

Murray, et al. v. County of Santa Barbara, et al.;

Case No. 2:17-cv-08805

Remedial Plan Fifth Status Report

Terri McDonald Consulting LLC

Sacramento, CA

January 2, 2026

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Re: Fifth Expert Report on the Remedial Plan

Murray, et al. v. County of Santa Barbara, et al.;

Case No. 2:17-cv-08805

Dear Counsel,

Enclosed is the fifth expert report regarding 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 report addressed the period of July 2024 through June 2025.. This review focuses on custody operations that intersect with clinical care, the majority of Section VII (Custody Operations/Segregation), and related training and oversight.

It is positive to report that there is a sustained commitment from Santa Barbara County, the Santa Barbara Sheriff's Office (SBSO), Wellpath, Counsel and Class Members in system improvement, collaborative problem solving and demonstrating a commitment to transparency and accountability. Unfettered access to information, staff and class members continued during this review period and class members were available for candid and frank interviews during monitoring tours.

This cycle reflects continued progress, with the majority of provisions either holding steady or improving. Improvements were driven by clearer policy direction, targeted training, and more routine internal auditing that is beginning to standardize practice across both facilities. Where provisions remain in partial compliance, the gaps are primarily around completing policies and training and demonstrating proof of practice—not a lack of intent.

As agreed by the parties following the Fourth Monitoring Report, certain provisions are no longer subject to monitoring under Paragraph 52 of the Stipulated Judgment. Since the last report, four additional provisions have advanced from substantial compliance to full discontinuation of monitoring:

- IV.D.3 - Sanitation of Safety Cells
- IV.G.1 - Safety Equipment/CPR Training
- IV.G.2 - Safety Equipment Inspections
- VII.D.2 - Northwest Out-of-Cell Hours

In total, 11 custody provisions have now been discontinued from active monitoring.

Two provisions remained in substantial compliance this review period with a recommendation to discontinue monitoring as sustained performance has been confirmed:

- VII.E.1 - Disciplinary Restricted Housing
- VII.E.3 - Restriction on Extended Restricted Housing

Several provisions advanced from partial compliance to substantial compliance during this period:

- II.N.5 - Integration of Health-Care grievances into Quality Management
- IV.G.3 - Staff Response to Suicide Attempts
- VII.C.2 - Restricting Suicide Risk Class Members from High-Risk Cells
- VII.E.2 - Limits on Disciplinary Restrictions for Out-of-Cell Time
- VII.F.1 - Mental-Health Review Prior to Restricted Housing Placement
- VII.F.2 - Safety Checks
- VII.G.1 - Grievance Forms and Access

One provision dropped in rating during this cycle: VII.F.2 - Safety Checks. The County had previously achieved substantial compliance with this provision, but during this review period the WatchTour system at the Northern Branch Jail (NBJ)—which is relied upon to document 30-minute checks and generate deviation reports—was offline for the majority of the review period. While the Santa Barbara Main Jail (SBJ) continued to demonstrate substantial compliance, NBJ was unable to maintain proof-of-practice without the system. While the system was restored by August 2025, the sustained outage during this review period meant the County could not be rated above partial compliance. It is anticipated that compliance will return to substantial in the next cycle if the system remains operational and auditing is reestablished.

In addition to the improvements noted, while certainly delayed during this review period the County has also completed dozens of policy revisions that have been reviewed by the monitoring team and Class Counsel, and it is anticipated that these policies will be formally published and trained on in the next reporting period. Looking ahead, the remaining partial-compliance provisions cluster around the following themes: (1) completing policies and associated training; (2) expanding structured programming and least-restrictive placement options for class members with significant mental-health needs; (3) improving out-of-cell time and reducing refusals through meaningful out-of-cell opportunities; (4) refining the disciplinary and restricted housing systems, (5) engaging in timely and meaningful internal auditing and corrective action and (6) ensuring sufficient staff are available to achieve compliance.

While meaningful progress has been demonstrated, concerns remain. The County does not yet have sufficient healthcare or correctional resources to meet all aspects of the Remedial Plan, and the physical plant limitations at SBJ continue to be a barrier to full implementation. The conditions and operations of

several units at SBJ remain problematic and must be addressed. Nevertheless, the County has shown a clear commitment to reform, and with sustained effort these systemic improvements are expected to continue in the next monitoring period.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "terri".

Terri McDonald
Consultant/Monitor

Enclosure

Copy to:

Timothy Belavich, Ph.D. – Mental Health Expert
Homer Venters, M.D. – Medical Expert
Julian Martinez – ADA Expert
Daniel Godinez – Environmental Conditions Expert

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Sacramento, CA

Remedial Plan Fifth Status Report

January 2, 2026

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, 2024, Fifth 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	SC
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	DC
III.F.8	No Discipline for Refusing Treatment or Medication	DC	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	DC	SC - DC
IV.G.1	Availability of Safety Equipment. Staff Training CPR	DC	SC - DC
IV.G.2	Monthly Inspection of Safety Equipment	DC	SC-DC

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	SC	PC
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	SC	NC
VII.C.3	Deactivation of C 7 and C 8	DC	DC
VII.C.4	Deactivation of South 1-16, West 18-29 and East 11-22	DC	DC
VII.D.1	Minimum Out-of-Cell Hours	PC	PC
VII.D.2	Northwest Out-of-Cell Hours	DC	SC - DC
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-DC
VII.E.2	Limitation on Disciplinary Restrictions for Out-of-Cell Time	SC	PC
VII.E.3	Restriction on Restricted Housing for More than 30 Days for Single Incident.	SC-DC	SC
VII.E.4	Use of Safety Cells for Punishment Restriction	DC	DC
VII.E.5	Restriction on modification or denial of food as punishment	DC	DC
VII.F.1	MH Review prior to placement in RH	SC	SC
VII.F.2	Safety Checks	SC	SC
			N/A
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 –2024 Status Report.²

The County reports ongoing implementation. Reported actions include appointment tracking to record completed, delayed, and canceled visits with reasons; piloting of new processes/tools; implementation actions; development of tools/materials; updates to policies and procedures. Scope/locations referenced: Main Jail, Northern Branch Jail. Timeline: in the next six to eight months.

Expert Review

Compliance Rating: Partial Compliance

² Pursuant to the Joint Status Report of August 13, 2023, the County will provide annual updates on or about November 1. Santa Barbara County 2024 Annual Status Report is the most recent County update for this report and will be referred repeatedly as “County Response” in the header.

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

During this review period, based on the Medical Escort Team (MET) tracking report, Southern Branch Jail (SBJ) continued to assign an average of 2.6 deputy sheriffs to the MET to support clinical escorts, a slight improvement over the prior period's average of two deputies. This steadier coverage supported more reliable access to clinic appointments.

Compared to the last report, scheduling volume was higher, more appointments were completed per day, and fewer were refused. Table 1 summarizes the daily averages by monitoring period since 2021, followed by Table 2 with month-by-month daily figures for the current reporting period.

Table 1: Average Daily MET Escorts July 2021 through June 2025

Reporting Period	Appointments per day	Seen per day	Refused per day	Seen %	Refused %	ADP	Appointments per 100 Class Members
July 2021–June 2022*	105	86	16	82%	16%	697	15
July 2022–June 2023*	62	50	10	80%	18%	482	12.8
July 2023–May 2024*	63	55	14	78%	22%	413	15.3
July 2024–June 2025	73	52	13	71%	18%	427	17

*Refer to prior monitoring reports for periods detail and sample periods.

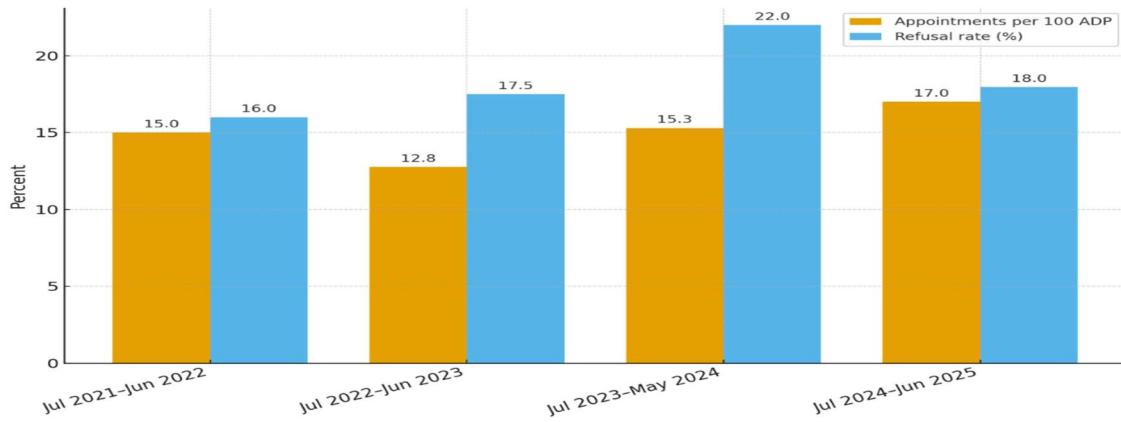
Table 2: Average Daily MET Escorts
July 2024 through June 2025*

Month	Appointments/day	Seen/day	Refused/day	Seen %	Refused %
Jul-24	68	46	13	67%	20%
Aug-24	86	54	16	62%	19%
Sep-24	59	48	5	81%	9%
Oct-24	66	42	12	63%	19%
Nov-24	60	41	11	69%	18%
Dec-24	69	50	2	72%	2%
Jan-25	66	47	12	71%	19%
Feb-25	94	69	19	73%	20%
Mar-25	86	67	21	77%	25%
May-25	76	57	17	75%	23%
Jun-25	73	52	17	72%	23%
Average	73	52	13	71%	18%

*April 2025 Unavailable at the time of the report

Interpreting Table 1 year over year review demonstrates that appointments per day varied with population and is therefore less dependable as a comparative measure. Appointments per 100 class members provides a clearer view of access: across monitoring periods it ranged from roughly 12.8 to 17.0, with the current period near the upper end (about 17.0, compared to 15.3 in the last report). Refusal rates likewise fluctuated over the monitoring periods ranging between approximately 16.0% and 22.0%; the current period is below the prior peak (18.0% vs 22.0%). Figure 1 below displays these two indicators side-by-side.

Figure 1. Appointments per 100 class members and Refusal Rate by Monitoring Period



In reviewing information this monitoring period, monthly activity varied considerably. In the heaviest months, deputies were moving a lot of class members, and it is plausible that the pace left less time to persuade hesitant individuals—so refusals ticked up. In lighter months, staff may have had more time to engage and re-approach, which could help convert scheduled escorts into completed visits. September illustrates this dynamic, showing the strongest completion rate (80.6% seen, 8.9% refused). December's unusually low refusals still read as an outlier and should be confirmed for coding consistency. Going forward, tracking simple engagement steps (e.g., second contact/return attempts or time-per-escort) would let the County test whether workload and approach time are influencing refusals.

In summary, steadier MET coverage this period corresponds with more appointments per 100 class members and a lower refusal rate than the prior review period. Continued gains will depend on distinguishing non-completion reasons beyond courts, (such as provider absence or scheduling conflicts) and implementing a parallel report at NBJ so that custody staffing, escort availability, and clinic scheduling can be measured and aligned with demand.

The County reported the last monitoring period that staffing evaluations of both custody and health care were underway during the last review period and some of that came to fruition during this review period, particularly related to health care positions. However, the County has not completed a comprehensive custody staffing assessments and reports that process has continued during this review period with the intention of sharing the final findings with the monitoring team and class counsel when complete. The Health Care Expert, Dr. Venters, reported that he reviewed documentation during this review period that demonstrated medical appointments were not facilitated due to not having custody escort personnel, which is troubling. The County is encouraged to have a strong understanding of escort and program coverage requirements to achieve substantial compliance with the Stipulated Judgement and Remedial Plan as the County finalizes the process.

Recommendations:

1. *³Wellpath 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.
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. *Finalize 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.
6. Implement an MET Escorts Report for NBJ that is parallel to the SBJ reports, so that custody staffing, escort availability, and clinic scheduling can be measured and aligned with demand.

³ Recommendations that begin with an asterisk (*) were recommended in previous monitoring report(s).

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 reports substantial compliance.

Expert Review

Compliance Rating: Substantial Compliance
Prior Compliance Rating: Substantial 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

As mentioned in the previous report, 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. The County and Wellpath now operate a two-tiered, routine system for reviewing health-care grievances—monthly inside the Medical Administrative Committee/Continuous Quality Improvement (MAC/CQI) track and quarterly in the jail-wide Grievance Review. Month after month during this review period, MAC/CQI minutes and PowerPoint presentations show grievance trends by category at both facilities, average response times, examples of founded grievances, and the specific corrective actions that followed the grievance finding (for example, starting delayed medications after intake or transfer, issuing or updating special diets, and scheduling dental or provider visits). These are recorded in the minutes with responsible staff and immediate actions, not just discussion.

Quarterly, custody leadership also convenes a cross-disciplinary grievance review that rolls up those same health-care categories, reconciles counts with the Medical Oversight reports, and documents corrective actions. The first and second quarter 2025 minutes both record a full reconciliation to the Medical Oversight reports (with only minor category-level variances) and repeat the directive to fix mis-categorization so medical, dental, medication, MAT, and ADA items reach the right responders quickly. By quarter end, both facilities show zero health-care grievances left without a disposition.

The programs also tightened how the entities measure timeliness. In 2Q 25 the quarterly committee added a random-sample timeliness audit at both facilities. Results showed late responses in roughly one in five medical grievances, with delays concentrated at the final Administrative (Lieutenant/Manager) step rather than the health care response; the committee responded by recommending added administrative review coverage and exploring electronic grievances on tablets to improve routing and timestamps. Those findings

and remedies are now in effect and the County reports they are continuing to explore adding grievances to the tablets to help medical and custody respond to grievances and track trends.

Meanwhile, MAC/CQI is using its monthly forum to push system changes that directly track to grievance trends – examples include: LVN medication distribution education when medication handling generated founded cases; pharmacy access improvements; and policy/process work on items like safety-cell documentation and withdrawal monitoring protocols. These are the kinds of concrete CQI findings and outcomes —training, workflow, and policy improvements—that reduce recurrence and shorten response times, and they are documented in the MAC minutes alongside the grievance reviews.

Taken together, these committee actions shows proof—not just intent—that the County has incorporated a systematic review of prisoner health-care grievances into its Quality Management program: monthly MAC/CQI analysis with fixes and audits, and a quarterly, cross-disciplinary roll-up that reconciles data, checks timeliness, and assigns corrective actions until closure. Compared to last year's 21 percent late-response sample, the current year's structured audit shows late responses at about 18 percent with an identified administrative bottleneck and specific remedies underway. Based on the information contained in the minutes and slide packs from monthly MAC/CQI and Quarterly grievance meetings, the County and Wellpath are on track for sustained substantial compliance with this provision.

Discontinuation of monitoring is not recommended as the County has not yet demonstrated they have anchored resources to ensure ongoing compliance and internal monitoring, and the systems described above were realized largely in this review period. The County and Wellpath have done good work and should be commended but it is important to ensure the systems remain intact through another review period.

Recommendations

1. *Continue to comply with Wellpath updated policies requiring monthly reviews.
2. *Continue to include timeliness of grievances response in monthly reviews.
3. *Resolve/address delays in responding associated with the administrative review process conducted by non-medical personnel.
4. *Continue to provide copies of proof of practice regarding grievances being discussed and evaluated in the MAC/CQI and Quarterly Grievance Meetings. Continue to include an active continuous quality improvement plan regarding areas identified as needing focus during the QM process.
5. *Continue to ensure staff are adequately trained.
6. Ensure adequate resources are allocated to the Grievance Unit to ensure ongoing compliance and internal monitoring for compliance.

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

The County is in the process of implementing this provision. Custody Operations Policy 241 has been updated, and Policy 320 will be revised. Wellpath has updated Mental Health Services Policy F-3. Once

policies are approved, training and tracking will begin. In line with the Expert's recommendations, the County will collaborate on processes for monitoring implementation, including post-incident analysis for SMI patients. To address 24/7 coverage concerns, BWell contracted mobile crisis services for 11 p.m.–7 a.m. Custody staff receive crisis intervention training through the Core Academy. The County is also developing a system to track successful de-escalation efforts that avoid force. The County anticipates full compliance within four to six months.

Expert Review

Compliance Rating:	Partial Compliance
Prior Compliance Rating:	Partial Compliance
Policies -	<ul style="list-style-type: none">Sheriff Office Policy Manual 300 – Use of Force – Requires UpdateCustody Operations Policy 241 – Mental Health Care – Update in ProcessCustody Operations Policy 320 – Pre-planned Force – Update in ProcessWellpath Policy F-03 – Mental Health Services – Update in Process
Training -	<ul style="list-style-type: none">Disability Rights Remedial Plan ImplementationCrisis Intervention Training (CIT)
Metrics	<ul style="list-style-type: none">Use of Force LogsIndividual Use of Force PackagesCIT Training Status ReportsGrievancesTours/Interviews

Observations

The County and Wellpath have not yet finalized policy revisions to incorporate this provision, but it is common that custody staff summon Wellpath clinicians to assist with de-escalation or intervention when time and circumstances permit,. However, during this monitoring period, the county and the custody expert encountered significant challenges in evaluating compliance with the provision related to de-escalation to avoid use of force incidents. While there were a variety of incidents in which de-escalation by custody and mental health staff was attempted and often successfully, SBSO recognized that a full assessment of practices could not be completed. The primary complication arose from SBSO's current policy on reporting such incidents and lack of identification of SMI class members in the jail management system. Although the county supplied lists of force incidents involving SMI class members, it was discovered during the review process that the database system generating these lists was incomplete. This became evident when cross-referencing inmate disciplinary reports, restricted housing placements, and safety cell placements, where use of force incidents involving SMI individuals were found that had not been included in the provided UOF lists for monitoring.

