for Health Care Complaints
Wellpath A-04 – Administrative Meetings and Reports

Training - Disability Rights Remedial Plan Implementation

Metrics Quality Management Reports

Observations

The County's healthcare provider, Wellpath, has demonstrated significant improvement regarding grievance monitoring and reviews during this rating period. For example, Wellpath has updated policies Wellpath A-10 – Grievance Process for Health Care Complaints and Wellpath A-04 – Administrative Meetings and Reports, which both require monthly reviews of grievances. Wellpath has also demonstrated proof of practice demonstrating that the Medical Administrative Committee (MAC) and Continuous Quality Improvement (CQI) monthly meetings discuss grievances and grievance trends. This has been occurring routinely without prompting from this Monitor.

The County and Wellpath are on target for compliance with this provision and are encouraged to continue the monthly process currently underway. The County is also encouraged to review timeliness of medical grievance responses. A random sample of health care related grievances for the period of July 2023 through

May 2024 reflected twenty-one percent (21%) of the grievances failed to complete the response timeframe of fifteen days pursuant to the Custody Grievance procedure. This was due primarily to the timing of the administrative review by a custody supervisor, and not of the health care proposed response.⁷

Recommendations

1. Comply with Wellpath updated policies requiring monthly reviews.
2. Include timeliness of grievances response in monthly reviews.
3. Address delays in responding associated with the administrative review process conducted by non-medical personnel.
4. *Continue to provide copies of proof of practice on grievances being discussed and evaluated in the Quality Management Program, including an active continuous quality improvement plan regarding areas identified as needing focus during the QM process.
5. *Continue to ensure staff are adequately trained.

III.A. Mental Health Policies and Procedures

7. The County shall develop policies and procedures on the use of de-escalation techniques and early involvement by Qualified Mental Health Professionals in situations involving an inmate with SMI.

County Response

In Process. The County has submitted for review updates to the Custody Operations Mental Health Care Policy (section 241) and Cell Extractions Policy (section 320), and Wellpath's Mental Health Services Policy (F-3) to meet the requirements of this provision. The County is exploring alternatives for 24/7 coverage by clinical staff. The County anticipates completing this requirement by May 2024.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Sheriff Office Policy Manual 300 – Use of Force – Requires Update
Custody Operations Policy 241 – Mental Health Care – Update in Process
Custody Operations Policy 320 – Pre-planned Force – Update in Process
Wellpath Policy F-03 – Mental Health Services – Update in Process

Training - Disability Rights Remedial Plan Implementation
Crisis Intervention Training (CIT)

⁷ Examples: NBJ – 21377, 21423, 21623, 21683, 21728, 21734, 22028, 22179, 22338, 22440, 22511; SBJ – 21369, 21370, 22396

Metrics Use of Force Logs
 Individual Use of Force Packages
 CIT Training Status Reports
 Grievances
 Tours/Interviews

Observations

The County and Wellpath have been engaged in policy revisions for Custody Operations Policy 241 – Mental Health Care; Custody Operations Policy 320- Pre-planned Force; and Wellpath Policy F-03 – Mental Health Services. Each of these policies defines the role of de-escalation and engagement with mental health clinical staff and other resources to assist with de-escalation. These policies have been updated in collaboration with the experts and class counsel and should be finalized by August 2024; however, it is recognized the County anticipated completion of the policies by October 2023 and did not achieve that timeframe goal. Regardless, when staff have been interviewed during tours, the staff are aware of their responsibility to attempt de-escalation and contact behavioral health clinical staff if time and circumstances permit.

The County remains transparent regarding use of force involving Serious Mentally Ill (SMI) incarcerated persons and provided a list of all use of force incidents involving SMI for the period of July 2023 – May 2024. The County also provided the associated reports and videos for these incidents but in the future will need to demonstrate appropriate internal reviews of force incidents involving SMI populations to reach substantial compliance with this provision.

The County reported six use of force incidents involving SMIs during this period. Of those incidents, none were pre-planned incidents. All six incidents were emergent incidents where there was insufficient time to summon behavioral health. However, in one incident, while the initial force was necessary, the Monitor believes staff utilized unnecessary and excessive force during the incident, and that staff actions were not addressed by SBSO until brought to SBSO's attention following the Monitor's review. The chart reflected on Addendum B provides a limited overview of those incidents.

While the County has been transparent concerning incidents involving known SMI incarcerated persons and has shared information concerning the dates in which use of force reviews occurred, there are other critical incidents that occurred during this review period that involved placing incarcerated persons into a safety cell, incidents involving incarcerated persons acting in a bizarre and unusual manner during the intake process and incidents involving involuntary medication administration that were not included for review. While not specifically required by this remedial plan, the expert has provided additional best practice recommendations regarding use of force for the County's consideration.

While the provision addresses SMI populations, the Monitor recommends that these type of incidents be included in the updated policy and review process to confirm that de-escalation and support from a mental health clinician are sought if time and circumstances permit, particularly because the Mental Health Expert

has not confirmed that all SMI populations are being identified at intake and the deputies will not know whether a person acting in a unusual manner is designated SMI.⁸

The next reporting period will provide greater detail relative to these type of incidents and the County's process in ensuring staff are trained to seek de-escalation in these types of incidents as well as the post incident critical review. The County is also encouraged to track incidents in which staff are able to avoid force, particularly cell extractions, by the use of de-escalation techniques, such as cool down periods and summoning behavioral health staff – incidents that occur frequently but are not reported on.

This provision could reach substantial compliance if the County would finalize associated policies and train staff on the policy and provide crisis intervention training (CIT). The County should include in the policy the process and timelines for meaningful post incident reviews of these incidents to evaluate if opportunities to utilize de-escalation techniques were employed and allow the expert to review those assessments to determine if the County is following the policy through self-evaluating and self-correcting actions associated with this provision. This is important as the County did not appear to address an incident that occurred on March 11, 2024 at NBJ in a timely manner. The expert raised the issue on June 10, 2024 and was not informed that the deputies' inappropriate actions had been identified and addressed. This is the second incident where staff violation of policy and/or training was not identified during a use of force review process or in a timely manner.⁹

If staff are engaging in actions that are outside of policy and training, this should be addressed and remedied immediately, a correction that did not appear to occur in these two incidents involving SMI-designated persons. The updated policy should put practices into place to ensure that the initial review occurs quickly, and the review evaluates de-escalation practices when SMI or inmates acting in a bizarre or unusual manner occur. The County is committed to additional training for the supervisors to remind them to elevate incidents of concern immediately, rather than waiting for the force review process to reach an executive staff member.

Recommendations:

1. *Update the Use of Force Policy and Pre-planned Use of Force policy to incorporate the provision.
2. *Once the policies and procedures have been updated, the expert will collaborate with the parties on the appropriate processes for expert monitoring of and reporting on implementation.
 - a. This must include the process for post incident analysis of use of force incidents involving SMI incarcerated persons.
3. *Continue training to support the policies and procedures designed to build upon developing and implementing de-escalation techniques for the staff and early involvement of mental health.
4. *Ensure 24/7 mental health coverage to assist with de-escalation and crisis incidents.

⁸ Examples: SBJ November 26, 2023, placement of IP R.L. into a safety cell; SBJ May 29, 2024 involuntary medication and placement of IP B.G. into a safety cell.

⁹ Second Monitoring Report, page 9, 22-4656.

5. *Ensure all custody staff receive appropriate crisis intervention training (CIT).
6. Provide information on all use of force incidents involving behavioral health incarcerated persons involving cell extractions, placement in a safety cell/mental health observation, and involuntary medication.
7. Track and report potential cell extractions that were resolved without force through de-escalation techniques.

III. D. Mental Health Services, Housing, and Access to Care

6. The County shall not house inmates with SMI meeting criteria for placement in specialized mental health units in a segregation or isolation unit, except as outlined below.
 - a) In rare cases where such an inmate presents an immediate danger or serious danger for which there is no reasonable alternative, such an inmate may be housed separately for the briefest period of time necessary to address the issue, and only with written justification for the placement that is approved by a jail commander or designee.
 - b) The County shall continue to provide supervision, treatment, and out-of-cell time consistent with the inmate's Modified Individualized Treatment Plan.

Joint Status Report and Stipulation, August 13, 2023.¹⁰

Interim Measures: No later than September 1, 2023, Defendants shall not house class members with serious mental illness meeting criteria for placement and specialized mental health units in any segregation or isolation units including the main jails "Northwest Isolation" and "New East" housing except (i) in rare cases where an individual presents an immediate or serious danger for which there is no reasonable alternative and with all procedures set forth in remedial plan section III.D.6(a) & (b) or (ii) and B or where necessary based on the Jail's infectious disease response protocols (i.e., use of negative pressure cells in east New E housing unit).

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations Policy 301 – Inmate Classification
Custody Operations Policy 305 – Bed Assignment
Custody Objective Classification Plan
Custody Housing Plan
Wellpath F03 – Mental Health Services
Wellpath G02 – Segregated Inmates

¹⁰ In August 2023, the parties met and provided a joint status report, and the County provided a variety of interim measures intended to improve compliance until such time as the County could reach substantial compliance on a provision. Those updates will be identified in this report.

Training -	Disability Rights Remedial Plan Implementation
Metrics -	Restricted Housing Tracker Roster Restricted Housing Placement/Retention Forms Structured Activity Out-of-Cell tracker Modified Individual Treatment Plans Grievances Tours/Interviews

Observations

The County has closed “Northwest Isolation” but continues to house SMI incarcerated persons in New East restricted housing. The County has done an excellent job of creating and maintaining specialized behavioral treatment units and reducing reliance on restricted housing units. However, the County has not yet developed a specialized unit for the most complex mentally ill incarcerated persons who occupy the majority of the designated restricted housing units. As of June 2024, the County averaged thirty-two (32) incarcerated persons on official restricted housing status or in restricted housing conditions, the overwhelming majority of whom are on the mental health caseload.¹¹ This is a notable reduction from all prior years but focused programming for this complex population still has not occurred to further reduce the use of restricted housing units and isolative conditions to manage serious behavioral health issues.

It is recognized that the County and Wellpath focused on the establishment and refinement of the five behavior management units that are operating today and that conversations with the mental health expert continue regarding services in these units or alternate units to house and treat the SMI and other mentally ill incarcerated persons currently housed in restricted housing conditions. However, until such time as the County and Wellpath can provide adequate alternatives to restricted housing or provide meaningful programming for SMI incarcerated persons who require a controlled setting, this provision will remain at partial compliance. The County has committed to working with the experts to modify programming in these areas and continues to refine recreational policies to address low yard utilization and inability to provide adequate out-of-cell time.

Recommendations

1. *Continue to refine the specialized mental health units and update associated policies, forms and training.
2. *Expand the programming provisions of specialized mental health units to all specialized mental health units.
3. *Refine process to track structured out-of-cell activities.
4. *Develop a restricted housing program policy
5. *Update all associated classification policies to comply with provision.
6. *Update all associated Wellpath policies, in partnership with the Mental Health Expert, to comply with this provision.

¹¹ Includes NBJ K Unit Restricted Housing; SBJ New East Restricted Housing; IRC 400 Restricted Housing overflow; and IRC 100 male stepdown unit.

7. *Continue to provide proof of practice in relationship to:
 - i. Restricted housing roster tracking systems
 - ii. Restricted housing placement/retention documentation
 - iii. Structured activity tracking systems
 - iv. Modified individual treatment plans for SMI incarcerated persons placed in restricted housing.

III.F. Mental Health and Disability Input in the Jail Disciplinary Process

1. The County shall adopt policies and procedures that require meaningful consideration of the relationship of an inmate's behavior to a mental health or intellectual disability, the appropriateness of disciplinary measures versus clinical or other interventions, and the impact of disciplinary measures on the health and well-being of incarcerated persons with Disability.

County Response

In Process. The County has updated associated custody policies and is utilizing the disciplinary forms approved by the experts. Wellpath will update associated policies to comply with the provision. Custody will designate a supervisor to oversee the process. The County anticipates compliance by February 2024

Expert Review

Compliance Rating: Partial Compliance
 Prior Compliance Rating: Partial Compliance

Policies - Custody Operations Policy 363 – Inmate Discipline – Pending Completion
 Custody Operations Policy 241 – Health Care – Pending Completion
 Wellpath Health Services Policy – F3 – Requires Update
 Hearing Worksheet Forms – Pending Completion

Training - Disability Rights Remedial Plan Implementation

Metrics Completed Policies and associated forms
 Disciplinary Reports
 Special Conditions List

Observations

The County continued to demonstrate commitment to the implementation of this provision but has not been able to fully implement the various aspects of this provision due to insufficient resources to complete the necessary steps of policy revision, staff training and transitioning from the pilot implemented at NBJ to a departmental policy.

The County and Wellpath have demonstrated a commitment to implement the reforms necessary to comply with this provision, but the processes are complicated to implement and there has been confusion and inconsistency due to the fact there are simply insufficient managers and supervisors available to project manage the changes to the disciplinary provisions. It is believed there is a deeper understanding of what is required, and the staff are more consistently utilizing the forms, but the reforms have not yet been fully anchored and the anticipated expansion of the pilot program from NBJ to SBJ did not occur this rating period as expected. The County has reported, however, that an employee to lead the expansion of the new disciplinary protocols to SBJ has been identified and will expand the pilot to SBJ by September 2024.

It is positive to report that the pilot project at NBJ continued to show improvement in this rating period following a series of collaboration meetings. For example, in April 2024, a mental health assessment was completed for all (100%) incarcerated persons identified as intellectually disabled or SMI who were subject to a disciplinary hearing at NBJ. During the period of November 2023 through April 2024, a mental health clinician made recommendations concerning mitigation in sixty-six percent (66%) of the disciplines reviewed and, in all cases, where the mental health clinician recommended mitigation, the hearing officer concurred.

If the County and Wellpath are able to allocate adequate project management resources to move from pilot phase to full implementation, including policy update and training, this provision can reach substantial compliance this next rating period assuming that the mental health monitor concurs that the identification of the disabled populations covered by this provision are being adequately identified and the clinical assessments are appropriate. The next report will include input from the mental health monitor concerning the quality of mental health assessments and identification of the SMI and intellectually disabled populations.

Recommendations

1. *Complete the draft disciplinary policy, and necessary forms, for both Custody and Wellpath. Ensure the Mental Health Expert is involved, giving the Remedial Plan experts and class counsel the opportunity to review and provide input before finalizing.
2. *Improve the early identification of SMI and Learning/Developmentally Disabled (LD/DD) incarcerated persons by flagging these persons for a clinical review prior to the adjudication of a disciplinary infraction.
3. *Provide training to assigned clinicians and hearing officers.
4. *Continue to refine internal tracking on the process, including quality review and quality assurance.
5. *Evaluate the abilities of the current jail management system to incorporate the improved process in the JMS system or replace the existing system with one that can facilitate this and many other provisions.

III.F. Mental Health and Disability Input in the Jail Disciplinary Process

2. The County shall develop policies and procedures on the consideration of mental health input in the disciplinary process.

County Response

Refer to status documented in Provision II.F.1

Expert Review

Compliance Rating: Partial Compliance

Prior Compliance Rating: Partial Compliance

Policies - Custody Operations Policy 363 – Inmate Discipline – Pending Completion
Custody Operations Policy 241 – Health Care – Pending Completion
Wellpath Health Services Policy – F3 – Requires Update

Training - Disability Rights Remedial Plan Implementation

Metrics Completed Policies
Completed Forms

Observations

Refer to Observations in Provision II.F.1

Recommendations

1. Refer to recommendations in Provision II.F.1

III.F. Mental Health and Disability Input in the Jail Disciplinary Process

4. Staff shall meaningfully consider the Qualified Mental Health Professional's findings and any other available disability information when deciding what, if any, disciplinary action should be imposed.

County Response

In process. Please see response to III.F.1. Staff meaningfully consider clinical input into the finding and rarely, if ever, deviate from clinical findings.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations Policy 363 – Inmate Discipline – Pending Completion
Custody Operations Policy 209 – Americans with Disabilities Act – Pending Completion
Custody Operations Policy 241 – Mental Health Care – Pending Completion
Wellpath F-03 – Mental Health Services – Requires Update

Training - Disability Rights Remedial Plan Implementation

Metrics Inmate Disciplinary Tracker
Completed Inmate Disciplines
Population Lists
Grievances

Observations

Refer to observations in Provision II.F.1.

Recommendations

1. Refer to recommendations in Provision II.F.1

III.F. Mental Health and Disability Input in the Jail Disciplinary Process

5. Staff shall meaningfully consider the Qualified Mental Health Professional's input on minimizing the deleterious effect of disciplinary measures on the prisoner in view of his or her mental health or adaptive support needs.

County Response

In process. Please see response to III.F.1. Staff meaningfully consider clinical input into the finding and rarely, if ever, deviate from clinical findings.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies -	Custody Operations Policy 363 – Inmate Discipline – Pending Completion Custody Operations Policy 209 – Americans with Disabilities Act – Pending Completion Custody Operations Policy 241 – Mental Health Care – Pending Completion Wellpath F-03 – Mental Health Services – Requires Update
Training -	Disability Rights Remedial Plan Implementation
Metrics	Inmate Disciplinary Tracker Completed Inmate Disciplines Population Lists Grievances

Observations

The hearing officers are now utilizing the hearing officer worksheet in the NBJ pilot, which documents the hearing officer has received and reviewed the mental health assessment worksheet, which is positive. However, as with the prior report, the process flow has not been refined to the point that the hearing officer is receiving that feedback prior to the hearing in all instances.¹² This is due to required regulatory timeframes for disciplinary hearings dictating that the hearing be conducted within 72 hours of the incarcerated person's receipt of the disciplinary report.¹³ However, the regulations also permit a good cause delay to the timeline for a reasonable period to allow for the completion of the mental health assessment with sufficient legitimate justification.

Regardless of when the hearing officer received the mental health feedback during this rating period, even if the discipline had been adjudicated, the hearing officer would adjust the finding and/or sanction if the mental health assessment made recommendations. However, this is not appropriate as the hearing officer should have this information as they begin the hearing process, not after they meet with the incarcerated person. It is critical that Wellpath have sufficient clinicians to complete the evaluation in a timely manner and if there is a delay in that process that the hearing officer not proceed until that information is provided, even if this requires written justification for a slight deviation from timeframe requirements. The County is currently addressing the process flow and justification for delay if required in a form revision and will incorporate timeframe expectations and deviation justification in the updated policy and training.

Recommendations:

1. *Refer to Provision III.F.1.
2. Incorporate timeframes for completion of forms and requirement to review the mental health assessment form prior to adjudication of a disciplinary measure in policy, form and training revisions.

¹² Examples 32994, 33005, 33013

¹³ California Code of Regulations Title 15, Minimum Standards for Local Detention Facilities, Section 1081. <https://www.bscc.ca.gov/wp-content/uploads/Adult-T15-Effective-1.1.2023-Full-Text.pdf>

III.F. Mental Health and Disability Input in the Jail Disciplinary Process

6. If custody staff do not follow the mental health input regarding whether the behavior was related to symptoms of mental illness or intellectual disability, whether any mitigating factors should be considered, and whether certain sanctions should be avoided, staff shall explain in writing why it was not followed.