This disparity was attributed not only to limitations in data reporting systems and the identification of the SMI population within the jail management system, but also to SBSO's policy regarding what constitutes a

reportable use of force. Specifically, SBSO does not currently classify minor uses of force that do not result in injury or allegations of excessive force as formal use of force incident packages. Consequently, these incidents are not on the incident tracking database and do not trigger a review by the custody expert.

During this review, dozens of incidents involving SMI individuals or those exhibiting bizarre and unusual behavior were identified that did not generate a use of force report incident package, nor prompt the collection of video footage for analysis. As a result, SBSO and the custody expert were unable to conduct a meaningful review of use of force incidents as required by this provision due to both insufficient documentation and lack of video, as time had lapsed and video was no longer stored on the server.

As a result of identifying these challenges during the review period, efforts during this review period were focused on identifying these disparities, examining existing policies, and evaluating best practices to guide SBSO in updating its use of force reporting and review policy. Industry standards recommend documenting all use of force incidents, including minor ones with no injuries or allegations of excessive force, and implementing a formal internal review process for each incident. Such a process is not currently present in SBSO's custody division, but SBSO is working to implement such a process.

To help implement the changes needed, SBSO identified a lead supervisor and an outside consultant to project manage the necessary changes. Due to their efforts, the county developed draft policies and review forms during this period, although these documents had not been finalized at the time of review. It is anticipated that the use of force policy, including a formalized review process, will be completed in the next review period, which is a positive development.

While policy updates are critical, both SBSO supervisors and managers, as well as the custody expert, will continue to face challenges in reviewing de-escalation procedures due to the lack of video recordings that capture communications between deputies and class members. While fixed camera footage may display some interactions, and well-written deputies' reports can describe what occurred, neither can fully substitute for direct audio of staff-class member communication. This limitation hampers the evaluation of de-escalation strategies and the identification of additional training needs. Therefore, it is recommended that a body-worn camera system be implemented in the SBSO Custody Division to enhance the review process.

It is not expected that SBSO will achieve substantial compliance by the next reporting period. Given the complexities involved in implementing a new use of force policy, training all personnel, developing an updated review system, and preparing supervisors and managers to conduct appropriate reviews, additional recommendations will be provided in the following reporting period as SBSO continues to implement significant updates to its use of force policies and related training.

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.
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.
8. Explore a body worn camera program, focusing on high force locations, such as intake, restricted housing and BHUs to permit internal evaluation of deescalation techniques employed by staff during force incidents.

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.

County Response

The County is in the process of fully implementing this provision. Its BHU program has substantially reduced use of restrictive housing for individuals with serious mental illness (SMI). The BMU in IRC-100 is intended to further decrease this population. While some SMI individuals remain in restrictive housing for safety and security reasons, they are not housed there solely due to mental health status. The County documents specific reasons for placement and retention and will work with the Custody Operations Expert to better articulate behaviors warranting continued placement. The County holds weekly multidisciplinary Restrictive Housing Review Meetings to address individual cases and reintegration steps. It tracks out-of-cell time for all restrictive housing patients, a process that will improve with installation of the Guardian RFID/GPS system. Treatment and services are provided, and programming will be expanded in consultation with the Mental Health and Custody Operations Experts. The County anticipates full compliance within twelve months.

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

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

SBSO and Wellpath, have expanded Behavioral Health Units (BHUs) to add capacity for mentally ill class members, including those with SMI. As detailed later in this report, the restricted housing population has dropped markedly while BHU census has grown—a strong signal that BHUs are being used as the primary housing location for the SMI population. In incidents that once led to segregation (e.g., fighting or resisting), teams are stabilizing and keeping class members in BHU, which is commendable.

The remaining gap is clear: mentally ill class members are still overrepresented in restricted housing, and the promised secure, small-group programming for SMI in segregation units has not yet been implemented, as will be further discussed in the restricted housing provisions. The current restricted-housing cohort is comprised of the jail system’s most complex SMI population. To close this gap, the County should work with the Mental Health and Custody Experts to convert available cells such as NBJ K or M Unit into a specialized, secure BHU for high-acuity SMI—built around daily small-group treatment, a predictable out-of-cell schedule, meaningful behavioral management treatment, case management and dedicated clinical and custody staffing. Currently, necessary programming in the restricted housing units, including IRC 100, is not occurring and is not based on an Individualized Treatment Plan as required by this provisions.

Until the County addresses the overrepresentation of mentally ill in restricted housing and begins delivering consistent programming to SMI who must remain in restricted housing, this provision will remain in partial compliance despite the significant progress to date. The experts remain available to help refine and implement this strategy.

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.

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

The County is in the process of implementing this provision. A pilot program ensuring mental health input in the disciplinary process operated for a year at Northern Branch Jail and was recently expanded to Main Jail. Custody staff consider mental health reviews and recommendations before hearings, deviating only in cases of safety or security concerns. All disciplinary reports for individuals with SMI are reviewed by mental health, and effective communication needs are addressed throughout the process. Custody Policy 363 has been revised, and Wellpath will update Policies F-03 and G-2. In line with the Custody Operations Expert's recommendations, the County is enhancing early identification of individuals requiring review, has trained supervisory staff in the disciplinary process and documentation, and is training Staff Assistants. Tracking and monitoring are being refined, with full implementation anticipated in six to eight months.

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

Since the last review period, SBSO and WellPath have moved the disciplinary reforms from pilot to day-to-day practice and submitted a draft disciplinary policy for expert review; they are incorporating feedback with the intent to publish the policy and deliver training.

Operationally, hearing officers now flag class members with serious mental illness, intellectual disabilities, or unusual behavior and request clinical input before hearings; staff assistants are assigned where language or comprehension barriers exist; and effective-communication practices are used during the assessment, staff-assistant support, and the hearing and disposition. A dedicated NBJ supervisor functions as both project lead and internal auditor, extending the model to SBJ and creating a real-time feedback loop that identifies and corrects issues without waiting for external review. Standardized forms for clinicians, staff assistants, and hearing officers are in use, and Addendum A documents gains across these steps.

As an example of performance, in Q2 2025 the systemwide rate of mental-health reviews completed when required was 71 percent. Across July 2024–June 2025, hearing officers concurred with clinicians' mitigation recommendations in all but one case, and that non-concurrence included a written rationale. At the same time, two requirements remained below 50 percent in Q2 2025: staff-assistant assignment when required (48 percent) and hearing-officer documentation that effective communication was established (38 percent). These results reflect the systemwide rollout of these elements and underscore the importance of publishing policy and training, paired with internal auditing, to drive consistent practice and documentation across both facilities.

Although the County has not yet reached substantial compliance because the Custody and Wellpath policies are pending publication and training must be updated, the implementation work is sustained and improving, positioning the County to achieve substantial compliance once those final steps are completed.

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 III.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
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Training -	Disability Rights Remedial Plan Implementation
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Metrics	Completed Policies Completed Forms
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Observations

Refer to Observations in Provision III.F.1

Recommendations

1. Refer to recommendations in Provision III.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.
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

Compliance Rating:	Substantial 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 County has taken important structural steps to ensure that mental health input is meaningfully considered in the disciplinary process. Hearing officers have been trained to identify class members with serious mental illness or unusual behavior and to request the Mental Health Input Form in those circumstances. Mental health clinicians, in turn, have been completing the reviews in a timely manner and returning them to the hearing officer before the hearing. In Q2 2025, clinical input was required in 42 cases, clinicians completed 30 reviews, and the overall rate of reviews completed when required was approximately 71 percent. By facility, NBJ was about 86 percent and SBJ about 69 percent. NBJ's slightly higher rate reflects its earlier pilot implementation of this protocol, while SBJ's performance reflects more recent adoption of the same process.

With this infrastructure in place, a review of disciplinary hearing reports at both NBJ and SBJ for the period of April 2025 through June 2025 demonstrated that hearing officers consistently considered clinical feedback. In nearly 100 percent of cases, hearing officers concurred with the recommendations. Only 1 instance of non-concurrence was identified, and in that case the hearing officer provided a clear and rational justification supported by the documentation. As reflected in related provisions, SBSO has also established an internal auditing process to track this requirement so that any deviation from policy or expectation is identified and addressed quickly by supervisors rather than only through external monitoring.

These developments show that the County and WellPath have both built and sustained the practices necessary for compliance. Mental health input is consistently received prior to hearings, reviewed by hearing officers in advance, and overwhelmingly adopted in disciplinary decisions. On this basis, this provision has achieved substantial compliance. This progress also reflects the broader impact of the NBJ supervisor's auditing role, which has strengthened internal accountability and provided a model for sustaining compliance across disciplinary provisions.

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.

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.5. 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

This provision requires that mental health clinicians provide input prior to the adjudication of disciplinary reports and the imposition of sanctions, ensuring that clinical guidance informs the process before decisions are made. To implement this requirement, the County and WellPath developed a Mental Health Input Form, which is completed by clinicians and reviewed by the hearing officer. The form requires justification if the hearing officer does not concur with the recommendations. In the NBJ pilot, hearing officers concurred in every instance.

During this monitoring period, the use of the form was expanded from NBJ to SBJ. In reviewing Dr. Belavich's September 2025 Status Report for Provision III.F.3, he concluded that mental health clinicians were in substantial compliance with their role in the utilization of the form.⁴ A review of finalized disciplinary hearing packages at both NBJ and SBJ for this monitoring period also confirmed that the form was consistently requested when the behavior involved an SMI class member or was otherwise bizarre or

⁴ See Dr. Belavich September 2025 Status Report, p. 51.

unusual. Compliance with this requirement is being tracked internally by the custody supervisor and incorporated in Addendum A. The concurrence rate between the mental health recommendation and the final hearing officer disposition was 100 perfect.

The County and WellPath must still finalize their draft disciplinary policies and ensure that standardized training is developed for both WellPath clinicians and custody personnel. Nevertheless, this practice is now firmly anchored in both SBSO and WellPath protocols, supported by internal monitoring. With the strong concurrence record at NBJ, the successful expansion to SBJ, and confirmation of substantial compliance by the Mental Health Expert, this provision has achieved substantial compliance during this rating period. However, it is critical that policies and training be completed, internal auditing continue and that compliance percentages remain high to maintain substantial compliance in the next review period.

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
Metrics	IDR Tracking Log Individual IDRs Grievances

Observations

As reported in other disciplinary provisions, the County has improved efforts to support class members who need assistance in the disciplinary process through the assignment of staff assistants, improving and documenting effective communication, and ensuring translation services are available.

In the last report—focused on the NBJ pilot—staff assistants were assigned in 67 percent of required hearings, and effective communication was documented in 69 percent. In Q2 2025, after expanding the protocol across both NBJ and SBJ, the combined systemwide compliance rates were 48 percent for assigning a staff assistant when required and 38 percent for documenting effective communication. The systemwide figures are lower because they reflect scaling to SBJ and the need to solidify new documentation practices, not a retreat from the pilot’s gains. Performance remains materially improved from early 2023, when staff assistants were not assigned, effective communication was not documented, and translation services were recorded in 16 percent of applicable hearings.

Finalizing the disciplinary policy and training and internal auditing for compliance should stabilize performance at or above the pilot levels across both facilities. The challenge for achieving substantial compliance will be Wellpath’s ability to identify, to the Mental Health and ADA Monitors’ satisfaction, that the intellectually disabled and SMI populations have been appropriately identified, with notification to custody of their status. That remains an unresolved challenge, particularly the identification of the intellectually disabled. Until that is resolved, even if supports were provided to all known SMI and

intellectually disabled population, it will be difficult to consider this provision in substantial compliance. Regardless, it is anticipated that the County and Wellpath can come into compliance with this provision for the known class members in the next review 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.
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
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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 for 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

The County is in the process of fully implementing this provision. The County has designated supervisory-level custody staff at each facility who are responsible for ensuring consistency in the disciplinary process. In the next six months, the County will work with the Custody Operations Expert to develop an audit of the disciplinary process, including the requirements of this provision.

Expert Review

Compliance Rating: Substantial 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 shown significant improvement in this provision through the assignment of a dedicated supervisor whose primary responsibility is to oversee the disciplinary process for SBSO. This supervisor developed expertise by working directly with the Custody Expert to ensure disciplinary hearings incorporated mental health evaluations, effective communication, and the use of staff assistants and translators. Assigned to NBJ, the supervisor helped achieve improved compliance during the last review period, and during this period NBJ has demonstrated substantial compliance with the due process provisions of the settlement agreement. Importantly, the supervisor also assumed the role of internal auditor for disciplinary hearings conducted at both NBJ and the Southern Branch Jail.

By conducting self-evaluations of compliance—rather than waiting for annual monitoring reports to identify deficiencies—the supervisor has been able to ensure NBJ maintains full compliance while simultaneously helping SBJ move toward compliance. The statistics generated and reflected in Addendum A were completed by this supervisor and confirmed through independent assessment by the Custody Monitor. This represents the first custody-related provision where SBSO has established internal expertise coupled with internal auditing—creating a model that can be applied to restricted housing practices and other provisions. It is important, however, that SBSO ensure a trained backup is in place, as this supervisor is eligible for retirement in the next review period. The County reports cross training is underway to ensure continuity.

These improvements demonstrate the value of equipping the Compliance Unit with sufficient resources. As highlighted in prior reports, resource shortages have limited the County's ability to anchor provisions in policy, training, auditing, and corrective action. The success at NBJ and the progress at SBJ regarding the disciplinary process show that when internal auditing capacity exists, compliance can be sustained and problems identified and corrected in real time. With additional resources to expand this model within the Compliance Unit, the County will be positioned to replicate these results across other provisions and accelerate progress toward substantial compliance.

The County should be commended for its efforts and achieving substantial compliance with this sub provision of the disciplinary provisions. It is believed that with consistent oversight and monitoring, the remaining disciplinary provisions can maintain and/or achieve substantial compliance in the next review period. It is critical, however, that all of the provisions are anchored in the updated policy and training, including this provision before a recommendation to discontinue monitoring can occur.

Recommendations:

1. *Conduct a thorough analysis of the needs to adequately resource a Compliance team to implement the Agreement.⁵
2. *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.
3. *Create or update post orders for identified supervisor.

⁵ This would include development of a comprehensive project plan, policy and training development resources, auditing and internal compliance monitoring.

4. *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.

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.

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.

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.

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.

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.

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. The County and Wellpath are conducting monthly suicide prevention committee meetings and will continue to discuss compliance with the requirements of this provision at those meetings. The County has trained staff and initiated corrective action to address the Custody Operations Expert's concerns related to this provision. Additionally, the County is in the process of purchasing cut down tools for all custody deputies.

Expert Review

Compliance Rating:	Substantial Compliance
Prior Compliance Rating:	Partial 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

During the last monitoring cycle, this provision was downgraded to partial compliance following the tragic death by suicide in October 2023. That event exposed critical gaps in training and immediate response, particularly regarding deputies' hesitation to enter cells without sufficient backup. In response, the County clarified training materials, issued a formal Training Bulletin on Entry Into Cells During Medical Emergencies, and briefed staff on expectations requiring immediate intervention during suicide attempts.

For the current review period, the County has demonstrated renewed adherence to those corrective actions, and the overall level of practice more closely mirrors the substantial compliance previously observed in 2023. Regrettably, there was one death by suicide in November 2024 and at least one serious suicide attempt on September 21, 2024. The emergency response was evaluated, and it is believed staff responded in

accordance with policy during these incidents, and no additional systemic failures have been identified. Interviews that occurred with staff in December 2024 and May 2025 at both facilities demonstrated the staff had been trained and knew their responsibilities to respond. The staff were also in possession of cutdown tools and knew the location of the first aid kits and AEDs.

The NBJ has consistently demonstrated its commitment to readiness by running emergency response drills. Two of these drills specifically addressed suicide-related or medical emergencies: one on October 8, 2024, and another on May 19, 2025. These drills reflect an institutional priority to ensure deputies and medical staff practice coordinated, urgent responses in line with policy.

By contrast, SBJ has been less consistent in documenting its drills, though evidence from the 2024 CQI PowerPoints confirms that drills were being conducted. Further, SBJ conducted a documented suicide-response emergency drill on March 31, 2025. This suggests that practice is occurring, but documentation systems need to be strengthened to ensure consistent proof of compliance across facilities.

Despite these encouraging improvements, one area remains deficient. As noted in Dr. Belavich's September 2025 monitoring report,⁶ there has been no consistent documentation of suicide prevention or suicide response committee meetings during this review period. The lack of sustained, high-quality suicide prevention meetings weakens the County's ability to evaluate and learn from its responses to suicide attempts. Moreover, under Provision IV.H-1, the County is required to track all critical incidents—including suicides, attempted suicides, and self-harm—and to review those incidents and related data through its quality assurance and improvement process. Integration of that requirement with the ongoing work of the Suicide Prevention Committee remains critical to ensuring durable compliance.

Based on the progress made, the County appears to have corrected the immediate deficiencies identified in the October 2023 incident. Emergency responses during this review period demonstrate timeliness and adherence to clarified training standards. However, the lack of consistent Suicide Prevention Committee activity, as flagged in Dr. Belavich's September 2025 monitoring report, is problematic. It is recommended that evaluation of the ongoing Suicide Prevention Committee be best assessed by Dr. Belavich pursuant to IV-H.1, which expressly requires the County to track and review critical incidents and incorporate those findings into its quality assurance and improvement process.

Overall, this provision is assessed as being in substantial compliance. However, in the next review period documented emergency response drills must occur on a quarterly basis and should be addressed within the Suicide Prevention Committee and during quarterly reviews at both NBJ and SBJ to ensure accountability and sustainability.

Recommendations

1. *The Suicide Prevention Committee should resume meeting 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.⁷
3. *Provide Experts monthly lists of all serious suicide attempts and completed suicides.

⁶ Dr. Belavich, September 2025 Monitoring Report, IV.H-1, p. 105.

⁷ Note also required in Provision IX.8

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

The County reports ongoing implementation. In collaboration with Dr. James Austin, the County is validating the custody classification plan and refining population management and restrictive housing practices using jail-population data. BHUs and the BMU pilot have reduced reliance on restrictive housing and increased programming; following the IRC 100 pilot, the County will consider expanding the BMU pilot to IRC 400 in the next eight months. The County is discussing programming for restrictive housing units (New East Restricted Housing at the Main Jail and K Unit at Northern Branch Jail) and, in the next eight months, will refine the restrictive housing tracker, audit placements, and implement mental health programs for designated units.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policies - Custody Operations Policy 301 – Classification
Custody Objective Classification Plan
Custody Housing Plans

Training - Disability Rights Remedial Plan Implementation

Metrics To Be Determined

Observations

The county has demonstrated significant commitment to housing class members in the least restrictive setting. This is evidenced by a variety of projects, some of which have come to fruition during this review period. For example, as reflected in Provision VII.B.1., Dr. James Austin assisted the county in validating the classification scoring system at both intake and during reclassification. This validation is designed to ensure that class members are not overclassified and are housed consistent with the risk and static case factors that may contribute to institutional misconduct. The work performed by Dr. Austin to determine whether class members are appropriately housed. Please refer to Provision VII.B.1 for additional information.

As reflected in the Mental Health Expert's September 2025 report,⁸ the county and WellPath have continued to utilize and expand Behavioral Health Units (BHUs) during this review period. The existing BHUs at SBJ and NBJ remained intact, and an additional step-down unit was created in IRC 200 for class members who did not require the full level of care provided in a BHU but benefited from a more structured and therapeutic environment than a general population housing unit. The county and WellPath have also committed to increasing programming in complex units such as SBJ 100, 400, and New East, but have not yet provided sufficient proof of practice to allow for full evaluation.

As will be reflected in the following analysis, the use of restricted housing continues to diminish, but the use of safety cells has shown a more mixed outcome during this reporting period.

The following table represents the average daily population in the designated restricted housing units during this review period: K Unit at NBJ, NE RH and IRC 400 at SBJ:

**Table 3: Restricted Housing Average Daily Population
January through June 2025**

Month	SBJ — ADP	SBJ — MH (avg)	SBJ — % MH	NBJ — ADP	NBJ — MH (avg)	NBJ — % MH	Combined — ADP	Combined — MH (avg)	Combined — % MH
Jan	15	14	93%	8	8	100%	23	21	91%
Feb	14	11	79%	6	6	100%	20	17	85%
Mar	13	10	77%	8	8	100%	21	17	81%
Apr	13	10	77%	5	4	80%	18	14	78%
May	13	11	85%	5	2	40%	18	12	67%
Jun	11	7	64%	5	3	60%	16	10	63%
Monthly Average	13	11	79%	6	5	80%	19	15	77%

(Sums may not add up due to rounding.)

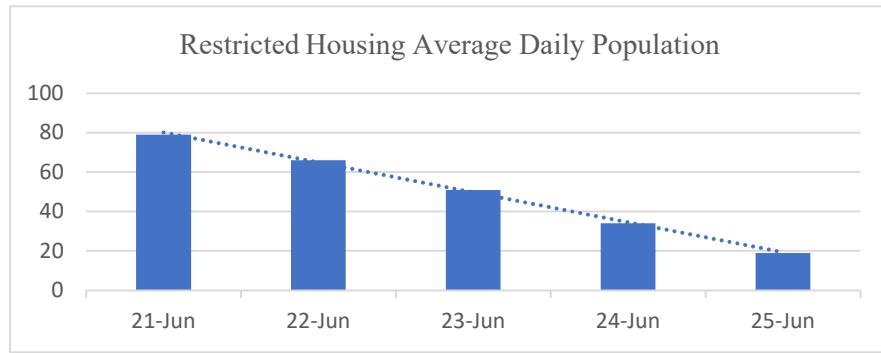
During the first six months of 2025, the average daily population in restricted housing remained within a relatively narrow band and trended downward slightly over time with just 19 class members identified as being housed in a restricted housing unit in June 2025, which is an amazing accomplishment. Combined restricted housing ADP decreased from twenty-three in January to sixteen in June. SBJ consistently ran somewhat higher than NBJ, with SBJ moving from fifteen to eleven, and NBJ operating at lower levels consistent with its K-Unit capacity, generally between five and eight Class members in restricted housing. This overall pattern aligns with the County's ongoing efforts to house people at the lowest appropriate level and to refine step-down options that reduce reliance on segregation. In fact, the year-over-year June restricted housing count demonstrates the consistent commitment to reduce reliance on segregation as evidenced by the table below.

⁸ Mental Health Expert Report, Dr. Belavich, September 2025, p.29.

The following table and chart depicts the restricted housing ADP every June from 2021 to June 2025:

Table 4: Restricted Housing ADP Point in Time⁹

Date	21-Jun	22-Jun	23-Jun	24-Jun	25-Jun
ADP	79	66	51	34	19



The composition of the restricted housing population is the more concerning issue requiring focus. Across the two facilities, the share of Class members designated as mental health patients remained a clear majority throughout the period, averaging approximately 77 percent overall which is higher than the mentally ill percentage in general population. Month to month, the combined percentage moved from 91 percent in January to 62 percent in June. SBJ's monthly percentage ranged from 64 to 93 percent, averaging about 79 percent, while NBJ's K-Unit was similarly high early in the period—at or near 100 percent—before easing to roughly 40 to 60 percent by late spring, averaging 80 percent for the six-month period. The persistently high representation of people with mental health needs in restricted housing who are not eligible for less restrictive clinical settings underscores why continued emphasis on expanding secure step-down placements, creating robust clinical engagement, and limits on time in segregation remain essential to support well-being and reduce the harms associated with isolation. This highlights why it is critical that Wellpath and the STP program focus efforts and resources on providing structured activities and programs to the population being housed in these restricted housing units.

Another way to look at the utilization of restricted housing is the amount of monthly restrictive housing placements as well as the average time in restricted housing. The following table reflects the monthly average for the period of January through June 2025, followed by trend lines that visually depict those averages.

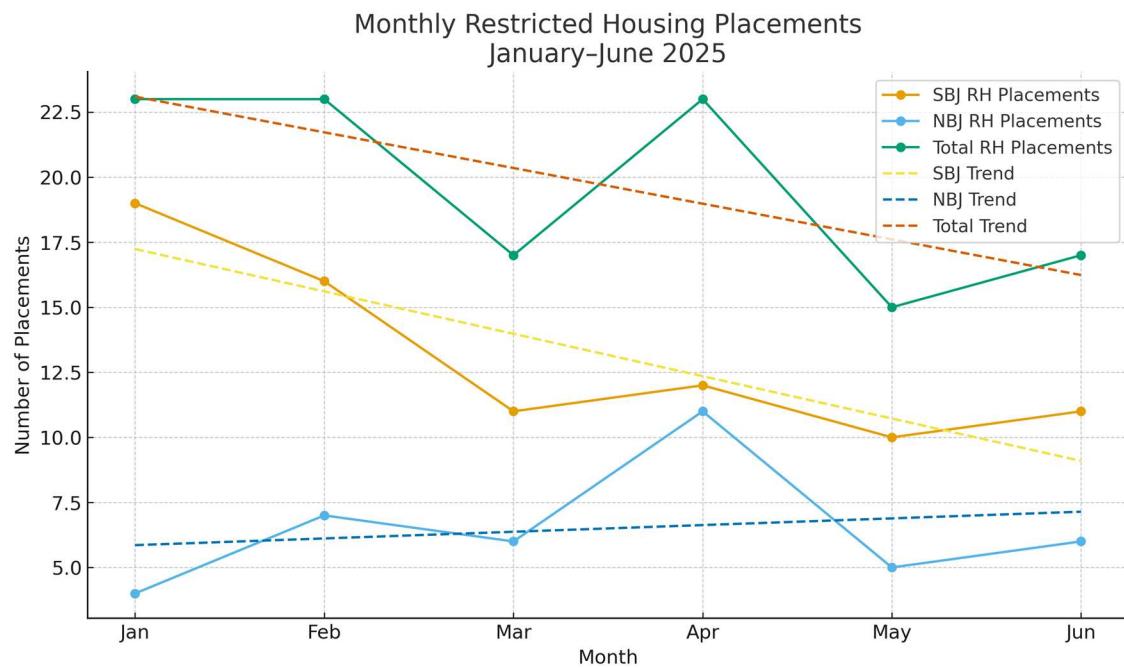
⁹ Does not include IRC 100 and non-designated restricted housing class members in IRC 400, although these units function as quasi restricted housing units

**Table 5: SBJ & NBJ — Monthly Restricted Housing (RH) Placements and Average Days
January through June 2025**

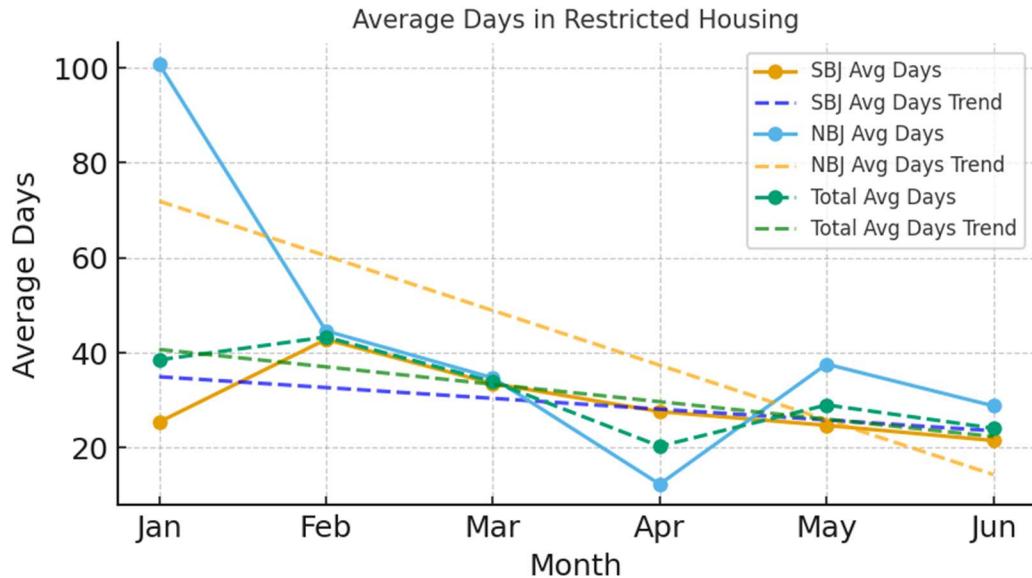
Month	SBJ RH Placement	SBJ Avg Days	NBJ RH Placement	NBJ Avg Days	Total RH Placement	Total Avg Days
Jan	19	25	4	101	23	39
Feb	16	43	7	45	23	43
Mar	11	34	6	35	17	34
Apr	12	28	11	12	23	20
May	10	25	5	38	15	29
Jun	11	22	6	29	17	24
Jan–Jun Average	13	29	7	43	20	32
Jan–Jun Total	79	N/A	39	N/A	118	N/A

Relied upon daily tracking report for analysis.

From a restrictive housing placement perspective, the data shows that SBJ restricted housing placements were relatively stable across the first half of 2025, averaging about 13 per month, while NBJ restrictive placements were fewer and more variable, averaging about 6 per month. Together, combined monthly intakes held steady in the high teens to low 20s, with no evidence of major restrictive housing placement surges. This stability is clear in the first trendline chart, where SBJ and total restrictive housing placements maintain a relatively flat trajectory, even as NBJ fluctuates from month to month.



When looking at the average length of stay in restricted housing, a more dynamic pattern emerges. SBJ started the year with longer average stays, 43 days in February, but steadily improved, cutting that number in half to just over 22 days by June. NBJ by contrast showed dramatic swings, beginning with an outlier of 101 days in January, then dropping as low as 12 days in April before settling back into the 30-day range by early summer. The second trendline chart captures this movement visually: SBJ shows consistent progress toward shorter stays and NBJ reflects stabilization after an unusually high spike in early 2025.



Taken together, the charts illustrate a system where restrictive housing placements remain steady while the average length of stay in restricted housing is decreasing over time. This suggests that operational changes and classification practices may be helping to shorten stays, particularly in the second quarter of 2025. It is believed that the changes to expedited reviews of placements into restricted housing and more consistent classification reviews have led to the reduced average length of time seen in restricted housing.

However, the above analysis of official placements into restricted housing understates the number of class members who resided in restricted housing conditions due limited daily out-of-cell time. Specifically, because IRC 400 was not offering more than two hours per day of out-of-cell time to the class members residing in that unit, it qualified as restricted housing. However, other than the one or two women who were actually designated restricted housing, none of the other class members received the due process, health care rounding and other requirements associated with restricted housing placements. Additionally, if the population was factored into Table 4 on page 28, the average restricted housing population in June 2025 would have been 32, not 19. The County has reported improvements in out-of-cell time in IRC 400 but if conditions in IRC 400 are not resolved in the next review period, that unit will be factors in as an official restricted housing unit and all provisions related to restricted housing, including restricted housing due process will be evaluated in applicable provisions.

Another way to analyze whether or not class members are being housed in the least restrictive setting involves placements into safety cells. In reviewing safety cell placements from July 2023 through June 2024, the data show a relatively stable pattern of use, averaging between 28 and 36 placements per month. Importantly, the average length of stay trended downward during that period, with durations falling into the 12–13 hour range by mid-2024, suggesting progress in reducing the intensity of confinement.

The following table, Quarterly Safety Cell Utilization, presents this data in summary form.

Table 6: Quarterly Safety Cell Utilization
July 2023 through June 2025

Quarter	Average Monthly Placements	Average Monthly Length of Stay (hrs.)
Q3 2023	28	18.5
Q4 2023	28	13.25
Q1 2024	34	11.75
Q2 2024	32	12
Q3 2024	36	16.5
Q4 2024	30	13.25
Q1 2025	39	17.75
Q2 2025	37	13

From July 2024 through June 2025, however, the system experienced an increase in the monthly average placements. The third quarter of 2024 showed the highest average monthly placements and the longest average durations of the two-year review period. Although the following quarters moderated somewhat, placements and durations never returned to the historic lows achieved in late 2023. This spike raises important questions about whether the least restrictive setting standard was consistently maintained during this period or if class members requiring a higher level of care were housed appropriately.

Based on the information in Addendum B, total safety cell placements have remained relatively steady since the last review period. Across the most recent reporting period (July 2024–June 2025), placements averaged 36 per month, which is nearly identical to the averages in the preceding period of 35 in the July 2023–June 2024 period. In other words, the system continues to rely on safety cells at about the same level, without evidence of a significant upward or downward shift in overall usage.

Where the numbers shift more notably is the length of stays. In the prior reporting period (July 2023–June 2024), 51 percent of placements remained in a safety cell between 12 and 24 hours — by far the highest of the last three years. In the most recent review period that percentage declined to 37 percent, much closer to the baseline of 36 percent observed when first assessed in 2023. That suggests that last year's spike in medium-length stays was not sustained and that staff are more often releasing individuals in less than 12 hours.

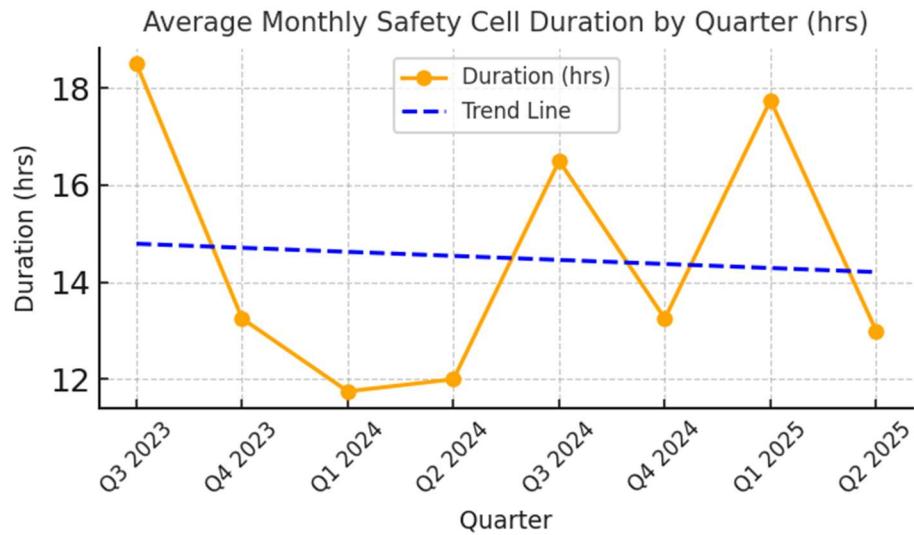
At the same time, placements exceeding 24 hours have crept back up. In the 2023–2024 fiscal year, approximately 6.6 percent of placements went over 24 hours (19 of 286 placements), and in the most recent year that figure increased to 10.7 percent (26 of 242 placements). Although this remains well below the higher levels recorded earlier in the monitoring period, it represents a meaningful rise compared to the immediately prior year. A portion of this increase appears attributable to a small number of individuals who cycled repeatedly through the safety cell and, on multiple occasions, exceeded the 24-hour threshold.

Taken together, Addendum B shows that overall placement frequency remains consistent, but the distribution has shifted: fewer people are staying in the 12–24 hour range compared to last year, and somewhat more are crossing the 24-hour threshold, in part due to these repeat cases. This indicates some progress in shortening stays but also points to lingering cases where individuals are not being transitioned out of safety cells quickly enough. The fact that several individuals experienced multiple extended stays may suggest a lack of appropriate treatment space, highlighting the likely need for additional capacity such as enhanced inpatient treatment options in the community or different types of clinical beds within the jail setting. Clinical capacity is best addressed by the Mental Health Expert.

It is important to recognize that safety cells represent an extreme form of placement. While necessary in some circumstances to address acute safety risks, their use also underscores the urgent need to develop and employ safe alternatives for class members, particularly those at risk of self-harm. This concern was emphasized in the Mental Health Expert’s Report of September 2025, in which Dr. Belavich devoted attention to the use of safety cells (see page 79).