County Response

In process. Please see response to III.F.1. Staff meaningfully consider clinical input into the finding and rarely, if ever, deviate from clinical findings.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations Policy 363 – Inmate Discipline – Pending Completion
Custody Operations Policy 209 – Americans with Disabilities Act – Pending Completion
Custody Operations Policy 241 – Mental Health Care – Pending Completion
Wellpath F-03 – Mental Health Services – Requires Update

Training - Disability Rights Remedial Plan Implementation

Metrics Inmate Disciplinary Tracker
Completed Inmate Disciplines
Population Lists
Grievances

Observations

The forms have been updated to require justification if the hearing officer does not concur with the mental health recommendations and in the NBJ pilot, the hearing officer has concurred on that form in every instance (100%). Once the pilot is expanded to SBJ, assuming the concurrence rate or justification remains high, this provision should reach substantial compliance in the next monitoring period assuming policies and training are updated.

It is essential that the mental health clinician provides guidance **prior** to the adjudication of disciplinary reports and imposition of sanctions as discussed in Provision III.F.5.

Recommendations

1. Refer to recommendations in Provision III.F.1 & 5.

III.F. Mental Health and Disability Input in the Jail Disciplinary Process

7. Inmates shall not be subject to discipline for refusing treatment or medications, or for engaging in self-injurious behavior or threats of self-injurious behavior.

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and thus suspension of monitoring is warranted under Paragraph 52 of the Murray Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

III.F. Mental Health and Disability Input in the Jail Disciplinary Process

8. Inmates shall not be subject to discipline for refusing treatment or medications, or for engaging in self-injurious behavior or threats of self-injurious behavior.

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and thus suspension of monitoring is warranted under Paragraph 52 of the Murray Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

III.F. Mental Health and Disability Input in the Jail Disciplinary Process

9. The County shall provide reasonable accommodations during the disciplinary process for inmates with mental health or intellectual disability.

County Response

In Process. Please see response to III.F.1.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations Policy 363 – Inmate Discipline – Requires Update
Custody ADA Policy 209 – ADA – Requires Completion
Wellpath F-03 – Mental Health Services – Requires Update

Training - Disability Rights Remedial Plan Implementation
TBD

Observations

The County's and Wellpath's understanding of the requirements to provide effective communication and staff assistants for disabled incarcerated persons continues to expand. The County has implemented the use of forms that guide hearing officers, mental health clinicians and staff assistants in the provision of effective communication.

However, the inability of the County to finalize the disciplinary policy and implement a departmental training program has led to confusion and inconsistent compliance with expectations. For the majority of this review period, the hearing officers failed to provide a staff assistant prior to the hearing and failed to document effective communication during the hearing process. It is positive that beginning in April 2024, following a series of clarifying meetings with the County, the process improved significantly with staff assistants being assigned in sixty seven percent (67%) of the required hearings and the documentation of effective communication being documented as provided in sixty-nine percent (69%) when required. In April 2024, the County also documented the provision of translation services when required in sixty percent (60%) of the required disciplinary hearings. While still not at substantial compliance, this is a profound improvement from the last report, which reflected:

“Based on reviews of the disciplinary hearing logs, during the first six months of 2023,¹⁴ the hearing officer has failed to document effective communication in all hearings, no staff assistants have been assigned and translation services were documented in only 16% of the hearings with non-English speaking incarcerated persons.”

The County has shown good progress in the pilot at NBJ. It is assumed with finalization of forms policy and training coupled with internal auditing and analysis, the County can complete the pilot, expand to SBJ and reach substantial compliance in the disciplinary provisions during the next monitoring period.

Recommendations

1. See recommendations in Provision III.F.1.
2. *Work with the Experts to develop Staff Assistant training and pilot utilization of the Staff Assistant worksheet.
3. *Train the hearing officers concerning documentation of the provision of effective communication in the hearing process.
4. *Train the hearing officers concerning documentation of the provision of translation services.
5. *Update the disciplinary log to ensure that it is understood that SMI populations require effective communication documentation and staff assistance.

¹⁴ Refer to Addendum B

6. *Finalize the ADA Policy 209.

III.F. Mental Health and Disability Input in the Jail Disciplinary Process

10. The County shall take reasonable steps to ensure the provision of effective communication and necessary assistance to inmates with Disability at all stages of the disciplinary process.

County Response

In Process. Please see response to III.F.1.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations Policy 363 – Inmate Discipline – Requires Update
Wellpath F-03 – Mental Health Services – Requires Update

Training - Disability Rights Remedial Plan Implementation

Metrics IDR Tracking Log
Individual IDRs
Grievances

Observations

Refer to Provision III.F.9.

Recommendations

1. Refer to Provisions III.F.1 and III.F.9.
2. *Assign a supervisory level custody staff member responsible for disciplinary practices and procedures.
*Ensure this supervisor is adequately trained, supported and resourced to be effective in this role.
3. *Collaborating with the Experts, update associated policies, training and forms.
4. *Create a flag mechanism in the Jail Management System that notifies the hearing officer when assistance is required and of any effective communication needs.
5. *Provide training to hearing officers and clinicians.
6. *Update disciplinary forms to meet the requirements of the provision.
7. *Coordinate with Mental Health and ADA Experts on policies, training, tracking and forms.
8. *Conduct internal auditing of compliance, including quality review and quality assurance.

III.F. Mental Health and Disability Input in the Jail Disciplinary Process

11. The County shall designate a supervisory-level custody staff member who shall be responsible for ensuring consistency in disciplinary practices and procedures. The County shall track and monitor this process, including the frequency that the recommendation of the Qualified Mental Health Professional was followed.

County Response

In process. Please see response to III.F.1.

Expert Review

Compliance Rating: Partial Compliance

Prior Compliance Rating: Partial Compliance

Policies - Custody Operations Policy 363 – Inmate Discipline – Requires Update
Wellpath F-03 – Mental Health Services – Requires Update

Training - Disability Rights Remedial Plan Implementation

Metrics Supervisor Post Orders
Audit Reports and Trends from the Supervisor
Interview with Identified Supervisor

Observations

The County has dedicated managers and supervisors who demonstrate a commitment to the implementation of the complex disciplinary provisions. However, as reflected in all prior reports, there are insufficient project management and compliance resources to anchor many provisions in policy, training, internal auditing and corrective action. It is believed if resources could be allocated to assist with specialization of services and compliance auditing, the disciplinary provisions would be further along in compliance. Because of limited resources, implementation has been slow, inconsistent and sporadic.

The County has developed a simple tracking report that evaluates high level requirements and tracks compliance but does not yet have internal expertise or resources to intensely review all completed disciplinary reports to ensure compliance with these provisions and adjust forms, policy and training as informed by compliance auditing. The Compliance Unit requires sufficient resources and support to conduct internal compliance reviews and prepare internal reports. Until this occurs, this provision will not reach substantial compliance.

Recommendations:

1. *Conduct a thorough analysis of the needs to adequately resource a Compliance team to implement the Agreement.¹⁵
2. *Notify the Expert team of who is responsible for this provision.
3. *Ensure the person assigned to this provision has the training, time, support and authority to completely reform the disciplinary process, including associated policy, forms, training and tracking.
4. *Create or update post orders for identified supervisor.
5. *Document this supervisor's role in the Discipline Policy.

IV. SUICIDE PREVENTION

IV.D. Treatment and Conditions for Individual Prisoners on Suicide Precautions

3. Safety cells shall be sanitized after every use and the sewer grate inspected to ensure cleanliness and appropriate conditions.

County Response

Completed.

Expert Review

Compliance Rating: Substantial Compliance – Recommend Discontinue Monitoring
Prior Compliance Rating: Substantial Compliance

Policy - Custody Operations Policy 304 – Use of Safety Cells

Training - Disability Rights Remedial Plan Implementation
Safety Cell Cleaning PowerPoint

Metrics Safety Cell Placement Forms
Grievances
Tours/Interviews

Observations

As reflected in the last report, the County achieved substantial compliance with this provision due to grounding expectations in policy, training, auditing and internal monitoring. The County finalized all related policies and logs to formalize the requirement that safety cells be cleaned after each use, sealed and inspected prior to repopulation. This process has been working.

¹⁵ This would include development of a comprehensive project plan, policy and training development resources, auditing and internal compliance monitoring.

During tours in December 2023 and June 2024, safety cell inspections demonstrated routine cleaning and cells that had been sanitized with a seal placed on the door reflecting the cell had been cleaned. Grates were inspected on both tours, were clear of debris, and standing water. During this rating period, beginning in January 2024, the County demonstrated a significant reduction in the number of incarcerated persons retained in a safety cell beyond 24 hours. In total, during the period of January 2024 through April 2024, the County had only two incarcerated persons retained in a safety cell beyond 24 hours and both of those individuals were transported to an outside hospital for care¹⁶ (refer to Addendum D for further information). Therefore, the need to demonstrate cell cleaning at the 24 hour mark significantly reduced this rating period.

There are systems in place, and internal and external auditing are showing consistent compliance with cleanliness of the safety cell. This provision has maintained substantial compliance for two monitoring periods; therefore, is recommended that monitoring be discontinued for this provision. It is recognized that monitoring of the overall cleanliness of the facility will be addressed by the Environmental Monitor and safety cell inspections would be a routine evaluation during those tours.

Recommendations

1. *Continue to monitor that staff are documenting on observation logs the safety cells are cleaned prior to occupancy.
2. *Ensure the Environment of Care position continues to conduct cleanliness reviews of the safety cells.
3. Maintain compliance with this provision and document trash removal cell cleaning that occurs on the individual safety cell observation log as appropriate.
4. Parties to discuss suspension of monitoring.

IV. G. Emergency Response

1. The County shall keep an emergency response bag that includes appropriate equipment, including a first aid kit, CPR mask or Ambubag, and emergency rescue tool in close proximity to all housing units. All custody and medical staff shall be trained on the location of this emergency response bag and shall receive regular training on emergency response procedures, including how to use appropriate equipment.

County Response

Completed.

¹⁶ NBJ February 22, 2024 placement; SBJ January 4, 2024 placement

Expert Review

Compliance Rating: Substantial Compliance – Recommend Discontinue Monitoring
Prior Compliance Rating: Substantial Compliance

Policy - Custody Operations 227 – Emergency Response Equipment

Training - Disability Rights Remedial Plan Implementation
Wellpath Training

Metrics 24 Hour Post Recap Report
Monthly Inspection Logs
Wellpath Weekly Inventory Sheets
Tours/Interviews

Observations

The County has maintained emergency response equipment in or near housing units and work locations and updated all relevant policies to comply with the provision. With the exception of one incident,¹⁷ all staff interviewed during the December 2023 and April 2024 tours knew the location of the emergency equipment. Review of daily reports by the housing unit deputies reflect the deputies have inventoried and inspected the equipment. Wellpath is responsible for inventory and maintaining the first aid kits. One deputy at NBJ covering a lunch break in a general population unit was unaware of the location of the cutdown tool in the unit he had been redirected to cover.

The County and Wellpath have been conducting emergency response drills at NBJ and SBJ and those drills address areas for improvement. Proof of practice regarding conducting the drills has been provided. It is important that the Compliance Unit develop a monthly or quarterly report and document the completion of the emergency response drills.

While one ill-informed deputy does not reduce the provision from substantial compliance, the issue of a deputy not carrying or knowing the location of a cutdown tool can have serious consequences. The issuance of a cutdown tool for all staff was discussed as an industry best practice and will be explored by the County.

The County has complied with this provision and the individual issuance of a cutdown tool is not required by the provision. Therefore, the expert will inquire regarding steps taken during the next tour and work with the County on an internal compliance report during the next rating period, but finds the County is substantial compliance for two rating periods and recommends discontinuation of monitoring.

¹⁷ During the April 2024 tour, a deputy redirected to cover a housing unit during a meal break was unaware of the location of the unit's cutdown tool and did not maintain one on his person.

Recommendations

1. *Sustain compliance with policy regarding inventory and availability of emergency response equipment (fire suppression, first aid, AED, cutdown tools, etc.).
2. *Continue to conduct internal monthly audits for compliance.
3. *Ensure newly hired Custody and Wellpath staff continue to be trained in utilization and location of equipment.
4. Consider individualized issuance of cutdown tools.
5. Parties to meet to discuss suspension of Monitoring

IV. G. Emergency Response

2. The County shall ensure that all emergency response equipment at the jail is inspected monthly and after each use and is repaired and replaced as needed. The County shall ensure that the jail maintains a service log for all emergency response equipment.

County Response

Completed.

Expert Review

Compliance Rating: Substantial Compliance – Recommend Discontinuation of Monitoring
Prior Compliance Rating: Substantial Compliance

Policy - Custody Operations 227 – Emergency Response Equipment – Awaiting Approval

Training - Disability Rights Remedial Plan Implementation
Wellpath Training

Metrics 24 Hour Post Recap Report
Monthly Inspection Logs
Wellpath Weekly Inventory Sheets
Tours/Interviews

Observations

Refer to Provision IV.G.1; recommend discontinuation of monitoring.

Recommendations

1. Refer to Provision IV.G.1; recommend discontinuation of monitoring.

IV. G. Emergency Response

3. It shall be the policy of the County that any staff who discovers a prisoner attempting suicide shall immediately respond and alert other staff to call for medical personnel. Trained staff shall immediately begin to administer standard first aid and/or CPR, as appropriate.

County Response

Completed

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Substantial Compliance

Policy - Custody Operations 242 – Suicide Prevention

Training - Disability Rights Remedial Plan Implementation
CPR First Aid

Metrics Lists of all Serious Suicide Attempts
Suicide Prevention Committee Meeting Notes
Review of Critical Incidents
Tours/Interviews
Training Rosters

Observations

This provision was previously rated as substantial compliance due to two prior monitoring periods where it was determined policies were clear, reviews of incidents demonstrated rapid response to medical emergencies, proof of practice on compliance with first aid/CPR training and staff interviews during tours which reflected staff understanding of their responsibility to summon medical aid and begin first aid and/or CPR as appropriate. However, there were several recommendations in those prior reports that had not been complied with which warranted on-going monitoring. Therefore, there was no recommendation to discontinue monitoring.

The previous recommendations included ensuring that the County and Wellpath engage in quality suicide assessment committees. While the County does engage in post suicide reviews, there is little evidence that quality and consistent suicide prevention committees are convening. While the County did provide proof that a suicide prevention committee began convening in April 2024, the first proof of practice that mental health and custody both attended a suicide prevention committee did not occur until May 25, 2024 and none of the documents provided evaluated medical emergency response to serious suicide attempts or medical emergencies to determine if staff were complying with this provision.

Tragically, a suicide occurred in October 2023 where deputies that arrived on scene did not enter the cell immediately based on Basic Academy training that staff does not enter a cell without sufficient backup.¹⁸ Correctional systems have long suffered from concerns that incarcerated persons may be faking suicide as a ruse to lure staff in to attack them. This incident demonstrated a breakdown in training and is of such a serious nature that this provision has been downgraded to partial compliance. In response to this incident, the County has clarified training materials related to cell entry during an emergency and has emphasized that emergency situations such as suicide attempts require immediate intervention by security staff.

The County did immediately address the non-compliance recognizing the fact that this involved several staff, and not a single deputy failure. As result, the County completed briefings on expectations when facing a potential suicide or medical emergency occurring in a cell and developed a Training Bulletin, *Entry Into Cells During Medical Emergencies*, for formalized training. It will be critical going forward that the County can demonstrate that meaningful evaluations are occurring on medical emergencies are occurring to return to substantial compliance.

Recommendations

1. *The Suicide Prevention Committee should continue to meet at least quarterly and should include an assessment of the rendering of first aid and CPR in all incidents warranting intervention.
2. *Continue to train staff on expectation and ensure CPR/First Aid training is up to date.¹⁹
3. *Provide Experts monthly lists of all serious suicide attempts and completed suicides.
4. Ensure the Academy and Jail Operations Training incorporate the information in the updated training bulletin.

VII. CUSTODY OPERATIONS/SEGREGATION

A. General Principles

1. Prisoners shall be housed in the least restrictive setting necessary to ensure their own safety, as well as the safety of staff and other prisoners.

County Response

In process. The County is in the process of a phased approach to complete preliminary tasks related to this provision including completion of a classification validation study, improvement in restricted housing practices and operating Behavioral Health Units (BHU). The County intends to complete by May 2024.

Expert Review

Compliance Rating:	Partial Compliance
Prior Compliance Rating:	Partial Compliance

¹⁸ Incident 23-10885

¹⁹ Note also required in Provision IX.8

Policies -	Custody Operations Policy 301 – Classification Custody Objective Classification Plan Custody Housing Plans
Training -	Disabilities Rights Remedial Plan Implementation
Metrics	To Be Determined

Observations

The County continues to focus on housing incarcerated persons at the lowest level as evidenced by the restricted housing provisions and reduced utilization of safety cells. The County has maintained the mental health step down units discussed in the last monitoring report and has continued to refine the program. The County continues to improve the process for reducing reliance on restricted housing. The County has been addressing the use of safety cells, further discussed in Provision VII.A.2.

While it has been difficult to fully track the overall restricted housing population since the inception of monitoring in 2021, the County continues to reduce the number of incarcerated persons in restricted housing. As of June 30, 2024, approximately four percent (4%) of the total population were in restricted housing, down from the eleven percent (11%) average in June 2021.²⁰

During the Third Monitoring Report review period, the County reported operating three (3) restricted housing units: NBJ F and K Units and SBJ's Northwest Restricted housing. The expert opined that the County was also operating all cells within the following units as restricted housing: SBJ New East, SBJ IRC 100, and IRC 400.

The expert remains concerned about the overall conditions of New East Restricted Housing as the unit itself is not best designed for segregation as it is small and isolating. The dayroom is close to the cells and there have been incidents where the population engaged in breaking windows, banging on doors and attempting to throw liquids at people while in the dayroom. It is difficult to hear in the unit due to the echoing that emanates from the small environment. The yard is small and leaves limited room for activities. This design flaw does not lend well to the housing and treatment of the mentally ill populations who occupy the unit, requiring greater involvement of Wellpath and the Sheriff's Treatment Program (STP) to engage the population. It is understood the County is aware of this challenge with the goal to close the unit during a jail replacement project, but the County should remain mindful of the limitations associated with the design of the unit.