The following chart, Average Monthly Safety Cell Duration by Quarter, shows how the average length of stay rose and fell during this period but has not returned to the lower levels of late 2023.

Figure 2. Average Monthly Safety Cell Duration by Quarter



The County should carefully evaluate and implement the Mental Health expert recommendations to reduce reliance on safety cells and expand less restrictive alternatives.

It is positive to report that prior concerns regarding the use of safety cells for combative behavior have largely been resolved. Between July 2024 and June 2025, only one placement was identified where the sole reason for use of a safety cell was combative behavior. This marks a significant improvement from earlier reporting periods and, given the continued diminishment noted in the last two reports, is considered a resolved issue. Prior reviews also documented failures, particularly at NBJ, where a mental health clinician did not evaluate a potentially suicidal class member before placement during required duty hours. During this review period, such lapses occurred less than once per month on average, and in all of those cases a nurse or medical staff participated in the evaluation before placement. Beginning in December 2024, clinicians and custody supervisors implemented a practice of jointly signing documentation regarding placement and retention in a safety cell. SBSO also continues to conduct post-placement reviews to ensure compliance with policy, although a formal compliance report has not yet been issued. Taken together, these changes demonstrate ongoing progress in aligning safety cell practices with policy expectations.

While there are positives to report, the experts remain concerned about the operation of the following housing units as reviews as on site reviews and reviews of out of cell logs depict these continue to operate as quasi restricted housing units.

SBJ IRC 100 (male)	16-32 Beds ¹⁰
SBJ IRC 400 (female)	16-32 Beds ¹¹

In summary of prior reports, both IRC-100 and IRC-400 continue to raise concerns under the least restrictive housing requirement. Although IRC-100 provides regular opportunities for out-of-cell time, the absence of meaningful programming or structured activity leaves the unit operating more like restricted housing with extra hours rather than a true step-down environment. IRC-400 remains even further behind: with limited hours, high programming refusal rates, and a population presenting significant clinical needs, it continues to function in practice as quasi-restricted housing. These realities reflect the issues addressed in VII.D.1, which stresses not only the number of hours offered but also the importance of environments that genuinely reduce isolation.

Related provisions also reinforce this point. VII.B.4 highlights the County's recent efforts to strengthen review and documentation of restricted housing placements, which is an important step toward reducing reliance on such settings. The challenge is that the paper improvements in review and classification have not yet translated into a meaningful shift in how IRC-100 and IRC-400 operate day to day. Continued attention to these units is needed to ensure that the progress under VII.B.4 and the requirements of VII.D.1 are aligned, and that class members are actually living in housing units that are less restrictive in both form and substance, as required under VII.A.1.

Recommendations

1. *Continue to expand meaningful specialized mental health treatment units for males and females at the necessary level of care and custody classifications.

¹⁰ Generally single cell with an average daily population of 16 but can accommodate up to 32 incarcerated persons.

¹¹ Generally single cell with an average daily population of 16 but can accommodate up to 32 incarcerated persons.

2. *The County must address the program models in SBJ New East ISO unit, IRC 100 and IRC 400.
3. *Ensure that adequate clinical and programmatic support is available based on the clinical needs of the population.
4. *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.
5. *Work with the Mental Health Expert to design the structured program model for behavioral health inmates who require retention in a restricted housing setting.
6. *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.
7. *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.
8. *The County should ensure sufficient inpatient capacity in the community should that level of care be necessary for an incarcerated person.
9. *Implement the findings from the Classification Validation project and adjust policies, training and practices based on the information.
10. *Continue to refine internal auditing and trend analysis of restricted housing and safety cell utilization.

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

The County is in the process of fully implementing this provision. Please see response to 7.A.1. above. The County updated the BHU manual to include policies and procedures for the BMU. The County will also update the Custody Operations BHU Policy (248). The County will work with the Mental Health and Custody Operations Experts to increase and design structured programming for restrictive housing units. Please see response to provision 3.I.2. to address the recommendations of the Custody Operations Expert regarding inpatient capacity in the community. The County anticipates completing this provision in the next eight months.

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 -	Disability Rights Remedial Plan Implementation
Metrics	Restricted Housing Notification Forms Population Reports Grievances Tours/Interviews

Observations

Refer to Provision VII.A.1.

Recommendations

Refer to VII.A.1

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

The County is actively implementing this provision. As noted in Provision 7.A.2, it has reduced both the footprint and population of restrictive housing and is further decreasing reliance on it. The County documents placement and retention reasons and, with the Custody Operations Expert, will refine criteria to better articulate behaviors warranting continued placement. Weekly multidisciplinary reviews focus on reintegration plans. Staffing has been increased—expanding CQA to support an audit of this provision and fully staffing the Classification Unit per the Expert's recommendation. The County anticipates completing this requirement within eight months.

Expert Review

Compliance Rating:	Substantial Compliance
Prior Compliance Rating:	Partial Compliance
Policies -	Custody Operations Policy 301 – Classification Custody Operations Policy 306 – Restricted Housing – Pending
Training -	Disability Rights Remedial Plan Implementation
Metrics	Restricted Housing Placement Logs Restricted Housing Notification Documentation Classification Narratives Grievances Tours/Interviews

Observations

During the last review, the County made significant progress in meeting due-process requirements for placement in restricted housing. In this review period, the County has consistently documented the reasons for initial placement and continued retention and has ensured that each class member receives a copy of the written justification. While opportunities for improvement remain, the placement and retention packets generally make clear what behaviors since the prior review warrant placement or continued retention in a restricted setting.

During this review period, the custody expert examined restricted-housing placement and retention documentation for July 2024 through June 2025. By fall 2024, it became clear that SBSO classification staff continued to struggle with documenting the full set of due-process requirements under the agreement, despite SBSO's commitment to improvement. Accordingly, SBSO retrained classification staff, and the Custody Expert reset the audit start for this review period to December 2024. During the subsequent reviews, the custody expert provided case-specific feedback on available intake and retention documents, including concrete recommendations, as well as observations on systemic improvements needed and information on missing materials identified during the review. SBSO responded by refining processes, with marked gains evident in May and June 2025, when classification staff substantially improved documentation for both intake placements and restricted-housing retentions at both NBJ and SBJ. The reviews during this period represented a sample of approximately 75 percent of documented restricted housing placements or retentions. The next report will provide a statistical analysis on 100% of documented placements or retentions.

The following table represents a sample of class members placed in restricted housing or who received a retention review during the period of January through June 2025. The next report will work with SBSO to better quantify the number of new placements into restricted housing per month and the number requiring a review per month:

Table 7: Restricted Housing Placement/Retention Reviews

January-June 2025							
Category	January	February	March	April	May	June	Average
NBJ initials	4	4	3	5	5	5	4
SBJ initials	5	9	9	4	5	12	7
NBJ reviews	4	4	7	7	1	5	5
SBJ reviews	0	10	6	11	8	7	7
TOTAL by month	13	27	25	27	19	29	23

Over the next 12 months, it will be critical to continue to reduce reliance on restricted housing—especially for individuals whose conduct appears linked to a mental-health condition. Classification staff should continue to document, in clear and plain language: (1) the basis for placement; (2) the rationale for ongoing retention; (3) the specific, time-bound programming and step-down strategies that will be used to transition the class member into a less restrictive setting and (4) the next review date. The County should also implement routine internal monitoring of restricted-housing utilization and documentation to demonstrate that these reforms are embedded in everyday practice. Finally, continuous quality-improvement activities—policy, training, and form updates informed by trend analysis—should continue to refine and standardize the process.

The next review period will include objective performance measures to quantify compliance with SBSO's classification policies and to assess whether a recommendation to discontinue external monitoring is appropriate following that review.

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

The County is in the process of fully implementing this provision. Please see response to 7.A.3. above. The County updates its restricted housing tracking form weekly, which is discussed at the weekly multidisciplinary Restrictive Housing Review Meetings. The County will work with the Custody Operations Expert regarding recommendations pertaining to policy revision, information sharing, supervisory and clinical input for incarcerated persons in restrictive housing beyond 60-90 days, and a program model for the higher security population. The County anticipates completing this requirement in the next ten months.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

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

Training - Disability Rights Remedial Plan Implementation

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

Observations

It is clear that the County has made significant efforts to reduce both reliance on and the duration of class members' placement in restricted housing. As previously discussed in Provision VII.A.1, and as reflected in Table 4, page 28, the average population in restricted housing has declined from a high of 79 class members in June 2021 to an average daily population of 19 class members in June 2025. Additionally, while long-term trend data is not yet available, the average length of stay in restricted housing appears to be decreasing, with a baseline average of 32 days established for the period of January through June 2025, as reflected on Table 5, page 29. This reduction is likely attributable to SBSO's increased commitment to the frequency of restricted housing reviews, which should come to full fruition in the next reporting period.

The revised classification policy now requires that an initial review occur within five days of placement, compared to the previous 30-day timeframe. In May and June 2025, classification staff documented that they would also conduct a re-review within 15 days. While this change came too late in the review period to assess compliance, and the policy has not yet been published, it is anticipated that the policy will be finalized in the next review cycle. Training of classification staff on this change and improvements to the

restricted housing tracking report will better equip supervisors to monitor the timeliness of classification reviews. The Custody Expert has collaborated with the County to improve tracking of restricted housing placements, making trend analysis possible. However, SBSO must still strengthen systems to allow for real-time monitoring rather than relying on annual reporting to review trends.

Despite this progress, classification staff continue to face challenges in identifying alternatives to restricted housing in several areas. These include delays in PREA investigations, which often extend longer than appear reasonably necessary; the absence of higher-security behavioral health units for class members who cannot safely reside in available alternatives; the reluctance of some class members who prefer to remain in restricted housing; and, in a small number of cases, class members whose safety cannot be maintained in the general population due to issues such as gang affiliation or high-profile crimes. For the latter group, SBSO has not yet implemented a consistent strategy to pursue alternatives such as transfers to other counties or seeking safekeeper status with the California Department of Corrections and Rehabilitation (CDCR).

While concerns remain about complex units like SBJ's IRC 100, 400 and New East, overall, the County has demonstrated a profound commitment to limiting both the initial placement and length of stay in restricted housing. With continued attention to the remaining challenges due to lack of programming, mental health beds and out-of-cell opportunities, this provision is positioned to achieve substantial compliance in the next monitoring period.

Recommendations

1. *Continue to 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. *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.
4. *Finalize the policy to require more timely reviews of restricted housing retentions.
5. *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.
6. Remind classification staff of alternatives to restricted housing that may require collaboration with another county or CDCR.
7. Develop documented stepdown strategies for class members who are choosing to remain in segregation when no risk to a less restrictive setting exists.

VII.B. Classification Procedures

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

County Response

The County is in the process of fully implementing this provision. The County retained Dr. Austin to validate the Jail Classification System and has provided data regarding the inmate population to aid in this effort. The County anticipates completing this requirement in the next ten to twelve months.

Expert Review

Compliance Rating: Substantial Compliance
Prior Compliance Rating: Partial Compliance

Policy - Custody Operations 301 – Classification

Training - Disability Rights Remedial Plan Implementation

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

Observations

While additional steps remain, the County achieved substantial compliance during this review period following an independent assessment of the classification scoring system by a nationally recognized expert. During this review, Dr. James Austin conducted a statistical analysis of the intake and reclassification scoring systems for class members housed in the Santa Barbara County Jail system. Based on that analysis, Dr. Austin recommended that SBSO implement a scoring model currently utilized in a comparable California county. SBSO has adopted the new scoring system; Dr. Austin trained staff, revalidated staff proficiency in its use, and trained SBSO personnel on methods to self-evaluate and internally audit classification scoring practices.

For the next review, a recommendation to discontinue monitoring will depend on SBSO demonstrating the following: (1) finalized classification policy; (2) finalized training module covering intake and reclassification scoring; (3) routine internal monitoring and auditing of classification decisions; and (4) quarterly reports documenting classification activities and compliance with policy.

It is also critical that SBSO maintain adequate classification staffing to ensure timely, accurate scoring and periodic reviews. Historically, vacancies and temporary reassignments have undermined compliance with classification policies.

The County has made meaningful progress and should be commended. To sustain these gains, changes must be anchored in policy, training, internal auditing, and sufficient resources. The next review will focus on verifying that these sustainment elements are fully embedded.

Recommendations

1. Finalize and publish the classification policy and training module (intake and reclassification).
2. Train existing and incoming classification staff on the policy and scoring systems.
3. Implement monthly internal audits of a statistically valid sample assessing completeness, timeliness, and correct score application. Statistics should include:
 - a. Documentation completeness of scoring packets (percent meeting all required elements).
 - b. Timeliness of initial classification and scheduled reclassifications (percent on time).
 - c. Accuracy and consistency: inter-rater reliability checks and variance analyses.
 - d. Exception rate and closure time for corrective actions identified via audits.
4. Produce quarterly classification reports summarizing volumes, timeliness, exception findings and corrective actions, and audit pass rates.
5. Stabilize staffing: maintain designated classification FTEs; and track vacancy and reassignment impacts.

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

Please see 7.A.3-4 and 7.B.1.

Expert Review

Compliance Rating: Substantial Compliance
Prior Compliance Rating: Partial Compliance

Policy Custody Operations 301 – Classification

Training – Disability Rights Remedial Plan Implementation

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

Refer to observations and recommendations in Provision 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

The County is in the process of fully implementing this provision. Please see response to 7.A.1. and 3.D.2-4 above. The County will work with the Custody Operations Expert to address recommendations regarding housing placement for these incarcerated persons. The County anticipates completing this requirement in the next eight months.

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 - Disability Rights Remedial Plan Implementation

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

Observations

During this review period, the County continued to demonstrate impressive improvement and expansion in mental health beds and in the role of clinical staff in custody housing decisions for class members. As documented in the Mental Health Expert's September 2025 report, Provisions III.D.2-4, the County

expanded the availability of BHU units, including a new step-down program for class members who require a structured therapeutic setting but not the full level of care provided in a BHU.

The County and WellPath have also increased the use of interdisciplinary treatment teams, which has fostered greater collaboration on housing decisions for class members. However, the County has not yet demonstrated that this occurs consistently in all housing moves involving mentally ill class members, nor that there are clear admission and discharge strategies across the various program areas. Additionally, some mentally ill class members remain in restricted housing rather than being placed in secure behavioral health units, reflecting insufficient collaboration between mental health and custody staff in identifying alternative housing and programming opportunities for this discrete population, many of whom are SMI. While meaningful progress has been achieved, further improvement is required.

The County is encouraged to follow the recommendations in Dr. Belavich's September 2025 report by expanding the use of intensive interdisciplinary treatment teams so that all housing decisions for mentally ill class members are guided not only by classification needs but also by their clinical requirements.

Sub Provisions VII.B.3.b) is addressed in Provision VII.A.3.

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 Fifth Annual report, Provisions III.D.2 through Provisions III.D.4.
5. Develop an interdisciplinary treatment and security plan to address SMI class members housed in restricted housing. Implement an alternate structured mental health program in a secure setting that incorporates case management and stepdown strategies for class members with SMI who require more structure than the current BHU programs can provide.

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.
 - 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

The County is implementing this provision (see 7.B.1–3). Changes include Guardian RFID-based tracking; a revised Restrictive Housing Notification Form capturing placement reasons, steps to restore property and privileges, transition plans, and the delivering deputy; and updates to ADA Policy 209 to improve communication during Classification Review. Multidisciplinary reviews assess all restrictive housing cases, expedite decisions, and include out-of-cell interviews. Policies and training will be finalized within three months, with full implementation expected in eight to ten months.

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 - Disability Rights Remedial Plan Implementation

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

Observations

As previously reported, the classification team significantly improved documentation of the rationale for the placement and continued retention in restricted housing but struggled to meet all aspects of this provision. However, in May–June 2025, a portion of retention interviews were documented as being offered out of cell in a private location which was a new addition to the process. In 100 percent of reviews,

a copy of the decision was provided to the class member following the oral interview, and the form included checkboxes describing next steps to step down from restricted housing. However, these “next steps” were often too generic to give class members meaningful guidance. Beginning in May–June 2025, the team materially improved the specificity of step-down instructions, but not yet to the level required for substantial compliance across the full review period. During the May 2025 tour, class members in restricted housing reported receiving a copy of their reason for placement or retention in restricted housing, stated they were advised of the steps they needed to take to stepdown or be released from restricted housing and most stated they were comfortable in their current cell environment, which is a problem of its own.

During this monitoring period, the County also adopted a periodic review cadence intended to meet or exceed the 30-day reassessment requirement and established a policy that intake reviews occur within five days to reassess class members whose initial behavior may have been driven by intoxication or destabilization and did not warrant continued restricted housing. This protocol is new and has not yet been applied consistently, though early implementation shows promise.

It was anticipated in the last review that the county could reach substantial compliance with this provision. While the county did reach substantial compliance on aspects of this provision in May and June 2025 there is room for improvement that was realized too late in this review period to deem the provision substantially compliant; however, as described above if the county continues the process improvements realized, this provision can reach substantial compliance in the next review period.

However, failure to conduct internal audits and self-evaluations promptly may lead to regression. Furthermore, if sufficient resources are not allocated to the classification team or the team lacks consistent stability, both the quality and timeliness of reviews may decline, as observed in previous evaluations.

The county deserves recognition for its efforts to date and has the potential to achieve substantial compliance in the upcoming review period. However, this will require genuine self-assessment, a strong focus on quality improvement, and a commitment to meeting the numerous classification provisions. The next review period will emphasize measurable performance outcomes for each provision under consideration. For example, Sub Provision (c), which requires providing an oral interview and the class member documentation of the placement reason and next steps, achieved full compliance in this review. In future reviews, each requirement within this provision will receive a specific compliance percentage based on evaluations of all restricted housing placements and retention from July 2025 through June 2026. The custody monitor will collaborate with SBSO experts to facilitate real-time internal monitoring, ensuring that non-compliance issues are promptly identified and addressed.