Since the last report, the County deactivated NBJ F and SBJ Northwest as restricted housing units. The County also officially designated SBJ New East as restricted housing and began intermittently tracking females housed in IRC 200 or 400 on overflow restricted housing status. The County continues to dispute

²⁰ There is little research on state or national averages for the percentage of jail inmates in restricted housing. One study exists that reflects the national average for state prisons studies was 3.2% but it is difficult to compare jail operations to state prison systems due to the intake processes of jails that do not exist in prison. [time in cell 2021.pdf](https://timeinacell.org/time-in-cell-2021.pdf) (yale.edu)

that IRC 100 serves as a restricted housing unit due to the fact the County allows the occupants to come out of their cell with one other person and offers four hours a day out of cell opportunity. This expert continues to consider IRC 100 as restricted housing without due process due to lack of meaningful socialization, insufficient yard access and no meaningful programming.²¹

As a new issue has arisen since the last report: Without supervisory approval, it is noted that at times deputies have operated individualized out of cell programming in NBJ A pod where several incarcerated persons are receiving one hour or less a day out of cell, placing those incarcerated persons in a restricted housing status without due process.²²

This rating period, the County reports the following as designated restricted housing units:

NBJ K Unit	8 Beds
SBJ New East Restricted Housing	14 Beds
SBJ IRC 400 (female)	Intermittent only (1-2 per month)

The expert considers the following additional units as undesignated restricted housing:

SBJ IRC 100	16-32 Beds ²³
NBJ A Unit Solo Program	6 Bed Estimate
SBJ IRC 400 (female)	16-32 Beds ²⁴

It is positive to report that the restricted housing population continues to reduce but the total population is difficult to measure until the County adequately and accurately identifies the population who are being programmed separate from general population and have limited out of cell time and structured programming. The expert will continue to work with the County on this issue in the next reporting period.

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²¹ Refer to provision VII.D.1 for additional information.

²² Refer to provision VII.D.1 for additional information.

²³ Generally single cell with an average daily population of 16 but can accommodate up to 32 incarcerated persons.

²⁴ Generally single cell with an average daily population of 16 but can accommodate up to 32 incarcerated persons.

The following depicts the reduction in the County's restricted housing population since June 2021.

Restricted Housing Population June 2021 to June 2024

	Jun-21	Jun-22	Jun-23	Jun-24
NBJ	Not Operational	A (D) F (D) J (D) K (D)	F (D) K (D)	K Unit (D) A (U)
SBJ	East ISO (D) West ISO (D) NE ISO (D) South ISO (D) NWRH (D)	NE ISO (D) NWRH (D)	NWRH (D) NE RH (U) IRC 100 (U) IRC 400 (U)	NE RH (D) IRC 400 Overflow (D) IRC 100(U)
Total	79	66	51	34
D = Designated by County as restricted housing. U = Utilized as restricted housing but undesignated				

As will be discussed in Provision VII.A.2, the mental health and custody experts continue to believe that there has been an over reliance on the use of safety cells due to lack of inpatient beds and lack of available less restrictive environments.²⁵ The custody expert also continues to be concerned about the use of safety cells for incarcerated persons who are combative, rather than suicidal or engaged in self-harm. It is noted that the number of incarcerated persons placed in a safety cell for combative behavior reduced substantially this monitoring period, reducing from an average of 1.5 placements a month during the previous monitoring period to averaging less than 1 placements per month for the period of January – June 2024.²⁶

Finally, this provision requires that the classification system be validated to confirm that incarcerated persons are housed in the least restrictive setting based on a validated risk assessment tool that that routine reviews occur by the classification staff to determine if a less restrictive setting is warranted. That process is contingent on completion of the validation required pursuant to provision VII.B.1.

The County continues to move in a positive direction but requires the validation of the classification system to designate appropriate security levels for the population, requires additional programming in IRC 100/400 to not be considered a restricted housing unit and needs to create mental health observation settings that are less restrictive than a safety cell for those individuals who require additional precautions but not the level of a safety cell. The County has renovated the observation cells and is collaborating with the Mental Health Monitor to create and implement a policy to utilize observations cells, rather than safety cells, for those at risk of suicide when appropriate to do so.

²⁵ Refer to Fourth Mental Health Expert Report for additional detail.

²⁶ Refer to Addendum D.

Recommendations

1. *The County should follow up with the classification expert to complete the validation project and implement new policy, training and forms based on those findings.
2. *Continue to incrementally expand non-Segregation specialized mental health services units.
3. *The County should also establish and formalize a routine reclassification process for non-restricted housing inmates, as general population inmates should routinely be assessed for the ability to move them down in custody as their behavior and individual case factors warrant. This may occur following completion and with the guidance of the forthcoming classification review/validation analysis, discussed below.
4. *The County must address the program models in SBJ New East ISO unit, IRC 100 and IRC 400.
5. The County must address incidents in NBJ A Unit where staff have been operating individualized out of cell programming without managerial approval.

VII.A. Custody Operations/General Principles

2. The County shall not place prisoners in more restrictive settings, including Segregation, based on a mental illness or any other disability. Prisoners will be housed in the most integrated setting appropriate to their individual needs.

County Response

In Process. Refer to County Response in VII.A.2.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations Policy 301 – Classification
Custody Objective Classification Plan
Custody Housing Plans
Wellpath Policy E-04 – Initial Health Assessment
Wellpath Policy E-05 – Mental Health Screening
Wellpath Policy F-03 – Mental Health Services

Training - Disabilities Rights Remedial Plan Implementation

Metrics Restricted Housing Notification Forms
Population Reports
Grievances
Tours/Interviews

Observations

In addition to the improvement in reducing reliance on segregation documented in Provision VII.A.1, during this rating period, the County has also reduced the number of incarcerated persons placed in a safety cell for more than 24 hours as reflected in Addendum D. Specifically, as reported in the Third Monitoring Report, for the period of January – June 2023, the County averaged over five (5) incarcerated persons in a safety cell beyond 24 hours per month. A review of the period of January – May 2024 reflects only two incarcerated persons were maintained in a safety cell for this period and both were evaluated for a higher level of care during the 24 hour period and transported to an outside hospital for further care within a reasonable timeframe following the 24 hour period. While there was little reduction in the total number of incarcerated persons placed in a safety cell, it is positive that extended safety cell placements have reduced significantly. While this is positive, as reflected in the Mental Health Expert's Fourth Annual report, safety cells are being utilized for some individuals when a less restrictive setting could be appropriate, but the system lacks modified cells and protocols for housing in a less restrictive environment.²⁷ As previously mentioned, it is anticipated in the next reporting period there will be a reduced reliance on safety cells as the County creates a policy and training for clinicians to utilize mental health observation or other renovated cells, rather than safety cells, when appropriate.

It is also problematic that there are insufficient mental health clinicians in the jails to evaluate incarcerated persons prior to placement in a safety cell to determine if an inpatient setting is needed or a less restricted custody setting would be appropriate. In reviewing safety cell placement logs for the period of January through May 2024, approximately forty-one percent (41%) of those placed in a safety cell were not evaluated by a mental health clinician prior to placement. Of this group, nearly half (49%) were not evaluated by a mental health clinician prior to placement during clinical treatment hours of 8:00 am to 9:00 pm.²⁸

There is no evidence to suggest that incarcerated persons have been placed in restricted housing in either facility due to a mobility impairment but while the County has made enormous strides in the reduction of the use of identified restricted housing, there are SMI and/or high need incarcerated persons in restricted housing and other closed units, such as the IRC, who require a higher level of clinical care than the BHUs provide. Because of lack of alternatives, these complex populations languish in restricted housing or are housed without adequate supports and services in the IRC. It is notable that all or nearly all people in the NBJ K and SBJ IRC 100/400 restrictive housing units are on the mental health caseload. Custody and Wellpath must collaborate with the experts to address the programmatic needs of these complex populations. Wellpath must also increase clinical hours to ensure that incarcerated persons are being clinically evaluated prior to placement in a safety cell.

While there have been positive gains, until overutilization of the safety cells due to lack of alternatives, placement of specialized populations in the restricted housing settings due to inability to program them in the BHU and the Classification Validation study required under Provision VII.B.1 is complete, it is

²⁷ Refer to observations and recommendation contained in Mental Health Expert's Fourth Annual Report, Provisions III.D.2-4.

²⁸ Refer to Addendum D.

impossible to demonstrate the inmate population are being housed and programmed in the least restrictive setting.

Recommendations

1. *Continue to expand meaningful specialized mental health treatment units for males and females at the necessary level of care and custody classifications.
2. *Ensure that adequate clinical and programmatic support is available based on the clinical needs of the population.
3. *Update policies, procedures, post orders and training for the units. Work with the Mental Health Expert on the design of the unit, policies and training.
4. *Work with the Mental Health Expert to design the structured program model for behavioral health inmates who require retention in a restricted housing setting.
5. *Continue to utilize the restricted housing committee to monitor the program of those behavioral health incarcerated persons who require restricted housing. However, this committee is a classification process and does not substitute for the multi-disciplinary committee and individualized treatment plan requirements.
6. *The County should continue to expand alternative custody and specialized courts to address the needs of the low risk/high need arrestees in a community-based setting, rather than the jail.
7. *The County should ensure sufficient inpatient capacity in the community should that level of care be necessary for an incarcerated person.
8. Complete the Classification Validation project and adjust policies, training and practices based on the information.

VII.A. Custody Operations/General Principles

3. The County shall not place a prisoner in Segregation units without first determining that such confinement is necessary for security reasons and/or the safety of the staff or other prisoners. The County shall maintain a system by which it documents in writing the specific reason(s) for a prisoner's placement and retention in Segregation housing. The reason(s) shall be supported by clear, objective evidence.

County Response

In Process. The County has updated policies and forms. The County has reduced reliance on restricted housing through use of BHUs and has modified out of cell offerings in New East, IRC 200 and IRC 400. A multidisciplinary team reviews all restricted housing incarcerated persons. The County anticipates completing this requirement by July 2024.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations Policy 301 – Classification
Custody Operations Policy 306 – Restricted Housing – Pending

Training - Disabilities Rights Remedial Plan Implementation

Metrics Restricted Housing Placement Logs
Restricted Housing Notification Documentation
Classification Narratives
Grievances
Tours/Interviews

Observations

The County has demonstrated significant improvement in demonstrating compliance with this provision in the last several months. The County continues to maintain a daily tracking report of all incarcerated persons housed in restricted housing units. The County has updated forms and has consistently been utilizing the updated forms to document the rationale for initial placement or ongoing retention in a restricted housing unit. The involved incarcerated person is issued a copy of the placement/retention documentation as well. The County continues to convene the restricted housing committee²⁹ where custody and clinical personnel discuss individuals with the stated goal to develop plans to transition incarcerated persons to the least restrictive setting.

The overall restricted housing placement and retention process showed great improvement during this reporting period. While there is room for improvement, the quality of documentation for placement/retention has improved and the overall use of segregation in the jails remains low. Between the documentation issued to the incarcerated persons and the documentation maintained by the restricted housing committee, the County is demonstrating efforts to reduce reliance on restricted housing and develop step down strategies when an incarcerated person is retained in restricted housing.

The County has shown progress but is not yet at substantial compliance, as the County's ability to demonstrate compliance with this provision is a recent improvement and the vast majority of written justifications still do not yet articulate the current behaviors warranting retention in restricted housing and the tangible steps being taken to initiate reintegration. Feedback has been provided to the County on the steps needed to reach substantial compliance and it is highly likely the County will meet the standard during this review period if they maintain improvements realized to date and focus on improving documentation in the next rating period.

²⁹ Referred to in previous reports as the High Alert Risk Person or HARP committee

The County must, however, continue to maintain stable, adequate resources and well-trained Classification Unit to sustain the progress to date and meet the substantial compliance measure with the caveat that sufficient alternative program units are available as stepdown alternatives. While optimistic, these provisions showed great progress previously but receded quickly when resources were drained from the Classification Unit, and any future actions of redirecting or reducing classification staff will likely suffer the same result.

Recommendations

1. *The SBSO should ensure adequate staffing as necessary to achieve compliance with the timeframes and procedures relevant to this provision.
2. *The Compliance Team should be augmented to begin internal auditing.
3. *The County should address critical vacancies in the Custody Division.
4. *Refer to other VII.A Provisions for additional recommendations

VII.A. Custody Operations/General Principles

4. Prisoners will remain in Segregation housing for no longer than necessary to address the reason(s) for such placement.

County Response

In Process. See responses to VII.A.3.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations Policy 301 – Classification
Custody Operations Policy 305 – Restricted Housing

Training - Disabilities Rights Remedial Plan Implementation

Metrics Restricted Housing Tracking Logs
Restricted Housing Retention Documentation
HARP Logs
Grievances
Tours/Interviews

Observations

The County continues to show progress relative to attempting to transition incarcerated persons from restricted housing to the least restrictive environment. The County has developed alternatives to restricted housing, including behavior management units and IRC 100 housing. But the County has not yet implemented a strategy to conduct segregation reviews as soon as reasonable based on the individual case factors of the individual. As mentioned, the County also operates a quasi-restricted housing unit in IRC 100, where the population remains for extended periods without adequate programming or meaningful socialization.

The classification unit demonstrated an improvement in the tracking of the restricted housing population and the timely completion of the re-evaluation of restricted housing populations at least monthly. As with the previous report, it is recommended that the SBSO not maintain a routine 30 day reevaluation protocol, particularly for new restricted housing intakes where classification should engage in weekly reviews for the first sixty days of placement. In some cases, this is occurring, but classification does not routinely complete the restricted housing release form when conducting the reviews, making monitoring compliance difficult. Because the new restricted housing population is low, the SBSO should be able to accomplish weekly re-evaluations in the first 60 days with existing resources.

The SBSO also has a standing restricted housing committee where the majority of restricted housing inmates are discussed no less than bi-monthly. It is recommended, however, that the documentation improve to consistently summarize the reason for continued retention and attempts to place in a stepdown unit. This does occur but the committee documentation does not always demonstrate proof of practice.

During the April 2024 tour, it was positive to report that all incarcerated persons in designated restricted housing³⁰ who were interviewed stated they understood the reason for their placement and retention in restricted housing, and all had been interviewed by a classification deputy as reflected in documentation provided for review. Most preferred to remain in a restricted housing setting for a variety of reasons. There were several incarcerated persons who appeared too decompensated to fully understand the reason for placement and retention, an issue that must be addressed in collaboration with the mental health monitor to find appropriate programming alternatives for this category of restricted housing population, which appears to be a high percent of the population in restricted housing and IRC 100.

The County is clearly improving in this area, and it is recognized the remaining restricted housing population include complex incarcerated persons. It is also recognized that the County does attempt to transition from restricted housing to the behavioral health units or IRC 100. The County is demonstrating appropriate progress and is back on track. Should the County be able to demonstrate more frequent evaluation of those incarcerated persons newly placed in restricted housing, improve documentation of steps taken to reintegrate and improve programming available in the restricted housing units, IRC 100 and IRC 400 to prepare the population for reintegration, the County could achieve substantial compliance in the next rating period.

³⁰ SBJ NE restricted housing; NBJ K Unit.

Recommendations

1. *Ensure the restricted housing tracking form is updated daily and accurately. Integrate this information in the planned update to the jail management system.
2. *Continue to refine restricted housing tracking system and develop a policy regarding the restricted housing committee process and referral mechanism.
3. *The County will need to continue to refine the information-sharing with the Experts to ensure all documents are shared in their complete form as forms were missing and/or incomplete.
4. *Recommend policy be updated to reflect a restricted housing committee requirement for inmates who are retained in restricted housing beyond 60-90 days to include supervisory and clinical input as an initial expansion of the inmates reviewed by the committee.
5. *As behavioral health units are expanded, develop a program model to address higher security and higher need incarcerated persons to reduce reliance on restricted housing for this population.
6. Update policy to require weekly reviews of newly housed restricted housing population to occur weekly for the first 60 days.
7. Include IRC 100 as designated restricted housing unless the County can implement a legitimate general population housing unit strategy that includes programming and meaningful socialization.

VII.B. Classification Procedures

1. The County shall implement a validated Classification System consistent with the provisions of this remedial plan.

County Response

In Process. The County has contracted for an expert to assist and anticipates completion by July 2024.

Expert Review

Compliance Rating: Partial Compliance

Prior Compliance Rating: Partial Compliance

Policy - Custody Operations 301 – Classification

Training - Disabilities Rights Remedial Plan Implementation

Metrics Classification Validation Project Plan
Classification Validation Report
Updated Classification Policies
Updated Classification Forms

Observations

As reflected in the prior report,³¹ the County has contracted with a nationally recognized classification expert to assist with the norming and validation of the classification system, to include the reclassification system. The County has provided the expert necessary data to begin the review but has not received the expert's review. It is anticipated that will occur in the next rating period.

Recommendations

1. *Delay further recommendations until completion of validation report and recommendations.

VII.B. Classification Procedures

2. The Classification System shall be based on clear criteria and procedures for placing prisoners in and removing prisoners from Segregation units. Placement in and removal from Segregation units shall be documented for all prisoners.

County Response

In Process. See response to VII.B.2.

Expert Review

Compliance Rating: Partial Compliance

Prior Compliance Rating: Partial Compliance

Policy Custody Operations 301 – Classification

Training – Disabilities Rights Remedial Plan Implementation

Metrics Restricted Housing Placement Forms
Restricted Housing Placement Logs
Population Lists
Grievances
Tours

Observations

Refer to observations in Provision VII.A.3 and VII.A.4

³¹ Third Monitoring Report, page 38.

Recommendations

1. *Recommend working with the Experts to continue to refine documentation and tracking mechanisms and information sharing for inmates placed in, retained and released from segregation.
2. *Integrate recommendations from classification validation study when complete.
3. Refer to recommendations in VII.A.3 and VII.A.4.

VII.B. Classification Procedures

3. The Classification System shall facilitate the following:
 - a) Housing placements based on the behavior and clinical needs of prisoners who are identified as having Serious Mental Illness. Mental health staff shall provide input regarding the classification and placement of people with Serious Mental Illness.
 - b) Screening to determine whether a prisoner should be separated from other prisoners for safety purposes. Where a prisoner is found to require separation from other prisoners for safety, placement will be in the least restrictive setting appropriate, and will allow for out-of-cell and recreation time consistent with the provisions herein.

County Response

In Process. The County and Wellpath are actively engaged in the various steps required to implement this provision, including mental health and custody interdisciplinary teams, clinical role in housing and disciplinary reports, clinical review prior to placement of SMIs into restricted housing, establishment of BHUs and a myriad of other tasks involving custody/mental health collaboration. The County anticipates completing this provision by September 2024.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations Policy 301 – Classification
Wellpath Policy F-03 – Mental Health Services
Wellpath Policy G-2 – Segregated Inmates

Training - Disabilities Rights Remedial Plan Implementation

Metrics Population Reports
Classification Documentation
Restricted Housing Placement Documentation
Restricted Housing Committee Actions

Observations

During this monitoring period, the County and Wellpath continued to improve the manner in which Wellpath clinical staff and custody classification staff interact concerning housing decisions for the SMI population. As reflected in the Mental Health Expert's Fourth Annual report, the Mental Health staff is routinely engaged in placement decisions regarding housing in the BHUs.³² The classification staff also frequently document receiving clinical feedback regarding retention of SMI incarcerated persons in restricted housing and clinical staff routinely serve as members of the restricted housing committee.

However, as reflected in the Mental Health Expert's report, the Wellpath staff are currently not engaged in housing decisions for all SMI incarcerated persons and that would have to be remedied before substantial compliance can be achieved.

Recommendations

1. *Continue to establish specialized behavioral health units based on solid population projections and comprehensive mental health programs needs assessment, utilizing behavioral health and classification levels.
2. *Based on the projections and needs assessment, develop an overall system of care that takes into consideration the classification needs of the population in partnership with the clinical needs of the population.
3. *Create a formal mechanism for clinical staff to recommend housing consideration for inmates in need of mental health or ADA services with a documented recommendation to custody prior to an inmate's placement or release from restricted housing, upon release from a safety cell or mental health observation and when there is a change in level of care need.
4. Refer to recommendations from the Mental Health Expert's Fourth Annual report, Provisions III.D,2-4.

VII.B. Classification Procedures

4. The Classification System shall include a Classification Review Process.
 - a) The Classification Review Process shall include clear, written criteria by which prisoners in a Segregation Unit can secure placement in a less restrictive setting as well as restoration of property or privileges. This review will include a private, out- of-cell interview (unless individual security issues prevent such an interview and are documented). The review shall occur at least every 30 days or sooner if circumstances warrant.
 - b) If a prisoner is retained in a Segregation unit following the Classification Review, the reasons for retention and the specific steps to be taken to achieve restoration of property/privileges and transfer to a less restrictive setting will be documented.

³² Mental Health Expert's Fourth Annual Report, Provisions III.D.2-4.

- c) Prisoners in Segregation units will be provided an oral and written statement of the reasons for the outcome of each review, including what steps are necessary to gain restoration of property/privileges and to be moved to a less restrictive setting.

County Response

In Process. The County has updated policies and forms associated with the provision. A multidisciplinary team reviews all restricted housing incarcerated persons. The County anticipates compliance with this provision by June 2024.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations Policy 301 – Classification
Objective Jail Classification Plan – Not provided for review

Training - Disabilities Rights Remedial Plan Implementation

Metrics Restricted Housing Tracking Log
Restricted Housing Placement/Retention Documentation
Grievances
Interview and Tours

Observations

As reflected in Provisions VII.A.1-4, the County has demonstrated significant improvement in restricted housing reviews. In reviewing the months of January – April 2024, only one review occurred later than the 30-day required period. Additionally, the retention forms consistently documented that a copy was given to the incarcerated person following the decision. During the May 2024 tours of restricted housing units, the majority of incarcerated persons interviewed stated they received a copy of their placement and/or retention documentation.

None of the restricted housing retention forms documented that the interview occurred in a confidential setting or the reason the interview did not occur in a private setting. During the next rating period, the County should update the retention form to add a question concerning the location of the interview and a place to provide written justification if the interview occurred in the cell or other non-confidential setting.

The County has institutionalized the process of conducting a review but requires improvement in the documentation of the reason for retention as well as the steps that the system will take to assist the incarcerated person in beginning the stepdown process. The Classification Staff frequently document their expectations concerning the behaviors required for the incarcerated person to be considered for a lower level of supervision or housing but not as consistently or as effectively as required.

The County seems to have grasped the process and continues to improve documentation. Assuming Classification resources remain sufficient, staff are trained, and internal monitoring for compliance and quality checks occurs, it is feasible this provision will reach substantial compliance in the next rating period.

Recommendations

1. Refer to recommendations in other VII.B provisions

VII.B. Classification Procedures

5. The County shall perform Prison Rape Elimination Act (PREA) screenings in a private location.

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and thus suspension of monitoring is warranted under Paragraph 52 of the Murray Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance,

VII. C. Elimination of Dangerous or Improper Physical Plant Features

1. The County shall conduct an assessment of all Segregation cells and develop a plan to address structural suicide hazards, such as tie-off points within the cells, to the maximum extent feasible.

County Response

In Process The County completed the assessment, created a plan and has closed or renovated numerous housing units. The County is working on an integrated information management system to allow suicide risk information to be shared from the unit health record to the jail management system. The County anticipates completion of requirement by July 2024.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations 242 – Suicide Prevention
Custody Operations 305 – Bed Assignment

Training – Disabilities Rights Remedial Plan Implementation

Metrics Structural Hazard Review Corrective Action Plan

Suicide Attempts Suicide Prevention Meeting Notes

Observations

The County reports considerable progress towards compliance during this rating period but is not yet complete with the remediations at SBJ identified in the internal structural hazard review and many of the remediations occurred after the most recent tour and could not be confirmed during onsite monitoring.

The County previously deactivated many of the most complex units as noted in Provisions VII.C.3 &4. The County also reports that with the exception of anti-jump barriers on the second floor, remediation has been completed in the cells located in IRC 200 and IRC 300 as well as the observation cells. The County reports that new east restricted housing, IRC 100 and IRC 400 will be complete in the next monitoring period. The County is also in the process of addressing the lack of anti-jump netting in the IRC units.

While the County has been slow to implement this provision, the progress reported in this monitoring period is positive and the County should be able to achieve and sustain substantial compliance in the next rating period assuming the renovation projects are completed as stated and the renovations articulated are appropriate and complete, which is anticipated.

Recommendations

1. *Continue to mitigate the areas identified in the SBJ Structural Hazard Corrective Action Plan.
2. *Create a process to identify suicide risk incarcerated persons and restrict their placement in cells where the mitigations have not been completed.
3. *Assess viability of installing anti-jump fencing in high-risk multi-tier housing units at both facilities.
4. *Resolve any serious concerns in safety cells and mental health observations cells.
5. *Discuss pertinent physical plant issues at Suicide Prevention Meetings.

VII. C. Elimination of Dangerous or Improper Physical Plant Features

2. The County shall ensure that prisoners with serious mental illness or otherwise at elevated risk of suicide will not be housed in a cell that contains attachment points or other structural suicide hazards, as follows.
 - a) The County shall maintain a list of Segregation cells containing structural suicide hazards.
 - b) The County shall not place any person in a Segregation cell containing structural suicide hazards if the person has a diagnosed Serious Mental Illness.
 - c) The County shall assess all cells used to hold prisoners awaiting intake screening or post-intake housing placement, including as intake “overflow,” and shall ensure that they are suicide-resistant and do not contain structural blind spots, to the maximum extent feasible.

Joint Status Report and Stipulation Interim Measures:

Defendant have completed a Structural Suicide Hazard Review of all restricted housing units and are currently working with General Services to address any risk identified. Defendants will complete an updated action plan by July 1, 2023, to address the structural suicide hazards that have been identified

Expert Review

Compliance Rating: Non Compliance
Prior Compliance Rating: Non Compliance

Policies - Custody Operations 242 – Suicide Prevention
Custody Operations 305 – Bed Assignment

Training – Disabilities Rights Remedial Plan Implementation

Metrics Structural Hazard Review Corrective Action Plan
Suicide Attempts
Suicide Prevention Meeting Notes

Observations

The County has shown progress in remediating the suicide hazards in most activated cells identified on the corrective action plan but has not completed all projects as of July 1, 2024. The County anticipates completing all renovations projects associated with this provision during the next review period. The County also deactivated the lower tier Northwest Restricted Housing Units negating the need to remediate those cells until such time occupancy is anticipated for SMI or suicide risk incarcerated persons. The County has not, however, created a suicide risk alert in the jail management system or barred the housing of SMI inmates in the cells pending renovation at SBJ, therefore the County remains in non-compliance status despite completing many, but not all remediation tasks during this monitoring period.

As of May 15, 2024, there was (1) SMI incarcerated person housed in New East restricted housing and several more who have also been placed in a safety cell during this rating period for suicidal behavior or ideation. There were also three (3) SMI persons housed in an intake cell in the IRC on May 15, 2024, and an undetermined number who have a suicide risk history. It was previously recommended that if SMI or high suicide risk persons were placed in the IRC, they should be clustered with fifteen minute security checks, which did not occur. The County's efforts are noted but as stated in the prior report, until such time as those cells are remediated or SMI and elevated suicide risk persons are prohibited from placement in cells pending remediation or alternative temporary measures are enacted, this provision will be non-compliant. It is believed, however, that the County will achieve substantial compliance in the next review period when all of the cells are remediated.

Recommendations

1. *Refer to Provision VII.C.I.

2. *Cluster SMI and high-risk suicide population in the IRC into designated units and staff in a direct supervision model and/or adjust security checks to every 15 minutes until the structural hazards can be remediated.
3. *Discontinue housing SMI and suicide risk persons in New East Restricted Housing or implement 15 minute checks until the remediation is complete.

VII. C. Elimination of Dangerous or Improper Physical Plant Features

3. No later than January 1, 2021, the County shall discontinue its use of the Main Jail's "double door" or other extreme isolation cells, including Central 7 and Central 8.

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and thus suspension of monitoring is warranted under Paragraph 52 of the Murray Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

VII. C. Elimination of Dangerous or Improper Physical Plant Features

4. No later than January 1, 2021, the County shall discontinue its use of Segregation housing units that lack access to a dayroom, including South 1-16, West 18-29, and East 11-22. The County may retrofit such units to ensure that they provide access to a dayroom and outdoor recreation areas and that they comply with contemporary correctional standards.

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and thus suspension of monitoring is warranted under Paragraph 52 of the Murray Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

VII.D. Minimum Out-of-Cell Time

1. Absent exigent circumstances or exigent security concerns that are documented, the County shall offer each prisoner not subject to discipline (except in the Northwest unit), at a minimum, 18 hours out of their cell each week, and other structured programming, as follows:
 - a) At least six (6) hours per week outdoors for exercise/recreation
 - b) At least twelve (12) hours per week in a dayroom or other common area
 - c) At least four (4) hours per day, on at least three (3) separate days per week, of in-cell structured programming – *i.e.*, programming on electronic tablets.

Joint Status Report and Stipulation - Interim Measures:

Defendants will implement interim remedial measures to increase out of cell time and program access while physical plant remediation efforts proceed consistent with the plan contained (in the Stipulated Agreement).

³³ Expert Review

Compliance Rating:	Partial Compliance
Prior Compliance Rating:	Partial Compliance

Policy – Custody Operations Policy 367 – Inmate Recreation

Training – Disabilities Rights Remedial Plan Implementation

Metrics

- Out-of-cell Tracking Reports
- Yard Schedules
- Tablet Tracking Reports
- Program Schedule
- Grievances
- Tours/Interviews

Observations

This provision addresses yard access time, total out-of-cell time and in-cell activities. The out-of-cell time and in-cell activities will be addressed separately.

³³ It is noted in California, there is a new state law that mandates jails ensure “policies and procedures for a minimum of 10 hours of out of cell time distributed over a period of seven days to include: (1) an opportunity for three hours of exercise. And (2) an opportunity for seven hours of recreation.” Cal. Code Regs. tit. 15, § 1065. Requirements in this agreement exceed California state requirements; therefore, the focus on the report will remain on the provisions.

Out-of-cell Time

The County is showing improvement in the delivery of out of cell time most areas; therefore, the focus for this report will be on the following units, each of which will be addressed independently:

SBJ Dorms
SBJ New East Restricted Housing
SBJ IRC 100
NBJ A Unit
NBJ K Unit
NBJ Medical Unit

During tours in November 2023, May 2024, review of grievances and analysis of out of cell documentation and tracking, unless a unit is specifically listed above as not achieving compliance, the remaining individual housing units are meeting or exceeding the provision requirements. The following reflects the individual findings for each unit listed above.

SBJ Dorms

The County acknowledges that structural limitations at SBJ inhibit their ability to ensure the offering of six (6) hours of outdoor recreation for the dormed units and were required by the original Remediation Plan to have reconfigured the recreational space by July 1, 2023, which did not occur. Due to the delays in compliance with various aspects of the Remedial Plan, the parties agreed to interim measures in the *Joint Status Report and Stipulation re: Implementation of Remedial Plan* (referred to as “interim measures”), including aspects of yard access for both facilities.³⁴ In the interim measure plan, the County reported a yard renovation project for the SBJ main yard to split the yard into three exercise spaces. The splitting of this yard would essentially triple the amount of yard access available with the assumption that staff are designated to oversee the yard. The County reported this renovation would be complete by September 10, 2024.

However, the County has reported that it will not be able to meet the September 10, 2024 timeframe and has provided an updated completion target between the period of December 2024 and March 2025. The County has reported on progress to date but the delay, reportedly due to supply chain issues, would have been avoidable if the project had been initiated in 2021 and completed within the original Remedial Plan timeframe.

Besides reporting on the construction project, the SBSO Compliance Unit has been tracking yard closure data and shares that information with the Monitoring Team. The yard closure reports for the period of July 2023 through April 2024 demonstrate that the yards are operated on an average of sixty-five percent (65%) of the days in a month as reflected in the chart on the following page:

³⁴ Files with the court on August 11, 2023 and approved August 12, 2023

SBJ Daily Main Jail Utilization
July 2023-April 2024

Month	Days in Month	Yard Operated	Inclement Weather or Maintenance	No Staff*	No Notation	% Days Yard Operated	Self-Reported Compliance
July	31	15	0	13	3	48%	0%
August	31	22	1.5	4.5	3	71%	0%
September	30	20	0	9	1	67%	0%
October	31	27	0	4	0	87%	0%
November	30	23.5	2.5	4	0	78%	0%
December	31	18	3	5	5	58%	0%
January	31	18	5	6	2	58%	0%
February	29	19	4	4	2	66%	0%
March	31	16.5	1.5	4	6	53%	0%
April	30	18	3	4.5	3.5	60%	0%
Average	30.5	20	2	6	2.5	65%	0%

Partial closures measured as .5 day

* Includes Sundays and Holidays

The impact of these closures or failure to fully utilize the space to the maximum capacity can be assessed by reviewing a sample week for the average number of yard hours offered for each dorm. This occurred for the period of June 2023 through March 2024, and it is clear that the County is providing less than 3 hours per week of yard access,³⁵ an issue that could be improved if the County would expand yard hours to seven days a week during all daylight hours except count times. This ability to expand existing yard utilization is not reliant upon construction and is a recommendation that has previously been made to the SBSO staff.

SBJ New East Restricted Housing

The New East Restricted Housing unit at SBJ is designated as segregation for the jail. The unit houses a high need population who primarily engage in behaviors likely associated with their mental health conditions. The unit has struggled to ensure adequate out of cell time as well as accurately track that information, but the system is improving. The unit has also intermittently permitted more than one incarcerated person out of their cell at a time, which has afforded more socialization and increased out of cell time for those incarcerated persons. The unit does not yet provide structured clinical activity and a review of available program schedules and reports for the period of July 2023 through June 2024 fails to identify any structured programming occurring in the unit.

³⁵ See Addendum E

New East Yard - According to the out of cell tracking information provided for the period of January – May 2024, the unit was able to offer the required out of cell opportunities for recreational yard, offering an average of thirteen (13) hours per week.³⁶ The average number of yard hours utilized for the incarcerated males who were housed in the unit for the entire week averaged over six (6) hours of yard activity, which is positive. However, high average weeks skew the totals of the small sample population. When reviewing the data more carefully, of the 23 weekly slots assessed of the review period, only eleven of those weeks reviewed achieved the incarcerated persons utilizing the yard for at least six hours.

New East Dayroom – The County actually offers more yard than dayroom on average. During the review periods, the County averaged offering less than nine (9) hours per week with the acceptance of six (6) hours per week on average. Pursuant to the schedule submitted with the Interim Measures, the County committed to offer fourteen (14) hours per week of dayroom, which did not occur but those schedules are not the measure for compliance for out of cell time, but rather a goal for increase opportunities to provide out-of-cell time.

New East Combined - The out of cell logs for review period show that an average of nearly twenty-two (22) hours per week were offered during the sample review period with the incarcerated population averaging 12.5 hours out of their cells per week. Pursuant to the Interim Measures, the County committed to offer twenty-eight (28) hours per week combined out of cell time (a noted excess of the required eighteen hours per week) but did not meet that target, primarily due to the insufficient dayroom offerings. However, the County did offer an average in excess of the required eighteen hours. The 23 weekly slots assessed demonstrated there were only four (4) slots where the required 18 hours offer did not occur. However, of the twenty-three (23) weekly slots assessed, ten of the slots depicted that the incarcerated person had not been out of their cell for more than ten (10) hours in the week.

The County has shown good progress in providing and documenting out of cell opportunities in the NE Restricted Housing Unit. The County is encouraged to continue to document out of cell in the daily logs and conduct quality assessments as there are clear errors in the reports that have to be remedied before the documents can be considered dependable. The County is also encouraged to comply with the schedule submitted as an Interim Measures or better articulate the reasons the schedule was not adhered to. During the next review period, video will be reviewed to audit the documented times and staff actions to encourage out of cell time to validate the out of cell logs.

SBJ IRC 100

SBJ IRC 100 has been designated as a stepdown unit for restricted housing unit males who are able to program out of their cell with at least one other person. The program has been largely successful in

³⁶ Refer to Addendum F. However, the tracking log entries have not been validated through the observation of available video footage to determine if accurate. There are routine errors on all out of cell tracking reports, likely driven by human error, which would require validation prior to a finding of substantial compliance.

beginning the transition process out of restricted housing and is an important aspect of the County's focus on reducing reliance on segregation. However, the unit continues to operate too much like restricted housing without the due process associated with restricted housing, an issue that has been discussed with the County and is further discussed in this report. The primary concern about compliance with the out of cell provision in IRC 100 is related to access to yard.

IRC 100 Yard - In reviewing the first seven days of out of cell tracking logs for the months of January – May 2024,³⁷ the analysis reflects that the yard was offered on average over 12.5 hours a week. The Interim Measures committed to offering the yard fourteen hours per week, so the County is near the target and within reasonable range for the various reasons the yard may be unavailable during the week. However, because of the small nature of the yard, the incarcerated persons are only accepting yard an average of 8% of the time, or less than 2 hours per week.

IRC 100 Dayroom - Conversely, the system is offering an average of nearly fourteen (14) hours of dayroom a week and the incarcerated persons are utilizing the dayroom 84% of the time, or nearly 12 hours per week.

IRC 100 Combined – For the period reviewed, IRC 100 averaged over twenty-six hours per week of offered out of cell time with an acceptance of almost fourteen (14) hours per week, which is positive but not reflective of what occurs in the behavioral health units and other general population housing units. Each month the staff documented that one to three incarcerated persons refused out of cell time routinely, which demonstrates the complexity of the unit.

Neither Wellpath clinicians nor the Sheriff Treatment Program (STP) provide out of cell programming for this unit but individualized counseling and limited and undocumented in cell programming and discharge planning has occurred in the unit during the rating period. If the unit began to provide programming or work activities and addressed the extreme refusal rate on the yard through innovative yard programming, this unit could achieve the expectations of the agreement.

SBJ IRC 400

SBJ IRC 400 has been designated as an intake housing as well housing for complex females and females on restricted housing status. As with IRC 100, the primary challenge with IRC 400 is the incarcerated persons willingness to utilize the yard.

IRC 400 Yard - In reviewing a sample week of out of cell tracking reports for the period of January – April 2024,³⁸ the average number of hours the yard is offered was slightly over 6 hours per week and the acceptance rate was just 4%, for an overall average of 15 minutes per week for the population. The Interim Measures included a schedule that provided four hours a day of combined yard and dayroom (28 hours per week) a schedule that the IRC 400 is not consistently adhering to.

³⁷ Refer to Addendum G

³⁸ Refer to Addendum H

IRC 400 Dayroom - As with IRC 100, the system is able to offer the dayroom an average of almost 14 hours per week and the acceptance rate is over 80%, representing an average utilization of over 11 hours per week.

IRC 400 Combined – The Unit is routinely offering twenty (20) hours per week with an average acceptance of 11.5 hours per week, primarily in the dayroom. The County is exceeding the 18 hour per week offer requirement but not offering the Interim Measures twenty-eight hours per week for reasons that need to be further explored.