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

Completed. The County only houses segregation inmates in New East Iso, IRC 400 at Main Jail, and K Unit at Northern Branch Jail. The County has remediated all structural suicide hazards in New East ISO and the IRC. K Unit does not have such hazards. Additionally, the County conducted an assessment and is remediating cells beyond those required by this provision.

Expert Review

Compliance Rating: Substantial Compliance
Prior Compliance Rating: Partial Compliance

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

Training – Disability Rights Remedial Plan Implementation

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

Observations

The County has achieved substantial compliance during this review period. At the inception of monitoring, SBSO assessed all cells and holding areas at both SBJ and NBJ, subsequently developing renovation strategies to mitigate suicide risk associated with potential tie-off locations. The County also deactivated the highest-risk beds that were difficult to adequately address, as their open bar cell fronts posed inherent risks. The County reports that all identified risks have now been mitigated across all housing units and intake areas. It is noted that phone cords were not included in the initial mitigation evaluation, and regrettably, a cord was involved in a suicide incident at SBSO. Following this event, phone cord lengths were reduced in all cells and holding areas. Although this change led to several grievances, it was deemed a necessary adjustment due to the associated risks presented by longer cords.

While SBSO continues to explore integrating suicide risk history from the Wellpath electronic health record into the CSO management system, this upgrade is not required for compliance with this provision, as every

cell has undergone the same mitigation efforts. Nonetheless, SBSO and Wellpath are encouraged to remain vigilant in identifying individuals at risk for suicide and to prioritize housing solutions that maximize visibility within units and minimize structural factors contributing to suicide attempts. The County is further encouraged to install anti-jump netting or fencing on the upper tiers of high-risk double-tier housing units, such as intake areas, segregation units, and BHUs, initially targeting these areas and expanding across the facility. While these measures are not mandated by this provision, they represent common suicide mitigation strategies employed in correctional settings, and SBSO has experienced incidents involving suicide attempts from elevated tiers. Given that substantial compliance has been achieved through construction efforts, it is recommended that the parties consider discontinuing ongoing monitoring of this provision.. It is recognized, however, that there are serious structural hazards outside of the cells that remain under discussion between the parties. It is problematic as units with these fixtures are not under direct observation of staff, housing mentally ill class members and those with a history of suicide attempts. While this is a significant concern, the language in this provision is related to cell remediation, so this issue may best be addressed by the Mental Health Expert in the suicide prevention provisions.

Recommendations

1. *Assess viability of installing anti-jump fencing in high-risk multi-tier housing units at both facilities.
2. *Discuss pertinent physical plant issues at Suicide Prevention Meetings.
3. Parties and Experts should discuss non-cell attachment point and other structural suicide hazards that remain unresolved.

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:

The County is in the process of fully implementing the requirements of this provision. The County maintains a list addressing subsection (a) of this provision. The County has remediated all structural suicide hazards in the IRC, which addresses subsection (c) of this provision. The County is in the process of remediating cells with structural suicide hazards in the Northwest units at the Main Jail to ensure that all SMI patients are housed as required by this provision. The County will be in compliance with this provision once the Northwest units are remediated, which should occur in the next four months.

Expert Review

Compliance Rating:	Substantial Compliance
Prior Compliance Rating:	Non Compliance
Policies -	Custody Operations 242 – Suicide Prevention Custody Operations 305 – Bed Assignment
Training –	Disability Rights Remedial Plan Implementation
Metrics	Structural Hazard Review Corrective Action Plan Suicide Attempts Suicide Prevention Meeting Notes

Observations

Following the remediation detailed in Provision VII.C.1, the County has reached Substantial Compliance with this provision. All occupiable cells, including holding cells at both facilities, have been remediated, and none are designated as having known suicide risk features that can be mitigated. Deactivated cells that were not renovated are no longer in use, remain locked and unusable, and are frequently used for storage. There is no evidence indicating these cells will be used in the future. The parties may consider discontinuing monitoring of this provision, as no further actions are required other than those outlined in Provision VII.C.1.

Recommendations

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

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:

The County is implementing this provision (see 7.A.1 for IRC 100/400 and restrictive housing plans). Out-of-cell time has increased in restrictive housing and quarantine; cells were reclassified to support larger groups; and deputies now provide daily tablets, exceeding in-cell programming requirements. Tracking, audits, and exceptional-circumstance documentation are in place, with Guardian RFID coming online to capture out-of-cell time and materials issuance; audits will follow implementation. The Main Jail yard remodel (target: six months) will support expanded recreation, after which yard schedules will be revised per the Custody Operations Expert. A custody staffing analysis is underway, and the County is working with the Expert to address refusals to leave cells and further raise out-of-cell time. Full implementation is expected within ten months.¹²

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policy – Custody Operations Policy 367 – Inmate Recreation

Training – Disability Rights Remedial Plan Implementation

Metrics Out-of-cell Tracking Reports
Yard Schedules

¹² 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.

Tablet Tracking Reports
Program Schedule
Grievances
Tours/Interviews

Observations

This provision addresses access to yard, dayroom, and in-cell activities as core indicators of whether units are operating in a least restrictive manner. Out-of-cell time remains a central measure of daily conditions, and one of the most immediate ways class members experience progress.

During this review period, some units—such as the SBJ Dorms and NBJ A Unit—were observed to be meeting the requirements of the Agreement. However, other housing areas continue to present concerns, particularly where refusal rates remain high, documentation is incomplete, or the amount and quality of offered activities fall short. The following sections go into detail on each of these units, identifying where progress has been made and where barriers remain.

SBJ Dorms

The County has substantially reconfigured the SBJ main yard since the last review period, splitting one large space into multiple sub-yards so that more than one dorm can access outdoor recreation at the same time. This redesign—initiated as an interim measure while longer-term facility changes are completed—was observed in operation during the May 2025 on-site tour, when more than one dorm was out concurrently. Class members also reported that yard access has improved. At the same time, the Monitoring Team and Custody Expert have not consistently received data that would allow verification that each dorm is receiving six hours of outdoor recreation per week. In particular, routine documentation identifying which dorms were out, for how long, and how many class members participated remains incomplete. As a result, while the physical capacity of the yard has effectively expanded, it is not yet possible to reliably measure whether all dorms are receiving the required weekly access or whether the rotation schedule is fair and equitable. Several class members continue to report that they are not receiving six hours per week and that rotation assignments can be repetitive (e.g., the same dorm scheduled first thing in the morning for successive weeks).

Two tables follow to anchor these findings in the record: the first compares average yard utilization between the prior review period (July 2023–April 2024) and the current review period (July 2024–June 2025); the second provides the month-by-month results for July 2024 through June 2025. Together, these tables reflect increased operating capacity attributable to the sub-yard configuration, while also underscoring the need for strengthened “proof of practice” tracking—specifically, reporting who is on the yard, when, and for how long—so that the County can demonstrate continuing improvements against the six-hours-per-week expectation and fair, equitable rotation across dorms.

Table 8: SBJ Daily Main Jail Utilization
July 2023-June 2025

Period	Days in Month	Yard Operated	Inclement Weather or Maintenance	No Staff *	No Notation	% Days Yard Operated	Self-Reported Compliance
July 2023- April 2024	30.5	20	2	6	2.5	65%	0%
July 2024 – June 2025	30.5	22	2	0	2	73%	0%

Partial closures measured as .5 day, Includes Sundays and Holidays

Table 9: SBJ Main Yard Availability
July through December 2025

Month	Days in Month	Days Yard Operated	Inclement Weather or Maintenance	No Staff	No Reason Given	% Days Yard Operated	Self-Reported Compliance
24-Jul	31	27	0	0	0	87%	0%
24-Aug	31	24	1	0	2	77%	0%
24-Sep	30	21	0	1	3	70%	0%
24-Oct	31	25	0	0	2	81%	0%
24-Nov	30	22	3	0	1	73%	0%
24-Dec	31	18	0.5	2	5	58%	0%
25-Jan	31	24	1	0	2	77%	0%
25-Feb	28	17	6	0	1	61%	0%
25-Mar	31	19	7	0	0	61%	0%
25-Apr	30	22	1	0	3	73%	0%
25-May	31	25	0	0	2	81%	0%
25-Jun	30	22	0	0	3	73%	0%
Average	30.4	22.2	1.6	0.2	2	73%	0%

When comparing the period of July 2023 through April 2024 to the subsequent review period

When comparing the period of July 2023 through April 2024 to the subsequent review period of July 2024 through June 2025, the data reflects that the yard was operated less frequently during the more recent period. When comparing the period of July 2023 through April 2024 to the subsequent review period of July 2024 through June 2025, the data reflect improvement in yard access. The average number of operated days increased from about 20 days per month (65% of days) in the earlier period to more than 22 days per month (73% of days) in the more recent period. This increase occurred despite periods of maintenance work needed to split the SBJ yard from one large yard into multiple sub-yards.

The creation of three sub-yards enabled multiple dorms to be out at the same time. Measured as average weekly out-of-cell hours per dorm,¹³ October 2024 through March 2025 averaged 4 hours per week per dorm. Beginning in April 2025, the average rose to 8 hours per week for April–June. The increase aligns with improving weather and the sub-yard configuration coming online and indicates that added simultaneous capacity translated into more access for class members residing in dorms. Based on this trajectory, further improvement is anticipated in the next reporting period.

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¹³ C-17 is excluded from all averages and comparisons. It is a four-bed tank, activated intermittently for a specialized subpopulation, and including it would distort results for standard dorms. In the next report, C-17 will be assessed independently. Northwest I/M Workers are also de-emphasized in “under-average” discussions because their day-to-day pattern reflects work assignments rather than typical dorm scheduling; their out-of-cell profile is not directly comparable to non-worker units.

The following table represents, by dorm, the average weekly main yard offering for the SBJ population for the period of October 2024 through June 2025:¹⁴

Table 10: SBJ Main Yard Weekly Average Offering
October 2024 through June 2025

Unit	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Period Avg
B/C-1	5	4.75	5	4.25	6	4.5	8.5	9	10.75	6.5
B/C-4	5.25	5	5	4.5	4.5	4.25	7.25	8.5	8.5	5.75
East-1	4	4	3.5	4.75	4	3.5	8	7.5	7.5	5.25
East-23	5	4.25	3.75	3.5	5.25	4.25	6.5	8	11.5	5.75
East-24	5.25	5	3.75	4.75	4.25	3.75	8.25	9.75	7.5	5.75
East-4	5.75	4.25	3.5	5	4.5	3.5	6.5	9.5	10.75	6
East-6	5.25	5	3.5	4.5	4.25	3.5	6.75	7.5	12.25	5.75
East-8	5.5	5	4.25	4.5	5.5	3.75	8.75	10.25	11.5	6.5
S-Dorm	3.5	4.75	5	3.5	3.5	3.5	8	10	6.5	5.25
S-Tank	0	0	3	0	0	0	0	0	0	3
West-1	4.5	4	4.75	4.25	4.5	3.5	7.25	7.25	10	5.5
West-10	4.25	4.75	5	4.75	3.75	3.5	8.25	9	9.5	5.75
West-13	5.25	4	4.25	4.5	3.25	3	8.75	10.25	12	6.25
West-16	4.25	4.25	4.75	4.25	3	4.5	10	10	12.5	6.5
West-4	3.5	4	5	4.5	4	4	6.5	8	6	5
West-6	4	4.25	3.5	4.5	4.5	3	6	9.25	5.5	5
West-8	3.5	4.5	5.25	5.25	2	4.25	7	7.25	6	5
Monthly Ave	4.25	4.25	4.25	4.25	4	3.5	7.25	8.25	8.75	5.5

However, not all dorms benefited equally from the post-April increase. Across the period, several dorms were below their month's facility average more often than peers: East-1 (below in 6 of 8 months) and East-23, West-1, West-4, West-6 (each below in 5 of 8). These recurring gaps suggest unit-specific constraints—access timing, movement/escort coverage, or conflicts with routines such as canteen, tablet access, STP program. These anomalies warrant focused follow-up even as overall capacity has improved.

Refusal behavior also varies by dorm as higher refusal rates were observed in West-8 (22 percent), West-4 (19 percent), East-1 (15 percent), East-6 (15 percent), and, with the caveat above, Northwest I/M Workers (15 percent). Time of day appears to contribute: the 07:00 start block is rotated across many dorms (14 units received at least one 07:00 offer), but the distribution is not fully even—the top three units (West-10, East-1, West-1) accounted for about 42 percent of all 07:00 assignments. Because East-1 appears both among

¹⁴ July through September 2024 were not readily available for review.

higher-refusal units and frequent 07:00 assignees, early-hour placement likely influences refusals for some dorms, and some dorms may prefer the earlier time slot. The issue requires exploration.

Recommendations for the SBJ main yard are as follows: Normalize early-hour rotation by publishing a cycle that distributes 07:00 starts across all dorms and caps any single unit's monthly share to avoid concentration. Conduct short, targeted operational reviews in under-average dorms (notably East-1, East-23, West-1, West-4, West-6) to assess known conflicts; where early starts are common, pilot shifting them later and re-measure both average weekly hours and refusal rates. Continue strengthening proof-of-practice documentation—unit, start and end time, and participant counts—to verify that increased capacity is translating into consistent access and equitable rotation.

SBJ New East Restricted Housing

The New East Restricted Housing unit at SBJ continues to function as male segregation for the jail and houses a high-needs population, many of whom present with behaviors associated with serious mental illness. While the County has made progress in documenting and offering out-of-cell opportunities and other activities occurring in the housing unit, the system is still developing, and the records show inconsistencies that required careful review.

Average Hours Offered and Actualized. The County continues to track out-of-cell time in excel logs sheets and while documentation has improved, the staff continue to make errors in counting rules, as will be discussed below. Additionally, the unit also serves as an area to quarantine class members with COVID 19 and other potential infectious diseases, so a significant amount of analysis is required to calculate out-of-cell time for the restricted housing population in the unit. For the six-month period from January through June 2025, when factoring out errors and quarantines, the adjusted review shows the unit offered approximately 1.75 hours of yard, 1.25 hours of dayroom, and a combined average of 2.75 hours per day of out-of-cell time. This equates to roughly 12.25 hours of offered yard, 8.75 hours of offered dayroom and a combined offering of 19.25 hours per week.

The table on the following page depicts the average adjusted out-of-cell time and refusal rates for restricted housing class members housed in the New East Restrictive Housing unit for the period of January through June 2025.

Table 11: SBJ New East Restricted Housing (NERH)
January through July 2024

Month	Avg Yard Hours	Avg Dayroom Hours	Avg Total Hours	Yard Refusal Rate	Dayroom Refusal Rate
January	1.5	1	2.5	57%	39%
February	1.5	1.25	2.5	68%	41%
March	1.25	1	2	52%	34%
April	1.5	1.25	2.5	63%	36%
May	1.75	1.25	3	54%	25%
June	1.75	1.25	3	62%	19%
Daily Average	1.75	1.25	2.75	57%	39%
Weekly Average	12.25	8.75	19.25		

After refusals are factored in, the actual out-of-cell time is much lower, with refusal rates of 57 percent for yard and 39 percent for dayroom. This means that while the offered hours exceeded the baseline requirement of 18 hours per week on paper, the hours actually realized by class members was less than 11 hours per week (5.5 hours yard and 5.25 hours dayroom). The availability of yard time also did not achieve the availability contemplated under the Interim Measures.

By contrast, in the prior review period (July 2023 – June 2024), the logs indicated that the unit was able to offer about 13 hours of yard per week and less than 9 hours of dayroom per week, for a combined total of about 22 hours per week. At that time, incarcerated persons actually used 6 hours of yard and 6 hours of dayroom per week, for a combined actual average of 12.5 hours per week. Refusal rates in that period were materially lower, with less than half of the population declining yard or dayroom opportunities compared to the much higher refusal rates now being observed.

Adjustments for Accuracy. The current six-month averages are lower than the raw facility documentation because several categories of error had to be corrected:

- Quarantine/Isolation Exclusions. Individuals on quarantine, isolation, or medical restriction were excluded from the averages. On average, about one to two class members per day were removed for this reason.
- Mismatch Corrections. Several entries gave credit for yard or dayroom when it was not possible (for example, the person had been released, transferred, or was documented as not present). These credits were removed, and the class member was excluded from the average.
- Closed Activity Credits. On days when the yard or dayroom was closed due to rain, staffing shortages, or lockdowns, staff sometimes nonetheless entered credit as if the activity had occurred. These false credits, which artificially inflated the averages, were corrected to zero.
- Out-to-Court Credits. On days when class members were documented as out to court, they were given a minimum of two hours out-of-cell credit, consistent with monitoring rules.
- Self-Lock Credits. When a class member locked in early but was documented as having been offered less than the full period, the log was adjusted to credit the full scheduled hour of dayroom or two hours of yard.

Persistent Barriers. Even with these corrections, the daily logs reflect nearly daily events where correctional deputies exercised discretion to deny out-of-cell opportunities based on the misconduct of individuals or groups within the unit. While safety concerns must be addressed, the frequency of these denials reduces the actual out-of-cell time experienced by the population and raises concerns about whether misconduct is being used too broadly as a justification to suspend required out-of-cell opportunities. It also raises the issue of lack of dedicated clinical resources in the unit to help de-escalate behaviors before they reach a point where it may be unsafe to permit the class member out of their cell.

Significant behavioral issues, refusal rates, lack of dedicated correctional officers who work in a direct supervision model, and lack of dedicated clinical resources to provide services all contribute to a unit that is a holding area for decompensated class members. These issues are recognized through unsanitary personal hygiene, failure to maintain adequate cell cleanliness, isolation of class members and agitated behavior during the tours and documented nearly daily on the out-of-cell tracking logs. During the December 2024 and May 2025 tours, as with virtually all prior tours, class members were frequently observed yelling, kicking or banging doors, and deputies reported incidents of feces smearing and other conditions that occur in units with such a high-need population. These issues have been repeatedly raised with the County, yet no adequate solution has been implemented despite the fact that SMI populations are frequently housed in New East restricted housing.