When touring, this unit is clearly a high need unit with insufficient clinical and program support for the needs of the population, many of whom appear severely decompensated. This unit would benefit from dedicated clinical staff to assist the deputies in addressing the high needs of the population, clinicians who could be utilized to assist with encouraging the population to utilize the yard and increase socialization. If the unit began providing programming and created innovative approaches to encourage yard utilization, this unit could achieve the expectations of the agreement.

NBJ A Unit

The NBJ A Unit is a complex male housing unit. The configuration of the unit includes small dorms and cells, so the system relies on the unit to house general population, protective custody and solo programming individuals. As a result, the housing deputies provide multiple out of cell groupings per day, including “solo” out of cell activity for several incarcerated persons.³⁹ In general, the deputies attempt to provide three to four hours a day out of cell, which affords access to the dayroom and the yard concurrently and would exceed the combined 18 hour requirement of the provision. However, the schedule submitted in the Interim Measures is not being consistently adhered to and fails to address the individuals who are being programmed by themselves.

The unit does not maintain out of cell tracking logs and relies on the unit daily activity log to document the provision for out of cell time, which is sufficient to monitor compliance but does not easily identify for management when an individual cell is not being offered daily activities of less than three hours per day.

In reviewing the first seven days of each month for the period of January – May 2024, the unit logs reflected that inmates on “solo” recreate were only being offered time for a shower or one hour out-of-cell time per day.⁴⁰ There are also days where groups of inmates were not documented as receiving any out-of-cell time for the day.⁴¹

The other subgroups were offered, generally, three hours per day and if they missed one day in week, they would still be offered 18 hours as required by this provision. However, while the population would have

³⁹ The “solo” designated incarcerated persons are not permitted to be out of their cells with other incarcerated persons and have to recreate by themselves.

⁴⁰ Examples: January 3; February 1, 5, 6, 7; April 2, 6, 7; May 6, 7.

⁴¹ Examples: January 1, 2, 4, 5; March 1, 3, 5, 7; April 3, 4; May 1, 2, 3, 4

received 18 hours of out of cell, the County still would not be following Provision VII.D.3 requiring that all inmates be permitted out of their cell daily. The County should focus on the solo recreation strategies for this unit to strategize how to meet the provision hours, even if that requires running a separate yard and dayroom program for this group. Because of the complexity of NBJ A, the County may need to utilize the out of cell tracker to assist with real time daily monitoring and to help prove compliance with this provision.⁴²

NBJ K Unit

Of the restricted housing units, NBJ K Unit is closest to substantial compliance with the out of cell requirements.

K Unit Yard - The area requiring focus is the offering of yard and the acceptance of yard. On average, in analyzing the sample weeks during the review period reflects the incarcerated population is being offered an average of four (4) hours of yard per week and accepting yard forty-six percent (46%) of the time. It is noted that the most recent month reviewed, May 2024, showed an improvement in yard offering and yard acceptance. The Interim Measures schedule for K Unit committed that each person would be offered 1.5 hours per day seven days a week for a total of 10.5 hours per week, exceeding the required six hours. The yard is not currently available on Sundays and yard is not offered daily as was the County's commitment per stipulation, but this would be problematic to operationalize as that yard is shared with J and M Units, units which would suffer insufficient access if K unit utilized all of the slows. However, opening the yard on Sunday and expanding utilization to all reasonable daylight hours creates an opportunity to reach full compliance the next rating period. The County is developing a new yard schedule that is different than the schedule submitted with the Interim Measures. This new schedule should be discussed with class counsel as it is a deviation from the prior schedule.

K Unit Dayroom - In reviewing the first seven days of the month for the period of January – May 2024, with the exception of the January sample week, the NBJ staff are offering an average of 12 hours per week for dayroom activity and the incarcerated population is accepting dayroom over ninety percent (90 %) of the time.⁴³ This exceeds the Interim Measure commitment of 10.5 hours per week and meets the provision requirement and expectations concerning motivating incarcerated persons not to isolate in their cells. During tour interviews, the population reflects they are being offered dayroom daily and the out of cell logs reflect those offerings. For the next rating period, a random sample of video will be reviewed to confirm reliability of logging.

K Unit Combined – During this rating period, the County offered sixteen (16) hours per week and the population accepted thirteen (13) hours per week. If the County addresses yard access, K Unit should reach compliance in the next rating period.

⁴² It is noted that NBJ B Unit also had incarcerated persons on individualized out of cell programming during this rating period, but that population was generally afforded 3 hours per day out of cell, comparable to the rest of the population. If NBJ B Unit begins to be operated similar to NBJ A Unit, the recommendation concerning utilizing an out of cell tracker for that unit would apply.

⁴³ Refer to Addendum I

NBJ M Unit

The NBJ M Unit was designed as a medical unit and is not always occupied. However, the unit has been used intermittently for overflow housing, medical housing and safety cells.⁴⁴ The unit does not have dedicated custody staff or a dayroom and shares the yard with J and K units, which already struggle to meet the required yard hours for those two units. In reviewing the out of cell logs for the period of January – May 2024, it is clear that the incarcerated persons in M Unit are not being afforded any out of cell opportunities and tours have revealed that not all persons housed in that unit appear to be unable to access the yard. If the County houses incarcerated persons in this unit, they must arrange for out of cell time pursuant to this provision unless clinically counterindicated. If clinically counter indicated, the County must document this on the out of cell tracker to assist with monitoring and proving compliance. Because the unit is not utilized to full capacity, one of the cells or the dorm can be converted to a dayroom, similar to the good work the County did in Northwest in creating a dayroom for the workers.

Summary all units - The data shared by the County demonstrates an improvement in all areas compared to the prior reporting periods. The County committed to working with the expert to improve documentation and tracking of out of cell and has done so during this rating period, including procuring an RFID system to track the information more accurately. The units not mentioned in the report have demonstrated the provision of out of cell time consistent with the Remedial Plan as evidenced through tours, grievances and unit logs. The focus for the County is to maintain progress in the units not mentioned and resolve the barriers identified in the units reflected above.

Programming

In the Interim Measures, the County committed to the following:

Tablets are presently available daily to all incarcerated people at Northern Branch Jail. The county has initiated distribution of tablets to all incarcerated people at the Main Jail. The county will provide all incarcerated people with daily access to tablets by December 2023, for at least four (4) hours per day for each person

The county is committed to providing complete and equitable programming to individuals with disabilities, consistent with relevant remedial plan requirements. Programming, including the sheriff's department program, is offered to all incarcerated people across the facilities, including those in South dorm.

⁴⁴ Examples: January 6-12, 16-31; February 1, 18-20, 24-29; March 1-10, 24, 25, 30, 31; April 5, 10-26; May 10-30.

During this rating period, the County completed the project to issue all eligible incarcerated persons at NBJ a tablet. The County also instituted a daily issuance of tablets at SBJ utilizing a pool of tablets as committed as an Interim Measure. The project at SBJ has not been as successful as NBJ as the number of working tablets available for issuance is often insufficient to issue a tablet for every person in a unit or dorms due to damage, missing and lack of adequate charging. This requires the incarcerated population to share tablets, which creates challenges in a correctional setting and impacts the County's ability to prove and achieve the four hour issuance for all incarcerated persons at SBJ. However, the County has provided proof of practice that tablets are being issued daily.

The County has also shown considerable progress in the provision of structured programming with significant investment in the behavioral health units with groups provided by both Sheriff Treatment Program (STP) and Wellpath employees. The quality of those groups is best addressed by the mental health expert but there is sufficient proof in documentation and during tours that daily groups are occurring in those units.⁴⁵

The County also demonstrated an overall increase in the STP programming provided at SBJ and NBJ. A review of the structured programming calendars for the period of June 2024 compared to June 2023 reflects that the number of combined groups provided at SBJ and NBJ increased during June 2024 from the prior year by approximately 100 daily groups.⁴⁶ The County also provided tracking reports on individualized groups which reflected programming for other units. Between the STP calendar and individualized trackers, the vast majority of units received some programming during this rating period with the exception of the following: SBJ East 1, IRC 100, IRC 200, and IRC 300; NBJ B Unit, and K Unit.⁴⁷

The growth in programming is positive and likely driven by an increase in program staffing during this rating period. The County hired a new discharge planner (freeing up the STP staff to focus on programming) and filled two vacant correctional counselor positions. These staffing augmentations have shown good results. The County is encouraged to utilize the RFID system for tracking of program provision once the system is operational and expand available work activities and programming to all units.

Recommendations:

1. *Develop a viable strategy to increase out-of-cell time offerings in NE restricted housing and the IRC units at SBJ.
2. *Improve out-of-cell documentation in all celled units and ensure daily trackers are available for internal and external monitoring.
3. *Prepare a consistent yard rotation schedule with daily documentation of any deviations from the schedule for the dorms at SBJ.
4. *Address critical staffing vacancies inhibiting compliance with this provision.

⁴⁵ SBJ New East A, C and D pods; NBJ F and J units.

⁴⁶ The programs calendar for June 2023 reflected a total of 146 daily groups during the month versus the programs calendar for June 2024 reflecting 248 groups.

⁴⁷ M Unit is a medical unit and not always activated but there are times when incarcerated persons are in the cell for days and in cell activities should be provided and documented when that occurs if clinically approved.

5. *Address high yard refusal rates in NE RH and IRC 100 and 400.
6. *Develop and implement a plan, with the input of the Experts, to take “all reasonable steps to provide out-of-cell time and programming as specified in the Remedial Plan to the maximum extent possible” at SBJ during the period of Main Jail remediation (Stipulated Judgment ¶ 11). This may include:
 - a. Evaluate ability to split existing yards and repurpose other spaces to increase out-of-cell time for all populations where the County is not currently able to meet compliance.
 - b. Provide lighting in areas closed at dusk to increase evening recreation times.
 - c. Re-evaluate yard and dayroom schedules to maximize all available programming hours.
 - d. Identify potentially compatible populations to reduce recreate alone populations.
 - e. For populations that are not able to program with others, identify potential treatment tables/chairs to provide groups safely and humanely.
 - f. Increase escort and program observation staff, as necessary.
 - g. Increase behavioral health and programming staff for structured out-of-cell time.
 - h. Increase volunteers to provide structured programming.
7. *Conduct monthly auditing of out-of-cell activities for all units and create a corrective action plan for units not demonstrating compliance.
8. * Backfill the tablet SBJ issuance staff when they are on vacation, sick, etc.
9. *Create tracking mechanism or standardized issuance of reading materials, writing supplies, etc.
10. Finalize the SBJ yard renovation project and ensure equitable and rotating access to the yard.

VII.D. Minimum Out-of-Cell Time

2. For those prisoners housed in the Northwest unit, absent exigent circumstances or exigent security concerns that are documented, the County shall offer each prisoner not subject to discipline at a minimum, 15 hours out of their cell each week, and other structured programming, as follows:
 - a. At least six (6) hours per week outdoors for exercise/recreation
 - b. At least nine (9) hours per week in a dayroom or other common area
 - c. At least four (4) hours every other day (*i.e.*, 3 or 4 times per week, on an alternating basis), of in-cell structured programming – *i.e.*, programming on electronic tablets.

County Response

In Process. The County has increased out-of-cell time in Pods A, C and D, improved tracking mechanisms, created master yard schedules and reduced restricted housing units. Full compliance may require remodeling or renovation of one or both jails. The County is evaluating interim strategies to work towards full compliance with the provision.

Expert Review

Compliance Rating: Substantial Compliance - Discontinue Monitoring
 Prior Compliance Rating: Partial Compliance

Policy – Custody Operations Policy 367 – Inmate Recreation

Training – Disabilities Rights Remedial Plan Implementation

Metrics Out-of-cell Tracking Reports
 Yard Schedules
 Tablet Tracking Reports
 Program Schedule
 Grievances
 Tours/Interviews

Observations

This provision is no longer relevant for monitoring independent of Provision VII.D.1 as the Northwest Housing unit utilization has substantially changed since the onset of monitoring. For all intents and purposes, the Northwest Unit and all sub pods in the unit are effectively general population and able to provide the out of cell hours required of VII.D.1. During the last report, the Northwest unit had only one segregation unit and that unit was deactivated in July 2023. The unit also had more restrictive out of cell activity in D pod with no more than two incarcerated persons out of cell at a time, but that limitation has been lifted to larger groups during this rating period.

The configuration of Northwest during this rating period is as follows:

Behavioral Health Unit	Pod A
Jail Based Competency Treatment	Pod B
Mental Health Stepdown Units	Pods C and D
Deactivated and Unoccupied	RH Lower Tier ⁴⁸
Worker Housing	RH Upper Tier

In reviewing out of cell logs and interviewing incarcerated persons housed in Northwest, all units are receiving an excessive of six hours of yard, twelve hours of dayroom and four hours of in-cell programming per week. Pods A, B and D also receive additional programming most days in the forms of groups provided by either Wellpath or custody personnel. All units in Northwest are active throughout the day with activities that exceed the requirements of this provision.

Based on the significant change to the mission of the unit, it is recommended that this provision no longer be subject to monitoring in future reports as the out-of-cell activities for Northwest can be evaluated with Provision VII.D.1.

Recommendations:

1. Discontinue Monitoring and address Northwest Units in Provision VII.D.1.

⁴⁸ This unit was deactivated as restricted housing in early July 2023.

VII.D. Minimum Out-of-Cell Time

3. The County shall provide prisoners out-of-cell time daily, at appropriate times of the day – *i.e.*, not during normal sleeping hours.

County Response

Complete. Dayroom hours have been expanded at both facilities and yard schedules meet requirement of provision. The County is offering showers daily.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policy - Custody Operations Policy 367 – Inmate Recreation

Training - Not provided for review and not easily noted in Disabilities Rights Remedial Plan Implementation training

Metrics Out-of-cell Trackers
Grievances
Tours/Interviews

Observations

The County has shown improvement in providing daily out of cell time and documenting out of cell time but there have been days in the celled units where not all incarcerated persons in the unit were afforded out of cell time and several days when the NBJ units were not permitted out of cell time due to lack of staffing. The County will need to ensure accurate tracking of out of cell time and the provision of out of cell time daily unless an emergency situation exists that is not driven by staffing shortages. Until such a time the County can demonstrate compliance, this provision will remain at partial compliance.

Recommendations

1. Refer to recommendations related to out-of-cell programming.

VII.D. Minimum Out-of-Cell Time

4. The County shall conduct monthly audits to ensure that required out-of-cell time with respect to each of the above categories is made available to the jail population. Supervisory staff shall regularly review this data for quality assurance, and take steps to address any deficiencies.
5. The County shall conduct monthly audits to ensure that required out-of-cell time with respect to each of the above categories is made available to the jail population. Supervisory staff shall regularly review this data for quality assurance, and take steps to address any deficiencies.

Joint Status Report and Stipulation - Interim Measures:

Defendants currently track out of cell time by way of yard recaps and or excel workbooks. Defendants are exploring technological advancements such as RFID/ GPS tracking to actively collect and report out of cell tracking data. By July 1, 2023, Defendants will work with the Custody Operation Remedial Plan Expert regarding necessary steps to improve tracking in order to meet Remedial Plan requirements. The County also began conducting audits of out of cell time as of December 2022. By July 1, 2023 defendants will complete training of all supervisory staff on such audits

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policy – Custody Operations Policy 367 – Inmate Recreation

Training – Disabilities Rights Remedial Plan Implementation

Metrics Monthly SBSO Monitoring Report – Not developed

Observations

As reflected in the Third Monitoring Report, the County has not allocated adequate resources to support the critical analysis of out-of-cell activities as required by the Remedial Plan. That has not changed during this rating period. The County has shown some improvement in documentation and tracking but there is no systemic daily, weekly or monthly review to ascertain compliance. Units that have historically struggled to provide and/or document out of cell activities have shown some improvement, demonstrating supervisory oversight. But the oversight, analysis and tracking of out-of-cell is not systemic or the responsibility of a designated supervisor(s). Until such a time the County is self-analyzing this data in a timely, transparent and problem solving manner, this provision will not reach substantial compliance. It is positive to report that the County has finalized the procurement process for a radio frequency identification system (RFID) to track out of cell activity more accurately at the individual level and the County intends to implement utilization for tracking and monitoring during the next review period. Expectations must be managed however, as these systems, while more accurate than paper logs, do not currently generate on the spot reports, requiring manual analysis of the data.

Recommendations

1. *A sufficiently trained and resourced monitoring/QA unit should be established in Custody Operations to assist in monitoring all aspects of the Remedial Plan.
2. *A standardized internal monitoring tool should be developed and approved by the Expert.
3. *Recreation Policy 367 should be updated to reflect the requirements for each type of housing units and the internal supervisor monitoring requirements.
4. *Establish the tracking and reporting in formal policy, training and auditing.
5. *Create corrective actions plans for those units that are not able to meet the out-of-cell time pursuant to tracking audits.

VII.D. Minimum Out-of-Cell Time

6. In cases where a prisoner refuses out-of-cell time repeatedly and the reason for such refusals may be related to their mental health condition, Jail staff shall make a mental health referral for assessment and appropriate clinical follow-up.

County Response

In Process. The County updated Restricted Housing Policy – 306 to address this provision. The County will monitor through a multidisciplinary team. The County anticipates completion by March 2024.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations Policy 367 – Inmate Recreation
Wellpath Policy G-02 – Segregated Inmates – Requires Update

Training - Disabilities Rights Remedial Plan Implementation - Complete
Staff Briefing Beginning December 21, 2022 - Complete

Metrics Out-of-cell Tracking Logs
Referrals to Behavioral Health
Shift Briefing Logs
Tours/Interviews

Observations

As with the previous monitoring period, the custody policies have been updated to direct staff to notify mental health when an incarcerated person in restricted housing is routinely refusing. There is a comment section on the out of cell tracker to document the observation of refusals to exit cell for more than two consecutive days and the restricted housing committee tracking report has been updated to maintain a

column reflecting high refusal rates in the week. Custody staff interviewed state that if an incarcerated person is refusing routinely, they will notify mental health clinicians while conducting their rounds and document that referral in the jail management system or unit log.

In reviewing the out of cell logs for NBJ, there is little evidence that incarcerated persons are routinely refusing to exit cells in K unit for yard or dayroom. While there does not appear to be a problem of consistent refusals, there have been shortages of mental health staff touring NBJ K Unit and being available for the housing officer to advise them if someone had decompensated or was refusing out of cell.

The SBJ designated restricted housing unit does experience high and repeated refusal rates with no evidence that mental health clinicians have routinely been advised. While a verbal referral may have occurred, without proof of practice through a formalized system, the County will be unable to demonstrate compliance. In reviewing completed out of cell logs for the first seven days for the months of January through May 2024, it was noted that a high percentage of incarcerated persons refuse yard and/or dayroom access daily.⁴⁹ For the seven days reviewed each month, an average of two incarcerated persons per week refused both yard and dayroom on most days of the week yet neither the out of cell logs or restricted housing tracking report for the time period identified this issue and there was no documentation by the restricted housing committee notes regarding a behavioral plan to assist the incarcerated person in reducing isolation.⁵⁰

The County should work with the Mental Health and Custody Experts to refine the process and develop a proof of practice system for internal and external monitoring to demonstrate a referral occurred followed by a timely and meaningful clinical assessment. If the County cannot demonstrate compliance with this provision in the next rating period, it will be downgraded to non-compliance.