Assessment. Taken together, these adjustments and barriers provide a more accurate picture of actual out-of-cell time. The adjusted averages demonstrate that while the County is offering opportunities on paper that appear to meet the required 18 hours per week, the combination of refusals, exclusions, inaccurate logging, frequent discretionary denials, and the lack of mental health services or programming leaves the unit well below the 18 hour remedial plan requirement.

When comparing this period of approximately 19.25 hours per week offered to the prior period or approximately 22 hours per week offered, the total opportunities appear somewhat lower, with the difference attributable primarily to fewer documented dayroom hours. More concerning, however, is that refusal rates are considerably higher in the current period than in the prior period, meaning that even when time is offered, a significant portion of the population is not taking advantage. Actual out-of-cell hours taken/accepted also reduced from approximately 13 hours during the last review to 12 hours this review period and remain well below the 18-hour minimum goal.

It is further noted that the County is not operating the yards and dayrooms hours to maximum potential as anticipated by the Interim Measures Agreement, underscoring the ongoing need for improved consistency in providing out-of-cell hours, accuracy in scheduling, increased clinical programming, and staff engagement to encourage participation. Discussions regarding out-of-cell scheduling will continue in the next review period to ensure realistic out-of-cell schedules are provided and adhered to absent extenuating circumstances.

It was noted late in the review period that some programming may have been provided in the unit. It was also noted that some class members were being permitted to program out of their cell with another class member, which reduced the strain on the limited programming space and increased socialization. This is promising but fell far short of expectations from the prior monitoring report.

SBJ IRC 100

SBJ IRC 100 has been established as a step-down unit for men transitioning from restricted housing who are able to program out of their cell with others. The intent is to provide a less isolating environment and to support gradual reintegration, and the unit continues to serve that function.

During this review period, out-of-cell time has been offered on a consistent basis. In the previous report there were concerns that IRC 100 had a high yard refusal rate. To address this, currently staff open both the dayroom and the yard simultaneously, allowing small groups of class members—typically four at a time—the choice of where to spend their hours. For January through June 2025, the daily average was approximately 3.39 hours, or about 23.8 hours per week, of combined dayroom and yard access. These numbers show that the core expectation of unstructured time out of cell is being met. The following table reflects the daily average out of cell time for IRC 100:

**Table 12: IRC 100 Average Daily Out-of-Cell Time
January through June 2025**

Month	Monthly Avg OOC Hours (Dayroom + Yard)
January	3.25
February	3.25
March	3.00
April	3.75
May	3.50
June	4.00
Six-Month Average	3.50
Weekly Average (6-month combined)	24.50

The primary concern is no longer about whether individuals are getting out of their cells, but rather the limited opportunities available to them once they are out. Unlike general population housing or specialized programming units, IRC 100 offers little in the way of structured programming, work assignments, or therapeutic activity. A review of the Sheriff's Treatment Program (STP) schedules and jail program calendars from September 2024 through June 2025 showed no listings for IRC 100. While it has been reported that WellPath has provided some level of programming in the unit, there has been no proof of practice to confirm.

As a result, IRC 100 has evolved into a quasi-restricted housing unit: men are out of their cells more than they would be in segregation, but they are not provided with the meaningful activities that support engagement, rehabilitation, or preparation for transition to other units. Addressing this gap—by introducing

consistent programming or work opportunities—will be essential if the unit is to meet the broader goals of the agreement.

SBJ IRC 400

The operations of IRC 400 remain a significant concern, as the unit operates more like restricted housing than an intake or general population unit, averaging approximately 2 hours per day of offered out-of-cell time.

During the January through June 2025 review period, IRC 400 continued to face challenges converting offered out-of-cell opportunities into actual use, though the pattern differs slightly from what was reported during the last review. In the last report, the yard was offered slightly over 6 hours per week with only a 4 percent acceptance rate, while dayroom offering averaged almost 14 hours per week with over 80 percent acceptance rate; combined offerings averaged about 20 hours per week with roughly 11.5 hours actually used.

The current sample of the period of January through June 2025 shows a mixed picture: yard acceptance improved from the prior 4 percent, but dayroom time offered dropped, and total accepted out-of-cell time remained below an acceptable level for a non-restricted housing unit.

Yard. During the period of January through June 2025, yard was offered an average of 6.75 hours per week, with a refusal rate of approximately 71 percent. That translates to about 2 hours of yard actually used per week, on average. This is a notable improvement in acceptance compared to the prior report's 4 percent, but the overall effect on total out-of-cell time remains limited because refusals still dominate most days.

Dayroom. Dayroom was offered an average of about 6.5 hours per week during the January through June 2025 review, with a refusal rate of roughly 20 percent. Applying that refusal rate, the population used about 5.25 hours of dayroom per week on average. Compared to the last report's approximate 14 hours per week offered and 80 percent acceptance, the 2025 period reflects substantially fewer dayroom hours being offered, with acceptance still generally strong but not as uniformly high as before. The less than 7 hours offered per week on average does not meet the provision requirements of a minimum of 12 hours offered per week.

Combined out-of-cell. Overall, IRC 400 offered about 13 hours per week of combined yard and dayroom in January through June 2025, with roughly 7 hours per week actually used once refusal rates are applied. This falls short of both the prior report's average of approximately 20 hours per week offered and does not meet the provision requirement of a combined 18 hours per week offered.

The following table provides additional information concerning IRC 400 out-of-cell time for the period of January through June 2025:

Table 13: IRC 400 Daily Average Out-of-cell Time
January through June 2025

Month	Avg Yard (hrs./day)	Avg Dayroom (hrs./day)	Avg Combined (hrs./day)	Combined (hrs./week)	% Yard Refused	% Dayroom Refused
JAN	1	0.75	1.75	12.25	76%	27%
FEB	1	1	2	14	64%	9%
MAR	1	1	2	14	69%	17%
APR	1	1	2	14	69%	19%
MAY	1	1	1.75	12.25	72%	22%
JUN	0.75	0.75	1.75	12.25	76%	19%
Ave	1	1	2	14	71%	20%

Summary. Relative to the last report, yard participation has improved from a very low baseline, but dayroom access has been offered less frequently, and total accepted out-of-cell time remains problematic—averaging about seven hours per week across yard and dayroom combined. Until the unit increases the amount of dayroom offered and continues to drive down yard refusals, IRC 400’s actual out-of-cell time will remain short of the remedial plan requirements and be considered functionally a restricted housing unit. It is recognized that on average there are one to two females housed in the unit on restricted housing status, but that should not drive the overall average numbers down to this level.

IRC-400 remains a unit of concern, as observed during the December 2024 and May 2025 tours. The unit houses a complex mix of female class members, including those in intake, individuals experiencing mental health decompensation, and women assigned to restricted housing. This population presents with high clinical and programming needs, yet the unit continues to function as an unidentified restricted housing unit with no significant therapeutic or structured activity. Despite repeated recommendations that IRC-400 be supported with dedicated clinical staff and enhanced programming, little progress has been made. The result is a setting where many class members appear severely decompensated, with deputies left to manage needs that exceed custodial resources. With targeted clinical support and programmatic interventions—particularly efforts to promote yard use and social interaction—the unit could begin to align more closely with the requirements of the agreement.

NBJ A Unit

During the December 2024 and May 2025 tours, NBJ-A was again observed, and the unit continues to reflect the challenges of managing a diverse population that includes general population, protective custody, and individuals requiring solo programming. The configuration of small dorms and cells requires deputies to facilitate multiple out-of-cell groupings each day, including separate opportunities for those on solo

status. Review of the unit logbook, together with interviews of class members during the tours, indicated that the prior deficiencies in consistently meeting four hours of daily out-of-cell time have largely been addressed. Although the scheduling demands on deputies remain difficult, equitable access to dayroom was being provided, and none of the cells were operating in a quasi-restricted housing manner during this review period.

Past monitoring noted that individuals on solo recreation were not consistently offered sufficient daily hours, and that the Interim Measures schedule was not being adhered to. Current observations suggest improvement in this area, though close monitoring is still warranted to ensure that each subgroup—including those programmed individually—continues to receive daily out-of-cell opportunities that satisfy the requirements of the agreement. Ongoing review during the next monitoring period will confirm whether these improvements are sustained.

NBJ K Unit – Restricted Housing

During the January through June 2025 review period, K Unit continued to demonstrate relatively strong dayroom access but persistent problems with yard utilization. The following chart reflects the average daily dayroom and yard offered for the months of January through June 2025:

Table 14: NBJ K Unit – Average Daily Out-of-Cell
January through June 2025

Month	Avg Yard (hrs.)	Avg Dayroom (hrs.)	Avg Combined (hrs.)	% Yard Refused	% Dayroom Refused
January	1.25	1.5	3	76%	27%
February	1.5	1.75	3.25	71%	40%
March	1.25	1.75	3	72%	28%
April	1.25	2	3.5	83%	16%
May	1	1.5	2.5	68%	8%
June	1.5	1.75	3.25	84%	9%
Daily Average	1.25	1.75	3	76%	24%
Week Average	8.75	12.25	21		

Yard. In the last report (Jan–May 2024), yard was offered at an average of 4.1 hours per week, with incarcerated persons accepting only 1.9 hours, a refusal rate of 53 percent. In contrast, the current review period shows yard refusals have worsened. Across January through June 2025, the average yard refusal rate was 76 percent, with monthly refusal rates ranging between 68 percent and 84 percent. Daily yard hours averaged 1.5 hours, which is equivalent to about 10.5 hours per week being offered. Because refusals were so high, the accepted yard time was only about 2.5 hours per week, meaning that while there has been an increase in actual utilization, yard is still not functioning as a meaningful component of out-of-cell time for most individuals in K Unit.

Dayroom. In the last report, dayroom access averaged 12.1 hours per week, with a 93 percent acceptance rate. During the current period, K Unit continued to provide consistent dayroom opportunities. Daily averages equaled about 1.75 hours per inmate, or roughly 12.25 hours per week. However, refusals were significantly higher than last year, at 24 percent overall, which reduced accepted dayroom time to around 9.25 hours per week. While still well above yard participation, the increase in refusals compared to the prior 93 percent acceptance is notable.

Combined out-of-cell. In total, the last report documented an average of 13.1 hours per week of accepted out-of-cell time. In the current period, K Unit offered about 22.75 hours per week of out-of-cell opportunities, but only about 12 hours per week were actually accepted. Because yard refusals are so high, the accepted out-of-cell time in practice still falls well short of what would otherwise be available if yard were utilized.

Summary. Compared to the last report, yard refusals have grown substantially, and dayroom refusals—though still comparatively low—are no longer negligible. The County has not yet addressed the core barrier identified previously: that yard is offered but not accepted at rates that make it a real out-of-cell opportunity. Until refusal rates decline, K Unit will remain short of compliance even as it approaches the minimum requirements on paper. As with restricted housing units at SBJ, the K unit continues to house class members with significant mental health needs suggesting that increased clinical resources and structured activities are necessary.

NBJ M Unit – Medical Housing

During the current review period, M Unit continues to function as a medical space and was not continuously occupied. When it was in use, the unit averaged about two class members per day. Even after accounting for class members who were likely contraindicated for out-of-cell activity (for example, communicable-disease isolation or suicide precautions), the logs show limited yard offerings. Shower offers were likewise infrequent, and the tracker rarely explains why out-of-cell time or showers did not occur for eligible class members.

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The following table depicts yard and shower offering for the period of January through June 2025; there was no dayroom time offered:

Table 15: NBJ M Unit – Average Daily Out-of-Cell
January through June 2025

Month	Eligible — Avg Daily Count[1]	Avg Hours Offered (YARD)	Refusal Rate YARD (of offered)	% Eligible Offered SHOWER
January	0.6	0	0%	27%
February	2.4	0.1	0%	33%
March	2	0	0%	43%
April	1.9	0	0%	34%
May	1.5	0	0%	27%
June	1.4	0	0%	30%

[1] It is likely that some of the class members counted here were ineligible for out-of-cell time but there is no documented justification in the tracking report. Those with documented justifications were removed from the calculation.

Operationally, M Unit shares a yard with J and K and has no dedicated dayroom, and it may be that there is insufficient staffing to cover the J, K, and M units to ensure all class members in those three units receive adequate out-of-cell and programming hours. When class members are housed in M, daily out-of-cell time and showers should be scheduled, facilitated, and recorded for those who are eligible; where clinical restrictions apply, the reason should be documented on the tracker to support monitoring. Given the unit's low census and intermittent use, the County should consider converting a cell or the dorm area into a small dayroom and align staffing and scheduling so yard access in J and K does not crowd out access for M.

Summary all units - Taken together, the findings show a system still in transition. Some areas reflect clear progress, with new yard configurations and improved scheduling and expanding access. But in others—particularly IRC-100 and IRC-400—the daily experience continues to fall short of what is necessary to provide services/programming in the least restrictive setting appropriate. For the units that are, by design, restricted housing such as New East and K Unit, refusal rates, documentation gaps, and the lack of meaningful programming continue to limit how those spaces function, even within the constraints of their designation.

Many of these barriers are structural. Out-of-cell time is constrained not only by the population itself but also by insufficient custody staff to reliably supervise yard and dayroom activities, limited physical space for recreation and group activity, and a shortage of clinical and STP staff who can deliver consistent programming. Addressing these gaps will be critical to turning offered hours into real, usable opportunities.

Until staffing, space, and programming are aligned with the requirements of the Agreement, the most high-need units will continue to operate below the standard envisioned in this provision.

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.

During this review period, it continues to be difficult to fully understand the scope of programming because the Sheriff's Office and Wellpath do not provide complete information regarding individual participation and likely underreport group participation. To demonstrate the provision of required programming, the County has provided monthly program calendars March and April 2025 and All-Staff program meeting summaries primarily for the period of December 2024 and June 2025. From these sources, it is clear that programming differs between the two facilities, and that not all housing units are being served.

At NBJ, programming is more systematically embedded across multiple units. The March–April calendars show STP offered in A-Unit, BHU F, BHU J, C-Unit, D-Unit, E-Unit, G-Unit, and H-Unit. Allan Hancock College courses were distributed across day and evening blocks in several of these units. Additional offerings included AA/NA (men's and women's), Yoga and Bible Study in H-Unit, and Chaplain Services in C-, D-, and G-Units. This demonstrates a rotation of both educational and rehabilitative programming. However, there is no indication in the records provided that restricted housing units at NBJ received any programming.

At SBJ, programming is concentrated more heavily in the BHUs (A, C, and D), with consistent STP blocks scheduled in those units and observed during the December 2024 and June 2025 tours. Other modules receiving programming include C-1, C-4, E-6, E-23, Northwest Worker tier, and W-13, where programming consisted of AA/NA, book groups, and creative writing activities. While the BHUs show positive and ongoing access to STP and therapeutic activities, the records do not indicate that most dorms, restricted housing areas such as IRC-100, IRC-400, or the New East Restricted Housing Unit received programming during this review period. The lack of programming in the dorms is partially attributed to poor tracking. Interviews with class members in many dorms during tours reflected that STP programming had recently occurred or was in the process of beginning but the SBSO did not provide any proof of practice to confirm.

Overall, while the calendars and reports provide evidence of activity in certain housing areas, they also

reflect that programming is not equitably distributed across all units, with restricted housing in particular showing little or no documented access to programs.

The following tables provide a more detailed breakdown of documented programming at SBJ utilizing the monthly calendars for January through June 2025 and staff program summaries for March and April 2025. These reflect the specific programs observed by housing unit where available, highlighting areas of activity and noting gaps in restricted housing.

Table 16: SBSO Programming - Northern Branch Jail (NBJ)
December 2024 – June 2025

Unit	Documented Programs
A-Unit	STP; Allan Hancock College (day classes)
BHU F	STP (6-week cycles)
BHU J	STP (6-week cycles)
C-Unit	STP; Allan Hancock College (day and evening classes); Yoga; Chaplain Services
D-Unit	STP; Allan Hancock College (evening classes); Chaplain Services
E-Unit	STP; Allan Hancock College (day classes)
G-Unit	STP; Allan Hancock College (evening classes); Chaplain Services
H-Unit	STP; Yoga; Bible Study; Women's AA/NA
Facility- wide	Men's AA/NA; Women's AA/NA; Chaplain Services

No restricted housing units at NBJ were documented as receiving programming during this review period.

Table 17: SBSO Programming – Southern Branch Jail (NBJ)
December 2024 – June 2025

Unit/Mod	Documented Programs
BHU A	STP (daily scheduled blocks)
BHU C	STP (daily scheduled blocks)
BHU D	STP (daily scheduled blocks)
C-1	STP; AA (evening); Book Group
C-4	STP; AA (evening)
E-6	AA (weekly)
E-23	Book Group
NWI/NWI Kitchen	Book Group
W-13	STP; AA (evening)

Many dorms, IRC-100-400 and the New East Restricted Housing Unit were not documented as receiving programming during this review period.

Because SBSO provided only March and April 2025 STP programming calendars, those months were compared to the same months in 2024. At SBJ, the number of documented program sessions increased dramatically year over year—from 20 to 97 in March and from 21 to 88 in April. This suggests a substantial expansion in access, particularly for STP rotations and AA/NA groups that now appear across multiple units, as well as the addition of book groups and other creative activities. At NBJ, the volume of programming was already higher in 2024 and remained consistent in 2025, though there was a slight reduction in March (from 169 down to 146) and essentially no change in April. NBJ’s programming continues to reflect broad coverage of STP, Allan Hancock College courses, AA/NA, Yoga, and Chaplain Services. Taken together, these two months show that SBJ made gains in overall program delivery compared to the prior year, while NBJ maintained a consistent schedule with only minor variation. It is important to note that there is no documentation on whether these classes actually occurred pursuant to the calendar.

The table below shows total program sessions scheduled per jail and month.

**Table 18: SBSO Programming – STP Calendar Classes
March – April 2024 and 2025**

Jail / Month	2024 Sessions	2025 Sessions
SBJ – March	20	97
NBJ – March	169	146
SBJ – April	21	88
NBJ – April	140	139
TOTAL	350	470

Tablets are discussed further in Provision VII.G.3.

Recommendations:

1. *Develop a viable strategy to increase out-of-cell time offerings in all restricted housing and the IRC units at SBJ. Recommend working with the Experts to develop a focused and tangible action plan, starting with IRC 400 and NERH.
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.
5. *Address high yard refusal rates in restricted and other units.
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.
 - i. Refer to SBJ main jail yard analysis for additional recommendations.

7. *Implement the internal plan to 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. Ensure equitable and rotating access to the SBJ main yard.
11. Explore mechanism for individual issuance of tablets at SBJ which will likely reduce the challenge of stolen, hidden and damaged tablets.

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.

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

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

Completed. The County has implemented a policy of keeping dayrooms operational and utilized by incarcerated persons without interruption throughout each day from 0600-2200 at Main Jail and 0700-2100 at Northern Branch Jail, except in cases of emergency and as necessary for particular events related to the safety and security of the facilities. The County also operates recreation yards and dayroom in a manner that meets the out-of-cell requirements of this provision. The County is also offering showers to incarcerated persons every day.

Expert Review

Compliance Rating:	Substantial Compliance
Prior Compliance Rating:	Partial Compliance

Policy - Custody Operations Policy 367 – Inmate Recreation

Training -	Not provided for review and not easily noted in Disability Rights Remedial Plan Implementation training
Metrics	Out-of-cell Trackers Grievances Tours/Interviews

Observations

During this review period, the County has made improvements in providing and documenting daily out-of-cell time. Policies have been updated to require that out-of-cell time occur during normal daylight hours rather than overnight, and there is no evidence that programming is being conducted during night shifts other than for workers, which is standard practice in correctional settings. Documentation and tours reflect that class members are receiving daily out-of-cell time on the vast majority of days, and proof of practice has been demonstrated. At the same time, there were several documented days when staffing shortages at SBJ, including in New East Restricted Housing, impacted access to out-of-cell and yard time.

On balance, these improvements support the finding of substantial compliance during this review period. However, the County will need to ensure that staffing shortages do not continue to disrupt daily schedules and that barriers such as yard access at SBJ are addressed going forward. Accurate tracking and consistent delivery of out-of-cell time—absent true emergencies—will be essential. Any backsliding in these areas could result in a return to partial compliance in the next review and staffing shortages are likely the biggest threat to compliance.

Recommendations

1. Continue to restrict programming hours to non-sleeping hours.

VII.D. Minimum Out-of-Cell Time

4. The County shall implement a system of documenting the amount of out-of-cell time each prisoner is offered for each of the above categories.
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:

The County is implementing this provision. Out-of-cell time is tracked via yard recaps and Excel while Guardian RFID/GPS is installed at Main Jail and Northern Branch Jail to accurately capture data, potentially aligned with facility remodels. Audits continue and are being strengthened. Completion is expected within ten months—after installation, staff training, and policy updates. As needed, corrective action plans will address units not meeting out-of-cell requirements per the Custody Operations Expert.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Partial Compliance

Policy – Custody Operations Policy 367 – Inmate Recreation

Training – Disability Rights Remedial Plan Implementation

Metrics Monthly SBSO Monitoring Report – Not developed

Observations

The County has taken important initial steps to improve documentation of out-of-cell time by standardizing its Excel spreadsheets and training staff in consistent data entry. These improvements should provide a stronger foundation for more accurate tracking once the new radio frequency identification (RFID) system is operational. The procurement process for RFID has been completed, and implementation is expected during the next review period. To fully realize the benefits of this system, the County will need to assign clear responsibility for reviewing the data, establish a routine schedule of analysis, and ensure that findings are communicated to supervisors who can resolve barriers to the provision of out-of-cell programming in real time. RFID will provide more precise measurements than paper logs, but without a systematic review process the data will remain underutilized. Moving forward, the County has an opportunity to build a transparent, problem-solving approach to monitoring out-of-cell activities, one that both verifies compliance and helps staff make timely adjustments. By dedicating resources to this type of oversight, the County will be positioned to move closer to substantial compliance with the requirements of the Remedial Plan.

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

The County is implementing this provision. Restrictive Housing Policy 306 is finalized and governs refusals and mental-health referrals, defining “repeated refusal” as two consecutive days of declining out-of-cell time. Squad/Unit supervisors have briefed staff on the referral form and procedures. Multidisciplinary meetings review restrictive-housing activity logs to flag refusals, initiate timely mental-health referrals, and set strategies to increase out-of-cell time. In coordination with the Custody Operations and Mental Health Experts, the County is refining workflows and creating proof-of-practice to document referrals and clinical assessments for internal and external monitoring. Installation of Guardian RFID/GPS at Main Jail and Northern Branch Jail is underway to capture out-of-cell data, with full implementation expected within ten months.

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 - Disability 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

This provision requires that when an incarcerated person, particularly someone with mental illness, repeatedly refuses out-of-cell opportunities, custody must refer the individual to mental health for assessment. The County reports that policy has been updated and staff trained on this requirement. During tours in December 2024 and May 2025, custody staff consistently stated they would notify mental health when a class member was isolating or decompensating, whether the person was housed in restricted housing or a behavioral health unit. Staff varied, however, in how they said they would make that referral—some described entering a note in the jail management system, others documenting it in the unit log, and others giving a verbal notification on rounds—which makes auditing and proof-of-practice difficult.

In NBJ during the current review period, there was little evidence in BHU J Unit or the restricted housing trackers for K and M Units of class members refusing to exit their cells, dayroom, or yard for more than two consecutive days. By contrast, SBJ has units of extreme isolation in New East Restricted Housing and IRC-400, with very high rates of serious mental illness in those units as well as extremely high programming refusal rates. Logs in New East occasionally noted mental-health involvement or isolation referral, but the practice was inconsistent and too sporadic to demonstrate compliance with the provision.

As in the prior monitoring period, custody policy now directs staff to notify mental health when refusals are routine and last for more than two days. The out-of-cell tracker includes a comment field to record those refusals, and the Restricted Housing Committee has updated its report to include a column for high refusal rates. Custody staff interviewed said they would notify mental health clinicians if a class member were routinely refusing, typically while conducting their rounds, and would document that referral in either the jail management system or the unit log.

The Restricted Housing Committee, which meets no less than bi-weekly and is attended by a mental health clinician, is now documenting out-of-cell activities and recording feedback about increasing or decreasing out-of-cell time. While this provides one pathway for referral, it does not provide proof-of-practice that a clinician consistently follows up on individuals who are isolating.

In practice, staff do appear to focus on isolation and advise mental health when they are aware of repeated refusals, but the County and Wellpath have not yet finalized a consistent referral policy or method. Until a single, auditable process is established, with appropriate training to ensure consistency in practice, and applied in practice with self-auditing to verify compliance, this provision cannot reach substantial 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.

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.

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.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 utilize segregation for discipline purposes. To address the Custody Operations Expert's concerns, the County issued a directive making clear that out-of-cell time should not be canceled absent due process and in no case for more than twenty-two hours absent an immediate safety/security risk. Per the Custody Operations Expert's recommendation, the County will update Custody Operations Inmate Discipline Policy (363) to reflect such policy.

Expert Review

Compliance Rating: Substantial Compliance
Prior Compliance Rating: Partial Compliance

Policy - Custody Operations Policy 363 – Inmate Discipline

Training - Disability Rights Remedial Plan Implementation

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

Observations

During this review period, the County returned to substantial compliance with the requirement that class members are not placed on disciplinary segregation, nor have out-of-cell (OOC) time restricted as a disciplinary sanction. After the December 2023 tour identified isolated cancellations of OOC time

reportedly directed by Classification without due process, management issued a May 30, 2024 directive reiterating that OOC may not be curtailed for discipline and that yard/recreation may only be cancelled when an incarcerated person presents an immediate danger to self or others.

Follow-up tours in December 2024 and May 2025, staff interviews, OOC logs, disciplinary records, and grievances revealed no denials of OOC time for disciplinary reasons. While the County's directive has been effective in practice, the policy revisions that were identified as necessary in the last review—to codify when and how OOC time may be restricted and to establish documentation requirements—were not completed during this period. Accordingly, although substantial compliance has been restored, monitoring will continue, and no recommendation will be made to discontinue oversight until the policy updates are formally adopted to ensure durable compliance.

Recommendations

1. *Continue to comply with the policy that disciplinary hearings cannot reduce out-of-cell time.
2. *Finalize 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.
3. Update policy to codify the immediate behavioral circumstances that would warrant restriction of out-of-cell time and provide direction in how such denial must be authorized and documented in the OOC logs.

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 utilize segregation for discipline purposes. The Custody Operations Expert found the County in substantial compliance with this provision.

Expert Review

Compliance Rating: Substantial Compliance – Recommend discontinue monitoring
Prior Compliance Rating: Substantial Compliance

Policy - Custody Operations Policy 363 – Inmate Discipline

Training - Disability Rights Remedial Plan Implementation

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

Observations

Based on the County's internal reporting, Inmate Disciplinary Policy 363, and the Custody Operations Expert's review of restricted-housing placement and retention records, there is no evidence that ACSO uses restricted housing as a disciplinary sanction. During this review period, all initial restricted-housing placements and all retention decisions were examined; none cited a disciplinary hearing as the basis for placement or continued retention. While some class members remained in restricted housing beyond 30 days, those durations reflected classification or safety considerations, and the vast majority received a classification review within 30 days; as noted in Provision VII.A.1, the average length of stay from January–June 2025 was 32 days. Policy 363 has been updated and distributed, and it expressly prohibits imposing restricted housing as a disciplinary penalty. Staff report they may not use restricted housing as a sanction, and interviews with class members during the December 2024 and May 2025 site visits yielded no reports of disciplinary placements. In light of sustained compliance parties should consider discontinuing monitoring of this provision pursuant to paragraph 53 of the settlement agreement..

Recommendations

1. *Comply with recommendations in Provisions VII.A3 and VII.A.4 concerning restricted housing placement and documentation.
2. *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 53.¹⁵

¹⁵ 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

Completed. The Custody Operations Expert found the County in substantial compliance with this provision.

Expert Review

Compliance Rating: Substantial Compliance
Prior Compliance Rating: Substantial 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 Disability Rights Remedial Plan Implementation training

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

SBSO and Wellpath have implemented a mental-health evaluation before any placement of a class member in restricted housing. Record reviews show every placement is preceded by a clinician assessment; when

clinicians are unavailable overnight, class members remain in intake until evaluated—a preferred practice over placement without review. Clinicians consistently sign the mental-health review form, and updated forms with time-stamped entries support the process; while Classification Policy 301 is pending final issuance, the practice is fully in effect. SBSO's internal audits found no exceptions this period, and performance has been sustained since 2024.

In light of this sustained and consistent compliance, monitoring of this provision should be considered by the parties for discontinued monitoring pursuant to paragraph 53 of the settlement agreement once the policy has been updated and promulgated, as audits and policy follow-through will be addressed in related disciplinary provisions.

Recommendations

1. *Associated Custody and Wellpath policies and training require update.
2. *Ensure adequate mental health staffing, including on overnight shifts, to support implementation of this provision and the overall Remedial Plan.
3. Continue internal auditing.

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

Completed. The Custody Operations Expert found the County in substantial compliance with this provision.

Expert Review

Compliance Rating: Partial Compliance
Prior Compliance Rating: Substantial Compliance

Policy - Custody Operation Policy 327 – Safety Checks

Training - Disability Rights Remedial Plan Implementation

Metrics Security Check Logs
Supervisor Discrepancy Reports
Video Observation of Security Checks

Observations

The county was not able to maintain substantial compliance with this provision during the review period. During this monitoring period, the WatchTour system at NBJ—which had been relied upon to document 30-minute checks and alert supervisors when rounds were late or missed—was offline beginning in May 2024. As an interim measure, the County required sergeants to review officers' daily logs and verify whether security checks were documented within the required 30-minute timeframe. None of the audits reviewed reflected that a supervisor identified non-compliance. Notably, paper logs are historically unreliable in capturing the actual timing of security checks and the time of those checks was a range of time, which is why SBSO adopted a technological solution in the first place.

The NBJ had established a sound process for unit sergeants to evaluate the work of their staff utilizing tracking captured in the WatchTour system, but that process was not operational during this review period. While the WatchTour system was restored and operational by August 1, 2025, and deviation reports reviewed for that month confirm that the prior process has resumed, the lengthy breakdown during this review period means NBJ cannot be rated above partial compliance at this time. It is anticipated that NBJ should be able to return to substantial compliance in the next review period, assuming the system remains functional and internal auditing is initiated based on the deviation reports generated from the WatchTour system.

SBJ, by contrast, continued to rely on Guardian reports to document 30-minute security checks and generate deviation reports. While staffing vacancies hampered the Compliance Unit's ability to consistently maintain proof-of-practice records in the shared drive—underscoring the challenges of an insufficiently resourced compliance team—the facility nonetheless demonstrated that required checks were occurring and deviation reports were investigated. As a result, SBJ's internal process is in substantial compliance during this review period.

Finally, although the plan had been for the expert to conduct video review as an audit-of-the-auditors to verify the quality of sergeant reviews, the breakdown of the NBJ WatchTour system prevented that approach from being undertaken during this period. This additional level of oversight will occur in the next monitoring period when it is anticipated that NBJ will again be able to demonstrate substantial compliance.

Assuming the WatchTour system remains operational at NBJ, and the Compliance Team engages in internal tracking to ensure the SBJ and NBJ unit sergeants are engaged in meaningful audits of security check deviation reports, it is anticipated that a recommendation to discontinue monitoring will occur in the next review period.

Recommendations

1. *Continue to maintain a standardized 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 exists 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.

5. Address the system challenges that resulted in a 15 month inactive period of the WatchTour system at NBJ.

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. This provision will no longer be addressed in future reports.

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

The County is implementing this provision, reducing use of restrictive housing and expanding BHU and BMU programming, with further expansion pending. The daily discharge tracker now identifies release dates for individuals in restrictive housing and captures name, date in, sentence date, housing assignment, next court date, and scheduled release, incorporating the Custody Operations Expert's recommendations. A designated BHU discharge planner participates in weekly BHU and Restrictive Housing multidisciplinary meetings to review release timelines and initiate transfers to less restrictive units before discharge. The restrictive housing policy has been updated to codify these requirements. The County will work with the Custody Expert to confirm steps to achieve substantial compliance in the next four to six months.

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 – Disability Rights Remedial Plan Implementation

Metrics	Restricted Housing Placement Log Restricted Housing Committee Log Population Reports
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Observations

The County has strengthened the front-end identification of class members in restricted housing who have a known release date. To its credit, the County added release-date fields to restricted housing tracking tools and began generating a daily report from the jail management system designed to flag upcoming releases. These steps represent meaningful operational improvements and show that the County is taking the problem of missed discharge planning more seriously.

For the review period of July 2024 through June 2025, eight individuals in restricted housing were identified with a known release date, after excluding warrant transfers. Of these, one was released to a community-based program, it is reported that three refused discharge planning, and four were released from restricted housing to the community without a documented discharge plan. . In these cases, the SBSO identified the breakdown in process and reported that it continues to improve the countywide communication regarding known releases, as discharge planning involves several county departments.

While the County has improved its ability to identify when a restricted housing class member has a pending release date, it remains out of compliance in how it acts on that information and does not yet consistently document efforts to collaborate with justice partners to engage in discharge planning for class members in restricted housing who are likely to be released despite not knowing the exact date. Knowing a release date but failing to ensure a discharge-planning referral and written plan demonstrates a gap that must be addressed. To correct this, the County should ensure all relevant staff are trained in the requirement, implement an automatic referral trigger whenever a release date appears in restricted housing trackers, require a written discharge planning note before release, incorporate a weekly review step to verify completion, and conduct monthly supervisory audits to confirm compliance. These measures would align practice with policy and ensure that class members released from restricted housing are appropriately linked to supervision and community resources. Also, SBSO supervisors and classification should be working more closely with justice partners engaged in discharged planning for those class members who are likely to be released by the courts to specialized programming or due to arrest charges that will not likely result ongoing retention or transfer to state prison.

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 and those likely to be release without a known release date.
2. *Finalize the Restricted Housing Policy or Classification Policy to reflect goal to step down restricted housing populations prior to release to the community.
3. *Update policies regarding individualized discharge planning for all restricted housing populations.
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 and improve proof of practice documentation of collaboration efforts.
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 – Disability Rights Remedial Plan Implementation

Metrics Restricted Housing Placement Log
Restricted Housing Committee Log
Population Reports

Observations

This provision requires that when a class member in restricted housing has a known release date within 60 days, the County must take and document steps to move that person to a less restrictive setting whenever possible. If continued segregation is necessary, staff must provide individualized discharge planning to prepare the individual for release. The intent of this requirement is to minimize the harmful effects of segregation and to better prepare people for transition back to the community.

In prior monitoring, there were instances where class members with a pending release date were moved out of segregation and placed in a less restrictive housing unit before release. Those examples demonstrate that step-down can occur when staff plan and coordinate transitions. In this review period, as noted in the discussion of provision VII.F.7, nine individuals in restricted housing were identified with a known release date. None of those nine were transitioned to a lower-level housing unit before release, and the Restricted

Housing Committee documentation did not consistently explain why step-down was not attempted or effectuated.

Segregation review and retention records generally included explanations for why individuals could not safely be placed in general population, which shows that classification staff are attentive to immediate safety and security. What was missing from the documentation, however, were strategies to lessen restrictions when general population or a specialized unit was not an option. Documentation rarely reflected the use of walk-a-pair arrangements, small-group or individualized programming, or expanded dayroom or yard access to prepare people for release. This leaves the impression that, even if staff were working toward transition, the record does not demonstrate consistent planning to reduce restrictions or explain why such efforts could not be made.