Recommendations

1. *The policy should be clear in expectations, a form should be utilized and tracked for referrals, the out-of-cell tracking system should reflect the referral. Compliance should be monitored internally.
2. *The use of an integrated jail management system and radio frequency identification system (RFID) would help to quickly capture this information and assist with referral to mental health.
3. *Evaluate the ability to utilize the out-of-cell tracking system to document repeated refusals and referrals to mental health. Once refined and institutionalized in practice, ensure referrals are occurring in units where out-of-cell time is captured for the entire unit or entire tiers.
4. *A mechanism to demonstrate compliance with this provision through documented proof of practice must be established.
5. The Restricted Housing Committee should incorporate the refusal data in the weekly tracker column and document a mental health referral to address isolation and document behavioral plans to target isolation.

⁴⁹ Refer to Addendum F.

⁵⁰ Examples: January IPs Castenada, Coronado, Slater; February IP Young; March IPs Anderson, Reveles, Salinas; April IPs Candor, Reveles, Salinas; May IPs Prosser, Salinas.

VII.E. Disciplinary Procedures

1. A prisoner may be housed in Segregation for disciplinary purposes only after the prisoner has received notice of the charges against him/her, a supervisor has conducted a disciplinary hearing at which the prisoner is given an opportunity to rebut the charges, and the prisoner is adjudicated guilty of the alleged violation(s). Where there is a serious and immediate safety risk and no other housing unit is sufficient to protect the inmate from harm, staff may place a prisoner in Segregation for the shortest period of time necessary. In such cases, supervisory custody staff will promptly review the case and must approve in writing continued retention in Segregation.

County Response

Completed.

Expert Review

Compliance Rating: Substantial Compliance -Recommend Discontinue Monitoring
Prior Compliance Rating: Substantial Compliance

Policy - Custody Operations Policy 363 – Inmate Discipline

Training - Disabilities Rights Remedial Plan Implementation

Metrics Disciplinary Logs
 Restricted Housing Logs
 Restricted Housing Placement Documentation
 Grievances
 Tours/Interviews

Observations

The County has continued to maintain Substantial Compliance on this provision. A review of restricted housing placement reports, disciplinary logs, disciplinary reports and grievances for the period of July 2023 through May 2024 demonstrates there is no evidence to suggest that a restricted housing placement has resulted from the adjudication of an incarcerated person discipline. During the December 2023 and June 2024 tours, all restricted housing units were toured, and no incarcerated person housed in those units stated they were placed there following a disciplinary hearing. There were, of course, incarcerated persons who had been placed in restricted housing for behaviors that endangered institutional safety and security who ultimately received a disciplinary report but that is within industry standards and does not violate this provision.

Based on a second finding of substantial compliance, it is recommended that monitoring of this provision be discontinued.

Recommendations

1. *Continue to comply with the policy that disciplinary hearings cannot assess the adjudicated penalty of restricted housing.
2. Discontinue monitoring.

VII.E. Disciplinary Procedures

2. Prisoners serving a disciplinary term in Segregation may be subject to a reduction in out-of-cell time, including in-cell confinement not to exceed twenty-two (22) hours per day.

County Response

Completed. The County does not use restricted housing for disciplinary reasons and has updated all associated policies and the incarcerated person handbook to reflect the change.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Substantial Compliance – Discontinue Monitoring

Policy - Custody Operations Policy 363 – Inmate Discipline

Training - Disabilities Rights Remedial Plan Implementation

Metrics
Disciplinary Logs
Restricted Housing Logs
Restricted Housing Placement Documentation
Grievances
Tours/Interviews

Observations

During the last review, there was no evidence to suggest that out-of-cell time was being restricted as a result of a disciplinary hearing and it was anticipated that a recommendation to discontinue monitoring this provision would occur this rating period. However, during the monitoring tour in December 2023, it was uncovered that several incarcerated persons in restricted housing had their out-of-cell time cancelled for periods of time reportedly at the direction of the Classification Unit and without due process.⁵¹ While this denial of out-of-cell time was not strictly associated with an adjudicated disciplinary hearing, the practice was a violation of this provision, resulting in the County no longer being in substantial compliance.

⁵¹ Specifically, NBJ K Unit and SBJ NE RH.

The County recognized staff acted outside of policy and without executive approval. Management issued a directive to the staff on May 30, 2024, reiterating that out-of-cell time cannot be restricted as a disciplinary sanction.

In reviewing disciplinary logs, disciplinary reports and grievances, only one restriction to out-of-cell time was issued during this rating period. In this incident, a restricted housing incarcerated person was restricted from dayroom activities during his out-of-cell time for approximately 30 days in response to behavioral issues while in the dayroom. During this period, the incarcerated person was permitted showers and yard activity but was not permitted to be unrestrained in the dayroom. The incarcerated person appealed the decision several times and the decision was upheld.⁵² In reviewing local procedures, this practice is not restricted nor approved, so policies should be updated to clarify the circumstances that would allow for alternate provision of out-of-cell time and the due process requirements to do so. The policy should be discussed between parties as the out of cell requirements are specific that twelve (12) hours per week dayroom offering is required. In the interim, on May 30, 2024, SBSO issued a directive to staff that staff are not permitted to cancel yard and recreation unless the incarcerated person is presenting an immediate danger to self or others.

Recommendations

1. *Continue to comply with the policy that disciplinary hearings cannot reduce out-of-cell time.
2. Update the Custody Operations Policy 363 – Inmate Discipline to put into policy the ability to restrict the location for out-of-cell time for legitimate and articulable reasons with the mandate that out-of-cell time be facilitated in an acceptable manner following the provision of due process.

VII.E. Disciplinary Procedures

3. The County shall implement a 30-day maximum term in Segregation for any single or set of disciplinary violations stemming from the same incident.

County Response

Completed. The County does not use restricted housing for disciplinary reasons and has updated all associated policies and the incarcerated person handbook to reflect the change.

Expert Review

Compliance Rating:	Substantial Compliance
Prior Compliance Rating:	Partial Compliance

Policy - Custody Operations Policy 363 – Inmate Discipline

⁵²Grievances 21915, 22019, 22065 and 22173

Training - Disabilities Rights Remedial Plan Implementation

Metrics Disciplinary Logs
 Restricted Housing Logs
 Restricted Housing Placement Documentation
 Grievances
 Tours/Interviews

Observations

Since the last reporting period, the County substantially improved the process to document the placement and retention of incarcerated persons into restricted housing. There continues to be no evidence that incarcerated persons are placed into restricted housing as an adjudicated disciplinary penalty as confirmed through reviews of disciplinary logs, disciplinary reports, restricted housing placement reports, grievances and interviews of incarcerated persons during tours of the facilities. The Inmate Disciplinary Policy – 363 strictly prohibits the penalty of restricted housing during disciplinary adjudication.

Assuming the County continues with the current practices and continues to provide proof of practice for monitoring, the County should maintain substantial compliance in the next monitoring period.

Recommendations

1. *Continue to provide access to complete monthly disciplinary logs with the adjudicated findings to allow for adequate monitoring.
2. *Comply with recommendations in Provisions VII.A3 and VII.A.4 concerning restricted housing placement and documentation.
3. Continue to comply with local policy restricting the use of restricted housing as a disciplinary sanction.

VII.E. Disciplinary Procedures

4. The County shall not use safety cells for punishment.

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and thus suspension of monitoring is warranted under Paragraph 52 of the Murray Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.⁵³

⁵³ Refer to the mental health monitor's report for additional information concerning safety cell placements and retentions.

VII.E. Disciplinary Procedures

5. The County shall not use the denial or modification of food as punishment. The County shall not use the “prison loaf” as a disciplinary diet.

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and thus suspension of monitoring is warranted under Paragraph 52 of the Murray Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

VII.F. Safeguards for Prisoners Placed in Segregation

1. Prior to Segregation placement of any person with Serious Mental illness, with an intellectual disability, or who is exhibiting unusual or bizarre behavior, the County shall ensure completion of the mental health review process detailed in Section VII of the Mental Health Remedial Plan.

County Response

In process. The County has updated policies and forms to comply and Wellpath is updating its Segregated Inmates Policy (G-02). The County anticipates completion by May 2024.

Expert Review

Compliance Rating: Substantial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations 241 – Mental Health Care
Custody Operations Policy 243 – Special Care Inmates
Custody Operations 301 – Classification
Wellpath Policy G-02 – Segregated Inmates
Wellpath Policy F-03 – Mental Health Services

Training - Not provided for review and not noted in Disabilities Rights Remedial Plan Implementation training

Metrics Restricted Housing Logs
Restricted Housing Notification Forms
Mental Health Assessment Forms

Observations

The County has made substantial improvements during this monitoring period to comply with this provision. In reviewing segregation placement orders for the month of April 2024, it is noted that only one placement occurred without a mental health clinician completing a review prior to placement.⁵⁴ All incarcerated persons, not just the mentally ill, are being evaluated by a mental health clinician prior to placement in restricted housing, which addresses any concerns about the potential missed identification of SMI and intellectually disables incarcerated persons not being assess prior to placement in restricted housing.

It is extremely positive that this is occurring, however, the process has only recently improved and has not been adequately anchored in policy, forms and training. The County and Wellpath should collaborate with the Mental Health and Custody Monitors and Class Counsel during the next review period to finalize this process, which is a realistic goal towards a recommendation to discontinue monitoring.

Recommendations

1. *The County should work with Experts to refine the process and documentation to assure health care is assessing mentally ill incarcerated persons prior to placement in segregation.
2. *Associated Custody and Wellpath policies, forms and training require update.
3. *Standardize information sharing to demonstrate compliance as the required documents for monitoring are not consistently shared to establish compliance.
4. *Ensure adequate mental health staffing, including on overnight shifts, to support implementation of this provision and the overall Remedial Plan.

VII.F. Safeguards for Prisoners Placed in Segregation

2. The County shall conduct visual cell checks (to ensure that prisoners are safe and breathing) for all prisoners in Segregation at least every 30 minutes, at staggered intervals. Completion of safety checks shall be timely documented and audited regularly by supervisory staff for quality assurance purposes.

County Response

In process. The County significantly reduced restricted housing, provided additional training for staff concerning expectations and has developed a process for supervisory monitoring. During the current rating period that County will standardize the supervisory deviation report to reflect compliance.

Expert Review

Compliance Rating:	Substantial Compliance
Prior Compliance Rating:	Partial Compliance

⁵⁴ SBJ April 13, 2024, IP A.V.

Policy -	Custody Operation Policy 327 – Safety Checks
Training -	Disabilities Rights Remedial Plan Implementation
Metrics	Security Check Logs Supervisor Discrepancy Reports Video Observation of Security Checks

Observations

The County has codified expectations in policy and training and 30 minute checks are required in segregation and celled units in both SBJ and NBJ. The County utilizes a technology solution to document security checks and has standardized the process for supervisory analysis of apparent deviations from the required 30 minute observations. There is not yet a formal compliance unit audit or tracking report for the reason for deviation in the segregation units to determine if systemic issues are being identified. To anchor the process in internal quality assurance monitoring, the expert will work with the County in the next monitoring period to help the compliance unit develop a review and report process on this provision.

For the next reporting period, a monthly random sample analysis, including video observation, will be complete to determine if the sergeants are consistently addressing deviation reports appropriately. Assuming the sergeants consistently complete quality reviews and the Compliance Unit has a process for internal monitoring of this provision, the County should be able to demonstrate internal auditing and sustained compliance in the next monitoring period.

Recommendations

1. *Continue to maintain a standardize process between SBJ and NBJ
2. *Ensure sufficient staff to comply with requirement.
3. *Continue to document when staff are counseled about missing a security check when no legitimate justification existed but determine how best to assess if this is a reoccurring issue for a particular staff member (*i.e.*, corrective action).
4. Develop a mechanism for the Compliance Unit to audit quality of sergeant reviews and track reasons for deviation, with corrective action when warranted, to demonstrate internal systemic auditing.

VII.F. Safeguards for Prisoners Placed in Segregation

5. If a prisoner in Segregation requests a confidential health care contact or staff identify a mental health or medical need warranting follow-up, staff shall arrange for evaluation and treatment of the prisoner in an appropriate confidential setting.

This provision is being monitored by the Mental Health Expert and will no longer be monitored in this report. The Mental Health Expert collaborates with other experts prior to issuing a finding on this provision. The Medical Monitor is responsible for monitoring provisions VII.F.3 and VII.F.6 and collaborates with other experts prior to issuing a finding on those provisions.

VII.F. Safeguards for Prisoners Placed in Segregation

7. The County shall avoid the release of prisoners from custody directly from Segregation to the maximum extent possible.

County Response

In Process. The County has significantly reduced the use of restricted housing and created a restricted housing daily discharge tracking report. The County includes known release date information in classification committee documents and meetings. The County is formalizing the discharge requirements associated with this provision. The County anticipates completing this requirement by May 2024.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations 301 – Classification
Custody Operations 341 – Release Criteria
Wellpath Policy E-10 – Discharge Planning
Wellpath F-03 – Mental Health Services

Training – Disabilities Rights Remedial Plan Implementation

Metrics Restricted Housing Placement Log
Restricted Housing Committee Log
Population Reports

Observations

As with the previous report, the County has developed mechanisms to track the known release date of incarcerated persons in restricted housing, including adding columns for known release dates and generating a daily report from the jail management system of known release dates. The systems are not yet consistently accurate, an issue that should be addressed by the classification unit during the next monitoring period.

For example, in reviewing the daily restricted housing tracker, weekly restricted housing committee action report and the daily discharge date tracking report, all of which are designed to inform staff of known release dates, there are inconsistencies that are not being rectified, which reduces trust in the proof of practice provided. For example:

- IP E.D. was placed in NE RH on January 29, 2024 and was listed on the restricted housing tracker. However, his known release date of February 6, 2024 was not listed on the tracker and due to his short time in restricted housing, the restricted housing committee did not address his pending discharge. The release date was clearly listed on the Discharge Tracker report from the date of his placement into restricted housing until his release directly from restricted housing. There is no evidence he received discharge planning prior to release directly to the community from restricted housing.
- IP R.V. was placed in NE RH on April 13, 2024 with a known release date of April 23, 2024. The release date was not listed on the restricted housing tracker. There is no evidence he received discharge plan prior to release. However, he was released from restricted housing on April 16, 2024 and not released to the community directly from restricted housing.
- IP S.S. was placed on restricted housing status on April 24, 2024 in IRC 200 with a known release date of July 14, 2024. The known release date was not consistently documented on the restricted housing tracker. There is no evidence she received discharge planning while in restricted housing. She was released from restricted housing to the BHU prior to release to the community. She was not released from restricted housing directly to the community.

Other than those three incarcerated persons, in reviewing the release tracker for January – April 2024, it does not appear there were other incarcerated persons in restricted housing with a known release date during that sample review period. However, the lack of consistency between the available tracking systems fails to provide check and balances to guide staff in developing stepdown strategies prior to an incarcerated persons release from restricted housing to the community. It is positive that in two of the three incidents described above, the incarcerated persons were transitioned to a less restrictive environment prior to release (R.V. and S.S) but it is not clear that the decision was made due to the known release date as the classification tracking systems did not contain that information.

As with the previous monitoring report, in reviewing restricted housing placement/retention documentation and restricted housing committee actions, there is no documentation that the committee is focused on the known release date of the population, albeit an infrequent event. It is positive that the restricted housing committee is reviewing the vast majority of restricted housing placements on a weekly basis but if the committee is focusing on attempting stepdown prior to release to the community, this decision making is not being clearly documented on the tracking report. There is, however, substantial documentation by classification staff demonstrating incarcerated persons in restricted housing for more than 30 days are being

evaluated routinely for the ability to transition to a less restrictive program within the restricted housing step down to a unit where they can exercise with another person or stepdown to the BHU, which is excellent.

As recommended in the prior report the County should update policies related to restricted housing classification actions, ensure all relevant staff are trained and focus on improving documentation of committee decisions regarding these types of know releases. Should the County be able to do so, it would be able to demonstrate substantial compliance in the next reporting period.

Recommendations

1. Improve the documentation of the restricted housing committee actions when reviewing restricted housing incarcerated persons with 90 days or less time to serve when the release date is known.
2. *Finalize the Restricted Housing Policy or Classification Policy to reflect goal to stepdown restricted housing populations prior to release to the community.
3. *Update policies to require an individualized discharge plan for persons who are in restricted housing who are within sixty (60) days of known release.
4. *Continue with implementation of mental health and behavioral health stepdown units.
5. *Continue to evaluate all incarcerated people in restricted housing for stepdown housing and for double cell and small group out-of-cell activity if they are required to remain in restricted housing.
6. *Ensure Reentry staff continue to provide services to incarcerated persons in restricted housing.
7. *Ensure sufficient discharge planning staff to meet the requirements of this provision.

VII.F. Safeguards for Prisoners Placed in Segregation

8. If a prisoner has an expected release date in less than 60 days, the County shall take and document steps to move the prisoner to a less restrictive setting, consistent with safety and security needs. Should Segregation become necessary during this time period, the County shall provide individualized discharge planning to prepare the prisoner for release to the community, including in light of the prisoner's Jail housing placement and status.

County Response

In process. Refer to VII.F.7.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations 341 – Release Criteria
Wellpath Policy E-10 – Discharge Planning
Wellpath F-03 – Mental Health Services

Training – Disabilities Rights Remedial Plan Implementation

Observations

The County has not updated policies or procedures yet to comply with this provision but has demonstrated a commitment to evaluate incarcerated persons in restricted housing for placement in less restrictive environments. The County also began discharge planning in earnest in April 2024 and has demonstrated a clearer vision concerning referrals, process and documentation for discharge planning for specialized subgroups within the jails. The County has created tracking systems to identify incarcerated persons with known release dates housed in restricted housing to refer those persons for discharge planning, but that process has been hampered as discussed in Provision VII.F.7.

In reviewing available discharge plans, no incarcerated person housed in a restricted housing unit received a discharge plan for the period of January – April 2024. It is recognized that staff have been meeting with incarcerated persons in restricted housing and assisting with discharge needs, but proof of practice concerning those engagements has not been provided since the Second Monitoring Report, likely resulting in the underreporting of services being provided.

The County has been conducting formalized discharge planning for cohorts of incarcerated persons and copies of those plans have been provided for review. However, as mentioned, none of those discharge plans identify that the individual was in restricted housing and comparison of restricted housing logs against the discharge plans provided fails to identify any formal discharge planning for restricted housing populations with or without a known release date.

The County has advised that the new discharge planning processes and protocols are in the early stages and will become more robust and consistent in the next reporting period. The County is again reminded of their requirement to make this category of incarcerated persons a priority for discharge planning. As the overall numbers are extremely low, this should not be difficult to accomplish in the next reporting period.

It is noted that two of the three restricted housing incarcerated persons identified during the period of January -April 2024 with a known release date were rehoused from restricted housing to a behavior management unit (BHU) prior to their release date. Only one of the three was released directly from restricted housing to the community,⁵⁵ but the available documentation fails to articulate the reason he was placed in restricted housing or the reason he could not be transitioned to a less restrictive environment prior to release to the community.

The County has the infrastructure to be in substantial compliance with this provision. However, the lack of adequate resources to anchor meaningful reform through the establishment of quality policies, training and internal compliance auditing is hampering the County's ability to demonstrate conformity with this provision.

⁵⁵ D. Burns 0605871

Recommendations:

1. See Provision VII.F.7.

VII.G. Grievances, Inmate Request Forms, Property/Privileges in Segregation

1. The County shall provide grievance forms and inmate request forms in each housing unit for prisoners to readily access and use.

County Response

Complete. Grievances are available in areas for ease of access to issue to inmates during out-of-cell activities or when requested.

Expert Review

Compliance Rating:	Substantial Compliance – Not Recommended to Discontinue Monitoring
Prior Compliance Rating:	Substantial Compliance

Policies -	Custody Operations Policy 361 – Grievances Wellpath Policy A-10 – Grievance Process for Health Care Complaints Inmate Orientation Handbook
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Training -	Disabilities Rights Remedial Plan Implementation
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Metrics	Grievance Logs Individual Grievances Tours/Interviews
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Observations

The County has demonstrated a commitment to ensure grievances are available in the units. This requirement is anchored in policy and staff training. While not all incarcerated persons reported consistent access to grievances, the vast majority interviewed during the November 2023 and April 2024 tours report that they have ready access to grievances. There were several incarcerated persons who stated that grievances were only available when the monitors were on site, and many incarcerated persons stated they have not received responses to their grievances. Attempts to verify or refute this were unsuccessful but there was no unit toured where all incarcerated persons interviewed denied access to grievances.

In reviewing grievance logs for the period of July 2023 through May 2024, it is noted that grievances have been filed from incarcerated persons residing in almost all units, including restricted housing and behavioral health units. During this same review period, most months a small number of grievances were submitted concerning not having access to grievances, staff not collecting grievances or lack of response to the initial grievance. The responses to several of these grievances encouraged the incarcerated person to continue to

file grievances as necessary and advised the issue would be addressed with staff.⁵⁶ The County is also exploring the viability to allowing incarcerated persons to file grievances electronically, via the tablet, but has not yet decided. In the interim, locked boxes for grievance submission should be placed in all housing units to avoid the allegation that staff are not collecting grievances or logging grievances.⁵⁷

All of the grievances associated with the provisions being monitored in this report were reviewed for timeliness and responsiveness with timeliness – generally the incarcerated person received direct responses within normal standards. Additionally, all second level grievances were reviewed to determine if access to continue to grieve the issue was occurring and the process is in place. The breakdown for grievance categories associated with the provisions monitored in this report can be located on Addendum J.

The County has met the strict language of this provision in that grievances are available in housing units as a matter of course. It is important to note there were observations during the November 2023 and April 2024 tours where paper grievances were not readily available in dayrooms at NBJ or dorms at SBJ. However, based on conversations with the incarcerated persons in those units, while not preferable, the incarcerated persons generally reported staff would bring them a grievance when asked. It is also noted in reviewing grievance logs that grievances were filed in all units.

The Custody Division began quarterly grievances meetings and provided proof of practice the meetings have been occurring quarterly. During those reviews, one of the categories discussed was regarding allegations of lack of access to grievances, with only one grievance reported from the period of July 1, 2023 through March 30, 2024 regarding lack of access to grievances. It is positive the meeting has been occurring and sustained without prompting. The County provides proof of practice regarding the meetings and items discussed. The County is encouraged to continue to make this a focus on the grievance meeting, even if the complaints are rare, which is reportedly the case.

However, during the meeting, in addition to addressing grievances that have gone unanswered, the team should focus on the important issue of reviewing grievances where incarcerated persons report lack of grievance responses.⁵⁸ The County has not yet demonstrated comprehensive internal monitoring for compliance, where a member of the Compliance unit conducts a visual audit of the units to determine compliance with ensuring access to grievances in the units to assess the deputy recap reports that document the availability of grievances and other documents. These will be a necessary step to recommend the discontinuation of monitoring. Additionally, the following recommendations were written in the previous report but not acted upon during this rating period and warrant further discussion and review:

It is recommended the County assess the decision to require a HIPAA waiver for grievances, which is likely not necessary if the Wellpath staff answer all health care grievances. The County also should discontinue rejecting grievances that a housing deputy believes are ungrievable and process and track those grievances.

⁵⁶ Examples: grievances 21429, 22843.

⁵⁷ For example, completed grievances in most dorms at SBJ are left on the bars for deputies to collect. This is inconsistent with privacy needs for HIPAA/HIPPA and classification issues.

⁵⁸ Examples September 2023 through January 2024 – Grievances 21605, 21857, 21952, 21987, 22018, 22022, 22096, 22303, 22317

While there have been two rounds of monitoring for availability of grievances with a substantial compliance rating, improved internal monitoring should be implemented prior to the recommendation to discontinue monitoring.

Recommendations:

1. *Conduct research into best practices in grievance systems in mid-sized jails and refine current policies, procedures, forms, training and tracking, including utilizing a supervisory-level custody position to lead efforts in this area.
2. *Make all reasonable efforts to place grievance form boxes in living units and in areas where easy access to the forms can be facilitated.
3. *Evaluate ability to integrate a grievance system into the Tablets or other technology solutions to reduce allegations that grievances are not available or were not responded to.
4. *Continue the newly developed system of quarterly appeals meetings and ensure access to grievances and grievance forms is a component of the quarterly meetings at SBJ and NBJ.
5. *Refer to ADA Expert's recommendation and review regarding ADA grievances and effective communication for the grievance processes.
6. Continue internal auditing to demonstrate sustained compliance.
7. Install locked grievance boxes in housing units to reduce the need for incarcerated persons to hand deliver grievances to deputies when the issue is not resolved at the informal level. These grievance should be collected by a supervisor and immediately logged.
8. Update the grievance form to add a line to document "Copy given to incarcerated person" with a date, staff name printed and signature block.

VII.G. Grievances, Inmate Request Forms, Property/Privileges in Segregation

2. Prisoners housed in Segregation units shall have equal access to grievance and inmate request forms and procedures as compared to general population prisoners.

County Response

Complete. Grievances are available in areas for ease of access to issue to inmates during out-of-cell activities or when requested. Deputies are required to monitor grievances and document their findings on the Daily Module Recap.

Expert Review

Compliance Rating: Partial Compliance

Prior Compliance Rating: Partial Compliance

Policies - Custody Operations Policy 361 – Grievances
Wellpath Policy A-10 – Grievance Process for Health Care Complaints
Inmate Orientation Handbook

Training - Disabilities Rights Remedial Plan Implementation

Metrics Grievance Logs
 Individual Grievances
 Tours/Interviews

Observations

See observations in VII.G.1

Recommendations:

1. *Consider requiring daily rounds in restricted housing by a supervisor and certify in the logbooks the supervisor documenting any allegation of lack of grievance access.
2. *Refer to recommendations in VII.G.1.

VII.G. Grievances, Inmate Request Forms, Property/Privileges in Segregation

3. The County shall allow reasonable access to the following for all prisoners, including those in Segregation, absent a specific safety or security issue that is documented:
 - a) Personal phone calls on a daily basis during normal business hours.
 - b) Education, rehabilitation, and other materials (e.g., books, magazines, radios, writing implements, art supplies, tablets) for in-cell activities.

County Response

In Process. The County ensures access to phones, tablets, newspapers and other items for in-cell activities daily. The County is creating unit-by-unit tracking. The County anticipates completion by May 2024.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations Policy 209 – Americans with Disabilities
 Custody Operations Policy 383 – Phones

Training - Disabilities Rights Remedial Plan Implementation

Metrics Grievances
 Interviews
 Work Order Records

Observations⁵⁹

During this monitoring period the County substantially increased access to tablets through personal tablet issuance at NBJ and daily issuance of tablets at SBJ. This was a significant effort, and the County should be commended. It is noted that the individualized tablet issuance at NBJ has led to fewer complaints than the daily issuance of the tablet pool at SBJ. The primary complaints at SBJ emanated from insufficient tablets for all persons in the unit, broken tablets, uncharged tablets and staff unavailability to issue the tablets. During the April 2024 tour at SBJ, the experts noted insufficient, uncharged and non-operational tablets issued in dorms at SBJ, so the daily issuance in that facility has not been fully realized but has certainly improved.

The County provides access to phones in cells, dayrooms and via tablets and there were very few grievances about non-operational phones. The majority of phone related grievances were related to the incarcerated person's person identification number (PIN) not working. Only one inoperable phone grievance submitted during this monitoring period complained of a phone in a cell that remained non-operational for a period of time, which was a legitimate complaint.⁶⁰ The response to the grievance stated a work order had been submitted and the incarcerated person had access to the dayroom phone in the interim, which was accurate but not as private.

The County has not been able to adequately capture the offering of other in cell activities, such as rehabilitative programming but has intermittently provided proof of practice for a small group in individuals involved in the Sheriff's Treatment Program (STP) via remote learning.

The County has shown improvement regarding tablets but has not demonstrated sustained or substantial compliance with the in cell activities requirement of this provision.

Recommendations

1. *Create a unit-by-unit strategy to comply with this provision, through regular and consistent provision of tablets, reading materials and other items for in-cell activities.
2. *Improve reporting mechanism to assist in demonstrating compliance for both routine material provision (i.e., writing materials, library services) and individualized materials (i.e., rehabilitative services, correspondence courses).
3. *Update the incarcerated person handbook to better describe how to access in-cell materials.
4. *Once the ADA policy concerning access to phones is complete, provide training to staff and an educational program the incarcerated population where appropriate.
5. *Monitor Grievances and ADA Grievances to identify any barriers or issues.
6. *Monitor work orders to evaluate any untimely delays in phone repairs.

⁵⁹ This compliance finding does not cover the ADA/equal access to phones as compliance with ADA will be addressed in the ADA monitor's report.

⁶⁰ NBJ 22694

VII.H.1 Other Custody Operations

1. Capacity of Jail Facilities

- a. No later than January 1, 2021, the number of prisoners placed in a particular housing unit shall be limited to no more than the rated capacity.
- b. No later than January 1, 2021, the County shall assign a bed to all prisoners.
- c. The County shall establish procedures to ensure that no prisoner is placed in any cell or housing unit without a mattress and appropriate bedding unless there are individualized clinical or security concerns that are documented.
- d. Female prisoners shall be separated by sight and sound from male prisoners.

County Response

In Process. The County does not house inmates in excess of rated capacity of housing units. The County has assigned a number to each bed/bunk at the Main Jail in the JMS system in order to meet this requirement. Female and male inmates are separated by sight and sound. The County updated associated policies. The County anticipates completion by February 2024.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations 242 – Suicide Prevention
Custody Operations 304 – Use of safety Cells
Wellpath B-05 – Suicide Prevention – Requires Update
Custody Operations Policy 305 – Bed Assignment
Custody Operations Policy 362 – Inmate Clothing/Personal Hygiene
Inmate Handbook Section 308/311

Training - Disabilities Rights Remedial Plan Implementation

Metrics Rated Capacity Report
Population Reports
Grievances
Tours/Interviews

Observations

a. Rated Capacity

The County remained in substantial compliance with this sub provision. The County continues to operate below the rated capacity at SBJ and within rated capacity at NBJ. The bi-monthly population reports reflect the facilities and units are operated within rated capacity. It is recommended that the parties discuss the suspension of monitoring for this sub provision for the next rating period.

b. Assigned Beds

During the November 2023 and April 2024 tours, no incarcerated persons were observed sleeping on tables or in the dayroom. The County also continued to assign specific beds for all incarcerated persons. No temporary beds of “boats” were observed anywhere in the jails and no grievances were reported concerning an incarcerated person not being issued an assigned bed or mattress.⁶¹ It is recommended that the parties discuss the suspension of monitoring for this sub provision in the next rating period.

c. Mattress and Bedding

The County has a draft policy that requires that a mental health clinician be involved in mattress, bedding and property restrictions as well as privileges that are restricted for the incarcerated person’s safety. The policy mandates the use of a dedicated form, the *Property and Privilege Assessment Form*, but this form has not been finalized or utilized during this review period. The clinicians do, however, occasionally document restrictions and/or approval of bedding and clothing on the mental health assessment forms.

It is noted that safety cell placements have reduced substantially but the County and Wellpath continue to rely on observation cells as a suicide prevention tool. During this rating period, incarcerated persons have been housed in observation cells for more than 24 hours without the benefit of out of cell time, showers, or other activities, an issue the County must address in the next review period with implementation of the suicide prevention policy and clinical input as documented on the Property and Privilege Assessment Form.

D. Sight and Sound Separation

The County updated Custody Operations Policy 302 – Incarcerated Person Movement during this review period to clarify the expectations concerning site and sound separations for females, including in complex units where it may be necessary to locate males and females, such as holding areas and medical units. The staff are aware of their responsibilities to keep the population separate and during tours in November 2023 and April 2024, no violations of the policy were identified with the exception of the approved housing of females and males in the Jail Based Competency program (JBCT). There were no grievances concerning non-compliance with this policy and no females interviewed during tours reported non-compliance other than the ability for the inmates to hear each other at the main jail when a corridor door was not secure. It is unlikely that the County will be able to achieve full sound separation with the design of the SBJ, but the County has taken reasonable efforts to provide site and sound separation until such a time the SBJ can be deactivated.

Recommendations

1. *Finalize the Suicide Prevention Policy 242 and implement the Property and Privilege Assessment form.
2. *Working with the Mental Health Expert, update Wellpath policy to memorialize process for clinical staff to advise custody staff in writing any deviations of approved clothing/property issuance for incarcerated persons on suicide observation.

⁶¹ There were grievances requesting an additional mattress noted during this review period.

3. *Continue to house females at Northern Branch Jail and the general population and Intake Areas of the Santa Barbara Jails in units not observable by male incarcerated persons.

Remainder of Page Intentionally Left Blank

Addendums to Follow

MET Statistics SBJ
July 2023-May 2024
Addendum A

	Appts	Seen	Refuse	% Seen	% Refuse	SBJ Pop	Appt per Pop	Comments
July	41	23	13	68%	32%	430	10%	1 deputy six days; second deputy 1 day; 3 days no MET
Aug	46	33	15	67%	33%	408	11%	1 deputy five days; second deputy four days ; 1 day no MET
Sept	46	29	15	67%	33%	419	11%	1 deputy three days; five days 2-4 deputies; 2 days no MET
Oct	52	42	17	67%	33%	424	12%	1 deputy 2 days; second deputy six days; 2 days no MET
Nov	78	69	11	85%	15%	413	19%	1 deputy one day; Two-Three deputies seven days; 2 days no MET
Dec	53	53	7	87%	13%	396	13%	1 deputy four days; Two-Three deputies six days; Zero days no MET
Jan	62	62	9	81%	19%	394	16%	1 deputy four days; five days 2-4 deputies; 1 day no MET
Feb	94	95	17	88%	12%	408	23%	1 deputy for 3 days; seven days 2-4 deputies. Zero days no MET
March	64	63	13	86%	14%	406	16%	1 deputy for 3 days; seven days 2-3 deputies. Zero days no MET
April	64	48	13	78%	22%	422	15%	1 deputy for two days; seven days 2-3 deputies; 1 day no MET
May	89	90	19	81%	19%	418	21%	1 deputy for two days; eight days 2-4 deputies; Zero days no MET
AVE	63	55	14	78%	22%	413	15%	

The ability to accurately track access to care appointments requires a more sophisticated daily report than is currently available.

Use of Force Involving SMI Population
July 2023 – May 2024
Addendum B

Date	IP	Report	Unit	Facility	Comments
11/6/23	D.V.	23-11519	JBCT	SBJ	IP assaults a deputy for unknown reason after taking a shower. Force of personal body weapon (strike) and takedown were in response to the attack. Emergent force appropriate.
11/10/23	R.P.	23-11604	NE RH	SBJ	IP attempts to exit restricted housing cell without authority. Staff push door closed as IP shoves arm out of door. Staff use physical strength to push the IP's arm into cell and secure door. Emergent force appropriate.
11/18/23	J.M.	23-11673	C Unit	NBJ	Two IPs attack a third IP during out of cell time. The deputy responds and deploys OC to stop the attack. Emergent force appropriate.
12/7/23	P.S.	23-12524	NWD	SBJ	Two IPs engaged in a fight in the dayroom. Deputy responded with verbal commands, which were ineffective. OC deployed with effect. Emergent force appropriate.
2/29/24	C.P	24-2148	F Unit	NBJ	Two IPs engaged in a fight in the dayroom. Deputy responded with verbal commands, which were ineffective. OC deployed with effect. Emergent force appropriate.
3/11/24	G.S.	24-2578	K Unit	NBJ	Restricted Housing Unit inmate assaulted staff. Initial force emergent and necessary; however, the Monitor believes that subsequent force appeared unnecessary and excessive. Staff had time to secure the incident and seek backup and de-escalation but continued to engage.

Inmate Disciplinary Reports
November 2023-April 2024
Addendum C

	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	Nov 23- Apr 24 Ave	Jan- June 2023 Ave
Total IDRs	105	78	79	74	71	122	88	95
Dismissed prior to a hearing	6	5	1	7	4	0	4	4
IDR involving SMI	18	15	10	14	19	11	14.5	12.5
IDR involving DD/LD/ADA	Unk	Unk	4 ⁶²	1 ⁶³	1 ⁶⁴	1 ⁶⁵	1	2
IDR Involving unusual behavior	Unk	Unk	Unk	Unk	Unk	Unk	TBD	TBD
MH Consultation Required	12	11	10	8	16	11	11	11
MH Consultation Completed	8	7	4	5	12	11	4	9
% of IDRs where MH completed assessment as required ⁶⁶	67%	64%	40%	63%	75%	100%	68%⁶⁷	88%
MH Recommended Adjustment	6	4	3	3	7	8	5	5
% Where MH recommended adjustment	75%	57%	75%	60%	58%	73%	66%	57%
Hearing Officer Concurred with MH	6	4	3	3	7	8	5	5
% of IDRs where hearing officer concurred with MH recommendations	100%	100%	100%	100%	100%	100%	100%	100%
IDR required Staff Assistant/Interpreter	3	2	6	3	3	6	4	7
Staff Assistant/Interpreter Provided as required	0	1	0	0	0 ⁶⁸	4	1	1
% of IDRs where a Staff Assistant /Interpreter was assigned as required	0	50%	0	0	0	67%	20%	0%
Effective Communication Required	9	10	9	6	9	16	10	18
Effective Communication Documented by clinician	0	1	0	0	1	0 ⁶⁹	1	4
% of IDRs where Effective Communication was documented by clinician as required.	0	10%	0	0	0	0	2%	N/A
Effective Communication Documented by Hearing Officer	0	0	0	0	0	11	2	0
% of IDRs where Effective Communication was documented by hearing officer as required	0	10%	0	0	0	69%	1	0%
IDR involving Non-English Speaking	3	2	2	1	2	5	3	7
% of IDRs where translation services were documented.	0	50%	0	0	0	60%	20%	16%

⁶² One IP received 4 IDRs and is also designated SMI (Rios, J)

⁶³ One IP designated as IDI and SMI (Rios, J)

⁶⁴ One IP designated as IDI and SMI (Rios, J)

⁶⁵ One IP designated as IDI and SMI (Rios, J)

The percentage reduction is associated with SBJ not yet using the approved mental health assessment form. The clinician provided feedback in 100% of the disciplinary hearings

⁶⁷ For the next reporting period, assessment will address use of the approved mental health review form.