To bring practice into alignment with this requirement, the County should ensure that whenever a release date is within 60 days, the Restricted Housing Committee conducts a focused review of step-down opportunities and documents either the plan for reducing restrictions, or the reasons step-down is not possible. These reviews should occur no less than bi-weekly, and the Compliance Unit should conduct monthly audits of all restricted housing cases with known release dates to confirm that either a documented step-down plan or an individualized justification is on file. The number of class members is small, so compliance is achievable with focus and auditing.

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

Completed. The Custody Operations Expert found the County in substantial compliance for this provision. The County will work with the Custody Operations Expert to ensure monitoring is discontinued during the next rating period.

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

Training - Disability Rights Remedial Plan Implementation

Metrics	Grievance Logs Individual Grievances Tours/Interviews
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Observations

As reflected at the beginning of this report in Provision II.N.5, the County has shown a real commitment to improving the grievance process and access to the grievance system at both SBJ and NBJ. During this period, grievance forms were routinely observed available at NBJ, and class members at NBJ and SBJ reported they could obtain forms when requested. The access issue raised most often at SBJ was not whether forms were available but whether staff would pick up submitted grievances or respond to them. In response, near the end of the review period the County installed locked collection boxes at SBJ to provide a secure, fixed location for class members to place grievances directly; the purpose is security and self-deposit, not a staff handoff, but there has not yet been time to evaluate impact. In parallel, the County began reviewing alternative hand-collection mechanisms at SBJ to reduce or eliminate allegations that staff will not collect grievances. The County is also moving forward with a tablet-based e-filing option while keeping paper forms available in every housing unit.

In reviewing meeting minutes during this review period, the Quarterly Grievance Review Committee specifically flagged and reviewed class-member allegations related to access, pickup, and response. “No access” allegations were rare in these committee reviews and do not appear to be a systemic barrier at either facility based on a review of the grievance logs. Allegations that staff did not pick up grievances or that responses were not timely were more common and were tracked quarter over quarter by the Committee and in the grievance tracking logs. The Committee reviewed each allegation to address barrier concerns. To measure and correct timeliness, the Committee added a structured timeliness audit in the most recent quarter; approximately one in five responses exceeded the timeframe, with delays concentrated at the Administrative review step rather than at the health-care responder level. Corrective actions include strengthening Administrative coverage, reinforcing accurate routing and categorization so health-care items reach the right party quickly, relying on the SBJ locked boxes to reduce missed pickups, and implementing the tablet e-filing pathway to create a clear, timestamped audit trail from submission through response were corrective actions discussed by the Committee.

The County has done well, but one critical step remains to recommend discontinuation of monitoring. The County has not yet completed a routine internal audit that verifies, on an ongoing basis, that grievance forms are stocked and visible and that collection points function as intended. A simple proof-of-practice protocol is needed—such as deputies documenting form availability and box status in daily activity reports, sergeants initialing the unit log, Compliance spot checks with brief class-member interviews, and/or a basic chain-of-custody entry for box pickups with periodic reconciliation by the Compliance Unit. Until that internal audit is implemented and sustained, a recommendation to discontinue monitoring will be withheld. With grievances readily available at NBJ, the SBJ locked boxes in place, the County’s work on improved hand-collection at SBJ, and the tablet e-filing option moving forward while paper remains available, the trajectory is positive; completing the internal audit will provide the necessary proof of practice.

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 securable grievance form boxes in living units and in areas where easy access to the forms can be facilitated.
3. *Continue to 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. *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

Completed. Incarcerated persons in restrictive housing units have equal access to grievances and inmate request forms and procedures. The County reviews grievances quarterly and monitors access through a twice-daily checkbox on the Daily Module Recap to confirm grievance forms are refilled. The County is also working to provide grievance forms on tablets, which are accessible daily. The County will work with the Custody Operations Expert to address what remains to reach substantial compliance during the next rating period.

Expert Review

Compliance Rating: Substantial 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 - Disability 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

The County is implementing this provision. All housing areas provide phone access during business hours; restricted housing receives interactive journals; and all inmates are issued daily in-cell materials (tablets, newspapers, other items), with a weekly book cart at both facilities. A unit-level “counting app” (transitioning to Guardian RFID/GPS) logs what each unit receives and, where applicable, per-inmate tablet issuance—capturing date/time, item type, and the staff member delivering it—to produce daily/weekly counts, flag gaps, and create proof-of-practice records for audits and grievance reviews. Telephone Policy 383 and ADA Policy 209 are updated, training is forthcoming, grievance meetings adjust access as needed, and Environment of Care monitors track work orders to ensure timely phone repairs. The County anticipates completion in the next 10 months

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 - Disability Rights Remedial Plan Implementation

Metrics Grievances
 Interviews
 Work Order Records

Observations¹⁶

There have not been substantial changes in the status of implementation of this provision since the last monitoring period. As noted previously, the primary barrier to achieving substantial compliance is the County's inability to verify sufficient in-cell activities as required by Provision VII.G.3.b. While proactive steps have been taken, implementation remains inconsistent across facilities.

At NBJ, tablets continue to be individually issued and made available to class members on a near-daily basis. During the December 2024 and May 2025 monitoring tours, there were few complaints at NBJ regarding tablet access, aside from isolated reports of tablets that were broken or stolen and not yet replaced. By contrast, concerns at SBJ remain significant. Although the County has increased the overall number of tablets at SBJ, equitable access has not been ensured as tablets are hidden, broken and not shared equally amongst the populations in the dorms. For example, during the May 2025 tour, staff were observed issuing approximately seven tablets to a dorm housing twelve class members. Interviews with class members at SBJ and tours of the dorms identified additional problems, including tablets with nonfunctional batteries and less than four tablets issued for 12 class members which led to complaints of unequal access. Because tablets at SBJ are not individually assigned, there is no reliable way for the County to track usage or demonstrate proof of practice. As recommended in the last report, moving toward single-issuance tablets at SBJ would substantially reduce complaints and go a long way to demonstrating compliance with the in-cell activity requirement.

Phone access generated some grievances during this review period; however, none alleged that in-cell phones were nonfunctional. Instead, complaints focused on shortened phone cords—implemented as part of suicide-prevention efforts—lack of free phone calls as required by state law, and PIN-related access issues.

The County has continued distributing limited paper-based activities through WellPath and STP, such as crossword puzzles and coloring sheets. While these efforts represent incremental improvement, they do not amount to a comprehensive strategy for in-cell programming, particularly in restricted housing units and intake areas where idleness remains most problematic. As in the last report, the lack of consistent in-cell programming and the inability to demonstrate proof of practice prevent the County from approaching substantial compliance with this provision. The failure to implement individualized—or otherwise equitable—tablet issuance at SBJ remains another critical barrier.

That said, the County continues to demonstrate a commitment to progress by maintaining operational phones in housing units and holding cells, expanding the overall number of tablets at SBJ, and slightly increasing in-cell programming in specialized and restricted housing units. Continued progress in these areas, coupled with equitable tablet distribution and reliable tracking of in-cell activities, will be necessary to move meaningfully toward substantial compliance.

¹⁶ This compliance finding does not cover the ADA/equal access to phones, as compliance with ADA remedial plan requirements will be addressed in the ADA monitor's report.

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.
7. If the county cannot ensure equitable access in compliance with the provision, implement individual issuance of tablets at SBJ.

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

The County is in the process of fully implementing this provision. The County is in compliance with subsections (a) through (c). In the next three months, the County will work with the Custody Operations Expert to develop a plan to address site and sound requirements of subsection (d) and to discuss what remains to reach substantial compliance with this provision.

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 - Disability Rights Remedial Plan Implementation

Metrics Rated Capacity Report
Population Reports
Grievances
Tours/Interviews

Observations

The County remained largely compliant with the operational aspects of this provision during this review period. Neither SBJ nor NBJ exceeded rated capacity, and all incarcerated persons were assigned a bed; the prior issue of class members sleeping on tables or in dayrooms was not observed during the December 2024 or May 2025 tours. The County and WellPath continued work with the Mental Health Monitor to finalize clinical documentation and policy for suicide-prevention-related restrictions on bedding, mattresses, clothing, or other privileges. Progress is evident, and associated policies and forms are anticipated to be finalized in the next review period. The County also continued efforts to maintain sight-and-sound separation for female class members; the remaining gap is the need to finalize policy and procedures for circumstances where co-location of men and women is temporarily unavoidable (for example, in intake areas, mental-health observation and safety cells, or medical units). With these policy completions and training, substantial compliance is achievable in the next review period.

a. Rated Capacity

Throughout this review period, the County operated both SBJ and NBJ within their rated capacities. Population reports confirmed that no unit or facility exceeded its limit at any point. Given that this has been consistently maintained throughout successive review periods, the parties may wish to consider scaling back monitoring of this sub-provision going forward.

b. Assigned Beds

During the December 2024 and May 2025 site visits, all incarcerated persons were observed to have assigned bunks. The earlier problems of class members sleeping on tables or in dayrooms were no longer present, and no temporary “boats” or makeshift bedding were observed. No grievances were identified alleging that class members were without an assigned bed or mattress. This sub-provision has been reliably maintained and reflects an area of continuing compliance.

c. Mattress and Bedding

The County, in coordination with WellPath and the Mental Health Monitor, continued developing policies governing when bedding, mattresses, or clothing may be restricted for suicide-prevention reasons. A Property and Privilege Assessment Form has been drafted but has not yet been finalized or incorporated into routine practice. In the meantime, clinicians occasionally documented approvals or restrictions in mental-health assessment notes.

SBSO continues to rely on safety cells, mental-health observation placements, and restrictions on mattresses, linen, and clothing as suicide-prevention strategies. Grievance review indicated several

complaints from class members requesting a second mattress or the replacement of dirty linen. There was one grievance concerning linen not being issued, but no grievances were identified alleging that a class member had not been assigned a bed or mattress. Finalizing the policy, rolling out the dedicated form, and ensuring consistent clinical oversight will be critical next steps in achieving compliance with this sub-provision.

d. Sight and Sound Separation

The County continued to emphasize sight-and-sound separation of female class members from males, and during the December 2024 and May 2025 tours staff were observed largely adhering to this expectation. The unresolved issue is the absence of a finalized procedure for those situations in which males and females must temporarily be housed within the same operational area—for example, intake, medical, or mental-health observation units. These situations do occur, such as when a female class member is placed in NBJ's mental-health observation area while males are held in adjoining spaces. Finalizing policy and training staff on required safeguards for these scenarios will be essential for moving this sub-provision into substantial compliance.

The County has demonstrated consistent compliance with the rated capacity and bed assignment requirements and has made progress on bedding and sight-and-sound issues. The key barriers to substantial compliance at this stage are policy finalization and implementation: suicide-prevention documentation and procedures for cross-gender housing contingencies. These are discrete but important gaps. The County's continued coordination with WellPath and the Mental Health Monitor, coupled with staff adherence observed during site visits, reflect a commitment to progress. With the adoption and training of the outstanding policies in the next review period, this provision is realistically positioned to reach substantial compliance.

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.
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. Ensure policy development to guide staff in the event co-location of genders is required in intake or the medical unit.

Addendums to Follow

Inmate Disciplinary Reports - SBSO Internal Audit Report - NBJ

April 2025 through June 2025

Addendum A

Inmate Disciplinary Report - NBJ				
2025	Apr	May	June	Q2 Avg
Total IDRs	68	84	53	68.33
IDRs that are Late / Released /Medical Documentation - Dismissed	2	9	0	3.67
IDR involving SMI/DD/LD	2	9	3	4.67
IDR involving Non- English Speaking	5	0	1	2.00
IDR involving Hearing and Visually Disabled	0	0	0	0.00
IDR Involving unusual behavior	0	0	0	0.00
MH Review Form Required	2	2	3	2.33
MH Review Form Completed	2	1	3	2.00
% Mental Health Assessment Completed as Required	100%	50%	100%	83%
MH Recommended Discipline	1	0	1	0.67
% Where MH recommended discipline	50%	0%	33%	28%
Hearing Officer Concurred with MH	1	1	3	1.67
% of IDRs where Hearing Officer Concurred with MH Recommendations	100%	100%	100%	1
IDR required Staff Assistant due to SMI/DD/LD	2	2	3	2.33
IDR Required Staff Assistant/Interpreter (Non-English)	5	6	1	4.00
Total Staff Assistant Interpreters Required	7	8	4	6.33
Staff Assistant/Interpreter Provided as required	7	6	4	5.67
% of IDRs where a Staff Assistant /Interpreter was assigned as required	100%	75%	100%	92%
Effective Communication Required by Hearing Officer	7	8	4	6.33
Effective Communication Required Staff Assistant	7	8	4	6.33
Effective Communication Required by MH Clinician	0	1	0	0.33
EC Documented by Hearing Officer	7	5	4	5.33
EC Documented by Staff Assistant	7	5	4	5.33
EC Documented by MH Clinician	0	1	0	0.33
% of IDRs where Effective Communication was documented by Hearing Officer as required	100%	63%	100%	88%
% of IDRs where Effective Communication was documented by Staff Assistant as required	100%	63%	100%	88%
% of IDRs where Effective Communication was documented by MH Clinician as required.	100%	100%	100%	100%
% of IDRs that are late / Released / Medical Documentation / De-escalation	3%	11%	0%	5%

Inmate Disciplinary Reports - SBSO Internal Audit Report - SBJ

April 2025 through June 2025

Addendum A

Inmate Disciplinary Report - SBJ

2025	Apr	May	June	Q2 Avg
Total IDRs	95	90	44	76.33
IDRs that are Late / Released / Medical Documentation - Dismissed	8	11	3	7.33
IDR involving SMI/DD/LD	27	20	8	18.33
IDR involving Non- English Speaking	6	6	4	5.33
IDR involving Hearing and Visually Disabled	0	0	0	0.00
IDR Involving unusual behavior	0	0	0	0.00
MH Review Form Required	15	13	7	11.67
MH Review Form Completed	11	10	3	8.00
% Mental Health Assessment Completed as Required	73%	77%	43%	64%
MH Recommended Discipline	1	5	3	3.00
% Where MH recommended discipline	9%	50%	100%	53%
Hearing Officer Concurred with MH	11	10	3	8.00
% of IDRs where hearing officer concurred with MH recommendations	100%	100%	100%	100%
IDR required Staff Assistant due to SMI/DD/LD	14	13	7	11.33
IDR Required Staff Assistant/Interpreter (Non-English)	3	3	2	2.67
Total Staff Assistant Interpreters Required	17	16	9	14.00
Staff Assistant/Interpreter Provided as required	9	5	0	4.67
% of IDRs where a Staff Assistant /Interpreter was assigned as required	53%	31%	0%	28%
Effective Communication Required by Hearing Officer	23	16	9	16.00
Effective Communication Required Staff Assistant	23	16	9	16.00
Effective Communication Required by MH Clinician	20	13	7	13.33
EC Documented by Hearing Officer	8	3	0	3.67
EC Documented by Staff Assistant	8	5	0	4.33
EC Documented by MH Clinician	0	1	0	0.33
% of IDRs where Effective Communication was documented by Hearing Officer as required	35%	19%	0%	18%
% of IDRs where Effective Communication was documented by Staff Assistant as required	35%	31%	0%	22%
% of IDRs where Effective Communication was documented by MH Clinician as required.	0%	8%	0%	3%
% of IDRs that are late / Released / Medical Documentation / De-escalation	8%	12%	7%	9%

Safety Cell Placements July 2023 through June 2025
Addendum B

Month	Total Safety Cell Placements													
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY 23/24 Ave	FY 24/25 Ave
NBJ	8	10	8	11	6	8	11	12	7	13	10	7	8	9
SBJ	17	27	39	23	24	18	24	28	34	38	28	16	27	26
Totals	25	37	47	34	30	26	35	40	41	51	38	23	35	36

Placement Duration Between 12–24 Hours														
Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY 23/24 Ave	FY 24/25 Ave
NBJ	5	7	6	5	3	4	8	3	6	6	5	2	4	5
SBJ	5	10	21	6	13	6	3	6	4	11	9	4	14	8
Totals	10	17	27	11	16	10	11	9	10	17	14	6	18	13
Percentage	40%	46%	57%	32%	53%	38%	31%	22%	24%	33%	37%	26%	51%	37%

Placement Duration Exceeding 24 Hours														
Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	FY 23/24 Ave	FY 24/25 Ave
NBJ	0	1	0	1	0	1	0	2	0	0	2	0	0.3	0.6
SBJ	3	0	2	5	1	0	1	2	0	3	1	1	0.3	1.6
Totals	3.00	1.00	2.00	6.00	1.00	1.00	1.00	4.00	0.00	3.00	3.00	1.00	0.5	2.2
Percentage	12%	3%	4%	18%	3%	4%	3%	10%	0%	6%	8%	4%	1%	6%

SBSO Grievances
July 2025 through June 2025
Addendum C

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Total Appeals	123	145	123	148	106	114	190	131	102	186	244	284
Secondary Appeal Due to Original Denial	8	11	16	6	1	12	6	1	5	8	8	12
Classification Appeals	3	8	4	16	2	2	4	0	2	4	8	14
Classification Appeals associated with Restricted Housing	0	1	0	0	0	0	0	0	1	0	0	0
No Access to Grievance System or no answer	1	0	2	1	6	1	2	1	1	1	2	0
Disciplinary Action	7	5	1	4	5	6	4	3	2	8	10	10
Access to Tablets	1	5	1	1	4	2	1	4	0	2	10	8
Access to Out-of-cell Time	0	0	0	0	0	1	0	0	0	7	0	3
Excessive or Unnecessary Force	0	0	0	1	1	0	0	0	0	0	0	0
Phone	2	5	0	0	1	0	0	0	0	2	6	0
<i>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</i>												
<i>The Phone grievances are not related to inoperable phones.</i>												