⁶⁸ Note that charges were dismissed for both IDRs involving IP Huerta, F.

⁶⁹ Note that the clinician recommended mitigation in 5 incidents, which does not require a face-to-face evaluation.

Safety Cell Placements July 2023 through April 2024
Addendum D

Total Safety Cell Placements												Jan- July 2023 Ave	Jan- Apr 2024 Ave
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Ave		
NBJ	10	11	6	9	2	11	15	9	3	6	8.2	8.5	8.25
SBJ	26	15	14	25	20	17	24	22	29	31	22.3	27.2	26.5
Totals:	36	26	20	34	22	28	39	31	32	37	30.5	35.7	34.75

Placement Duration Between 12-24 Hours												Jan- July 2023 Ave	Jan- Apr 2024 Ave
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Ave		
NBJ	6	3	4	6	2	3	4	1	3	6	3.8	3.8	3.5
SBJ	14	7	5	12	8	6	13	22	10	12	10.9	9	14.25
Totals:	20	10	9	18	10	9	17	23	13	18	14.7	12.8	17.75
Percentage	56%	38%	45%	53%	45%	32%	44%	74%	41%	49%	48%	36%	52%

Placement Duration Exceeding 24 Hours												Jan- July 2023 Ave	Jan- Apr 2024 Ave
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Ave		
NBJ	0	0	1	0	0	2	0	1	0	0	0.4	1	0.25
SBJ	2	3	8	5	2	6	1	0	0	0	2.7	4.2	0.25
Totals:	2	3	9	5	2	8	1	1	0	0	3.1	5.2	0.5
Percentage	6%	12%	45%	15%	9%	29%	3%	3%	0%	0%	12%	14%	1.50%

Placement for Combative, Resistive Behavior												Jan- July 2023 Ave	Jan- Apr 2024 Ave
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Ave		
Combative	4	0	0	0	2	0	0	0	2	0	0.8	1.5	0.5
Combative %	11%	0%	0%	0%	9%	0%	0%	0%	6%	0%	3%	4%	1.50%

**No MH Assessment Prior to Safety Cell Placement
January - May 2024**

	Jan	Feb	March	Apr	May	Ave
NBJ	9	6	2	5	4	5.2
SBJ	7	10	8	12	6	8.6
Total	16	16	10	17	10	13.8
%	41%	52%	31%	46%	33%	41%

**Lack of MH Assessment Between 0800-2100 Hours
January-May 2024**

	Jan	Feb	March	Apr	May	Ave
NBJ ⁷⁰	5	1	2	4	3	3
%	56%	17%	100%	80%	75%	65%
SBJ ⁷¹	4	5	4	5	1	3.8
%	57%	50%	50%	42%	17%	43%
Total	9	6	6	9	4	6.8
%	56%	38%	60%	53%	40%	49%

⁷⁰ January 5, 6, 15, 25, 31; February 1; March 12, 21; April 10, 23, 24, 30; May 4, 18, 29

⁷¹ January 2, 18, 23, 30; February 2, 5, 26, 27, 29; March 2, 5, 15, 18; April 6, 14, 15, 19, 28; May 30

Yard Analysis Reports

Santa Barbara Jail
Main Yard Monthly Utilization (Hours per Week) – Sample Week
July 2023 – March 2024
Addendum E

	July 10-16, 2023	Aug 7-13, 2023	Sept 4-10, 2023	Oct 9-15, 2023	Nov 6-12, 2023	Dec 4-10, 2023	Jan 8- 14, 2024	Feb 5-11, 2024	Mar 4-10, 2024	Dorm Average
East 1	3	3	1.5	3	3	3	3	1.25	3	2.6
East 4	3	3	1.5	3	4.25	3	3	1.5	3	2.8
East 6	3	2.75	1.5	3	3	3	3	1.5	4	2.75
East 8	3	1.75	1.5	3	3	3	3	3	1.5	2.5
East 23	1.5	3.25	2.75	3	3	3	1.5	1.5	3	2.5
East 24	3	3	1.5	3	3	3	1.5	2.75	3	2.6
S Dorm	1.5	0	2.75	3	2.5	2.5	3.5	1.5	1.5	2.4
West 1	1.5	3	2.75	3	3	3	1.5	3	3	2.6
West 4	1.5	1.5	1.5	3	1.5	3	1.5	1.5	3	2
West 6	3	1.75	1.5	3	2.75	2.75	2.5	1.5	2.5	2.4
West 8	1.5	1.5	3	3	2.75	2.75	2.75	3	1.25	2.4
West 10	1.5	3	3	3	4.5	3	3	3	1.5	2.8
West 13	3	3	3.25	3	1.5	3	3	3	3	2.9
West 16	1.5	3	3	3	3	4.25	2.75	3	1.5	2.8
B/C1	1.5	1.5	3	3.25	3	3.25	1.5	2.75	3.5	2.6
B/C4	1.25	1.5	3	3	3	3	1.5	3	2.75	2.4
C-17	1.5	1.5	3	1.5	1.5	1.5	1.5	0	3	1.7
Ave	2.1	2.2	2.4	2.9	2.8	2.9	2.4	2.2	2.6	2.5

SBJ NE RH Restricted Housing Week Review
1st-7th January - May 2024* - Stable Population
Addendum F

	Cell Initial	Yard Offered	Yard Accept	Dayroom Offer	Dayroom Accept	Total Hours Offered	Total Hours Accept	Comments
Jan-24	26	12	2	7	4	19	6	
	28	10	4	7.5	6.5	17.5	10.5	
	30	12	4	6	0	18	4	
	31	12	6	10.5	9.5	22.5	15.5	
	AVE	11.5	4	7.75	5	19.25	9	
Feb-24	27	15	15	9	8.25	24	23.25	Unit housing Covid Positive IPs with limited OOC opportunities.
	31	16.25	16.25	9.75	8.75	26	25	
	33	12	2	10.75	6.25	22.75	8.25	
	AVE	14.42	11.08	9.83	7.75	24.25	18.83	
Mar-24	Go**	20.5	16.5	11.25	11.25	31.75	27.75	*Used March 14-20 due to March 1-7 not complete. Numerous double entries and errors noted and attempted to correct.
	Sa	13	1	7	0	20	1	
	Ro	13.25	2	6.75	5.75	20	7.75	
	Pa	20.5	16.5	12	12	32.5	28.5	
	Re	14	4	7	1	21	5	
	Br	13	2	11.5	7.5	24.5	9.5	
	An	14	0	7	0	21	0	
	AVE	15.46	6.00	8.93	5.36	24.39	11.36	
Apr-24	Sa	12	8	5	2	17	10	
	Br	8.75	5	7	6	15.75	11	
	G0	14	8	8.75	7.75	22.75	15.75	
	Pa	15.5	11.5	14.5	12.5	30	24	
	Ha	11	9	9	9	20	18	
	Ca	13.25	8	3.5	2.5	16.75	10.5	
	AVE	12.42	8.25	7.96	6.63	20.38	14.88	
May-24	28	12	6	12	11	24	17	IP Housed in Cell 37 was referred to mental health due to isolation.
	31	11	3	8.25	6.25	19.25	9.25	
	37	12	0	7	0	19	0	
	AVE	11.67	3.00	9.08	5.75	20.75	8.75	
Total Ave		13.09	6.47	8.71	6.10	21.80	12.56	

Acceptance Rate **49%** **70%** **58%**

* March - Due to incomplete logs used the dates of March 14-20, 2024

** - Initials represent the first letters of the incarcerated person's first and last name.

SBJ IRC 100 Restricted Housing Week Review
1st-7th January - May 2024 - Stable Population
Addendum G

	Cell	Yard Offered	Yard Accept	Dayroom Offer	Dayroom Accept	Total Hours Offered	Total Hours Accept	Comments
Jan-24	11A	12	2	16	16	28	18	
	11B	12	2	16	16	28	18	
	12A	12	2	16	12	28	14	
	12B	12	2	16	12	28	14	
	13	12	2	14.5	14.5	26.5	16.5	
	14	12	2	14.5	14.5	26.5	16.5	
	15	12	0	14	2	26	2	
	16	12	0	14	2	26	2	
	17	12	0	13.5	13.5	25.5	13.5	
	18	12	0	13.5	13.5	25.5	13.5	
	21	12	0	14	14	26	14	
	22	12	0	14	14	26	14	
	24	12	0	12.5	12.5	24.5	12.5	
	26	12	0	12	12	24	12	
	27	12	0	9.75	7.75	21.75	7.75	
	28	12	0	11.75	11.75	23.75	11.75	
	AVE	12	0.75	13.875	11.75	25.875	12.5	
								1/3/24 No yard - rain
Feb-24	11	12	6	14.5	14.5	26.5	20.5	
	12	12	6	12.5	12.5	24.5	18.5	
	13	12	4	14.75	14.75	26.75	18.75	
	14	12	6	14.75	14.75	26.75	20.75	
	15	12	2	13.25	2	25.25	4	
	16	12	2	13.25	7.25	25.25	9.25	
	17	12	4	12	12	24	16	
	18	12	4	13.25	13.25	25.25	17.25	
	21	12	2	14	14	26	16	
	22	12	2	14	14	26	16	
	23	10	2	14	14	24	16	
	24	10	2	14	14	24	16	
	25	12	2	14	14	26	16	
	26	12	2	14	14	26	16	
	27	12	2	14.25	14.25	26.25	16.25	
	28	12	2	14.25	14.25	26.25	16.25	
	AVE	11.75	3.13	13.80	12.72	25.55	15.84	
								Cell 11 and 12, bed A utilized for average

	Cell	Yard Offered	Yard Accept	Dayroom Offer	Dayroom Accept	Total Hours Offered	Total Hours Accept	Comments
Mar-24	12	13.5	2	14	14	27.5	16	All IPs single celled
	13	14.5	2.5	14	3	28.5	5.5	
	14	13.25	4	14.5	14.5	27.75	18.5	
	16	13.5	0	13.75	13.75	27.25	13.75	
	17	14	0	14.5	12.5	28.5	12.5	
	18	14	0	14	0	28	0	
	21	13.75	0	14.5	14.5	28.25	14.5	
	22	14	0	14.25	12.25	28.25	12.25	
	23	14	0	13.75	11.75	27.75	11.75	
	24	14	0	12	12	26	12	
	25	11.5	4.5	14	6	25.5	10.5	
	26	13.5	0	14	14	27.5	14	
	27	13.25	4	14.5	14.5	27.75	18.5	
	28	13.25	4	14.25	14.25	27.5	18.25	
	AVE	13.57	1.50	14.00	11.21	27.57	12.71	
Apr-24	12	14	0	13.5	13.5	27.5	13.5	
	13	13.25	0	14.75	14.75	28	14.75	
	14	13.25	0	14.75	14.75	28	14.75	
	15	13.25	0	11.5	9.5	24.75	9.5	
	16	12	0	10.75	10.75	22.75	10.75	
	21	13.25	0	16.75	16.75	30	16.75	
	22	13.25	0	16.75	16.75	30	16.75	
	23	14	0	11.5	5.5	25.5	5.5	
	27	13.25	0	13.25	11.25	26.5	11.25	
	28	13.25	0	11.75	5.75	25	5.75	
	AVE	13.28	0.00	13.53	11.93	26.80	11.93	
May-24	12	11.75	2	14	14	25.75	16	
	13	12.75	0	12.75	0.75	25.5	0.75	
	14	12.25	2	15.25	13.25	27.5	15.25	
	16	12.25	2	13.75	13.75	26	15.75	
	17	12.75	2	13.75	9.75	26.5	11.75	
	18	13.5	2	13.5	11.5	27	13.5	
	21	12.75	0	15.5	15.5	28.25	15.5	
	22	12.75	0	15.5	13.5	28.25	13.5	
	25	12.5	4.5	12	6	24.5	10.5	
	26	13	0	13.75	13.75	26.75	13.75	
	27	13.5	4	14.5	14.5	28	18.5	
	28	13.25	4	14.5	14.5	27.75	18.5	
	AVE	12.75	1.88	14.06	11.73	26.81	13.60	
	Total Ave	12.67	1.45	13.85	11.87	26.52	13.32	
Acceptance Rate		8%		84%		50%		

SBJ IRC 400 Restricted Housing Week Review
1st-7th January - May 2024 - Stable Population
Addendum H

	Cell	Yard Offered	Yard Accept	Dayroom Offer	Dayroom Accept	Total Hours Offered	Total Hours Accept	Comments
Jan-24	11A	7.25	0	11.75	11.75	19	11.75	
	12A	7.25	0	13.5	13.5	20.75	13.5	
	12B	7.25	0	13.5	13.5	20.75	13.5	
	13B	8	0	13.25	13.25	21.25	13.25	
	15A	7.75	1.75	14.75	14.75	22.5	16.5	
	15B	7.75	1.75	14.75	14.75	22.5	16.5	
	24	8	0	14	10	22	10	
	25	8	0	14	8	22	8	
	27	8	0	12.5	8.5	20.5	8.5	
	28	7.25	1.25	11.75	11.75	19	13	
	AVE	7.65	0.48	13.38	11.98	21.03	12.45	1/3/24 No yard - rain
Feb-24	18A			20	12	20	12	All hours carried under dayroom as intermittently yard and dayroom operated at same time.
	18B			19.5	11.5	19.5	11.5	
	24			20.25	10.25	20.25	10.25	
	25			17.5	10.25	17.5	10.25	
	26			15.5	8	15.5	8	
	AVE	0	0	18.55	10.4	18.55	10.4	
Mar-24	12	8	0	11.75	7.75	19.75	7.75	4/6 - yard and dayroom combined. Counted in dayroom
	15	10	0	13.75	13.75	23.75	13.75	
	16	10	0	13.75	13.75	23.75	13.75	
	17	9.5	0	15.25	15.25	24.75	15.25	
	18	11.5	2	15.25	15.25	26.75	17.25	
	21	6.75	1.75	11.75	11.75	18.5	13.5	
	22	6.75	1.75	9.75	9.75	16.5	11.5	
	23	7	0	11	11	18	11	
	24	7	0	11	9	18	9	
	25	6.5	0	11.25	9.25	17.75	9.25	
	26	8	0	7.75	5.75	15.75	5.75	
	AVE	8.27	0.50	12.02	11.11	20.30	11.61	
Apr-24	14	7.25	0	12.25	12.25	19.5	12.25	
	16	10.5	0	12.5	12.5	23	12.5	
	17	8	0	12.75	12.75	20.75	12.75	
	23	11.75	0	9.25	9.25	21	9.25	
	26	7.5	0	10.5	10.5	18	10.5	
	AVE	9	0	11.45	11.45	20.45	11.45	
May-24						0	0	May 2024 Insufficient stable data for analysis
	AVE	0	0	0	0	0	0	
Total Ave		6.23	0.24	13.85	11.23	20.08	11.48	
Acceptance Rate		4%		81%		57%		

NBJ K Unit Restricted Housing Week Review
1st-7th January - May 2024 - Stable Population
Addendum I

	Cell	Yard Offered	Yard Accept	Dayroom Offer	Dayroom Accept	Total Hours Offered	Total Hours Accept	Comments
Jan-24	1	6	0	10.5	3.5	16.5	3.5	1/2/24 Insufficient staff to run programming. 1/3/24 Yard closed rain. Yard Closed Sundays
	2	6	2	10.75	10.75	16.75	12.75	
	3	6	4	7.75	7.75	13.75	11.75	
	5	6	0	10.75	10.75	16.75	10.75	
	8	6	4	10.75	10.75	16.75	14.75	
	AVE	6	2	10.10	8.70	16.10	10.70	
Feb-24	1	4	4	12.75	12.75	16.75	16.75	2/5/24 Yard closed rain. Yard Closed Sundays
	3	5	5	12.25	12.25	17.25	17.25	
	5	2	0	13.25	13.25	15.25	13.25	
	7	2	2	12.25	12.25	14.25	14.25	
	8	2	2	12.25	12.25	14.25	14.25	
	AVE	3	2.6	12.55	12.55	15.55	15.15	
Mar-24	1	4	0	12.5	12.5	16.5	12.5	3/2/24 Yard closed rain. Yard Closed Sundays
	2	6	2	11.75	11.75	17.75	13.75	
	5	2	0	12.75	12.75	14.75	12.75	
	7	0	0	12.75	12.75	12.75	12.75	
	8	2	2	12.75	12.75	14.75	14.75	
	AVE	2.8	0.8	12.5	12.50	15.30	13.3	
Apr-24	1	6	2	13	13	19	15	Yard Closed Sundays
	2	2	0	12.25	7.25	14.25	7.25	
	3	2	0	13.75	13.75	15.75	13.75	
	4	2	0	13.75	13.75	15.75	13.75	
	5	2	0	12.25	12.25	14.25	12.25	
	8	6	4	12.25	12.25	18.25	16.25	
	AVE	3.33	1.00	12.88	12.04	16.21	13.04	
May-24	1	4	0	12.25	7	16.25	7	Yard Closed Sundays
	2	8	6	12.25	12.25	20.25	18.25	
	3	8	6	13.5	13.5	21.5	19.5	
	4	2	0	12.25	8.75	14.25	8.75	
	5	4	2	12	8.5	16	10.5	
	6	4	0	10.5	7	14.5	7	
	7	8.25	8.25	13	13	21.25	21.25	
	AVE	5.46	3.18	12.25	10.00	17.71	13.18	
Total Ave		4.12	1.92	12.06	11.16	16.17	13.07	

Acceptance Rate

47%

93%

81%

SBSO Grievances
July 2023 - May 2024
Addendum J

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Total Appeals	130	119	98	126	196	176	190	131	102	118	126
Secondary Appeal Due to Original Denial	2	4	3	6	9	12	6	1	5	3	1
Classification Appeals	3	4	0	4	12	3	4	0	2	4	2
Classification Appeals associated with Restricted Housing	1	1	0	1	2	5	0	0	1	2	0
No Access to Grievance System or no answer	2	0	2	1	6	5	2	1	1	1	2
Disciplinary Action	1	0	1	5	6	7	4	3	2	5	1
Access to Tablets	3	9	0	1	1	3	1	4	0	2	0
Access to Out-of-cell Time	2	7	2	1	2	4	6	1	1	5	2
Excessive or Unnecessary Force	0	2	0	0	2	0	1				1
Inoperable Phone	2	0	0	0	1	0	0	0	0	1	0
One Grievance: Lack of confidentiality in medical encounter. November 2023 No Grievances: Disciplinary sanction involving food restriction/deviation; PREA not occurring in private setting; IP not given a bed or forced to sleep on floor; placement in unsanitary safety cell; placement in a safety cell for disciplinary reasons; health care not occurring in confidential setting											