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September 24, 2026

Sent via Email

Coty Meibeyer
Disability Rights California

Re: Findings and Recommendations from Disability Rights California

Dear Coty Meibeyer:

We respond on behalf of the Butte County Sheriff's Office (BCSO) and CFMG to Disability Rights California's (DRC) August 3 letter regarding conditions and services at the jail and DRC's July 27 and September 14 letters regarding Medication-Assisted Treatment (MAT) and substance-use-disorder services. BCSO and CFMG continue to review DRC's concerns and implement appropriate changes. We look forward to discussing our progress and sharing policy changes on your visit on December 8, 2026.

We appreciate DRC's recognition of the cooperation and professionalism of County, BCSO, Butte County Behavioral Health (BCBH), and CFMG personnel. We share the goal of providing clinically appropriate, constitutionally adequate, and accessible services for individuals in custody.

While the County may view some of the statements, characterizations, and legal conclusions in DRC's correspondence differently, this letter is intended to share information within the respective roles of BCSO, CFMG, and County partners and to summarize the process improvements made since DRC's first site visit. This response is provided in a spirit of continued cooperation and is not intended as an admission of liability or noncompliance, or as a waiver of any rights or objections.

By way of general information sharing, CFMG has recently onboarded a new Director of Nursing and anticipates onboarding a new psychiatrist and a new Mental Health Coordinator in the coming weeks. Additional staffing for expanded CalAIM services is expected to begin on October 1 and the related negotiated amendment is expected to be approved by the Board of Supervisors on October 13.

For patient-specific concerns, CFMG would appreciate receiving a patient key so that it can review the relevant records, staff input, and quality-review materials, and it may choose to supplement this response or have a videoconference with you following that review.

1. Investigations and Findings regarding the Jail

a. II.A.1. Mental Health Care and Programming

In Section II.A.1, DRC expresses concern that the jail lacks sufficient structured mental health care and that patients lack meaningful treatment.

We would like to clarify that individual therapy is available. CFMG's staffing matrix includes two mental health professionals and one mental health coordinator who complete suicide-watch reviews, administrative-separation checks, individual therapy, and multidisciplinary case review for complex patients. Although we can agree that we can review policies and get better, we would like to point out some facts regarding care at the facility.

Between January 1, 2026, and September 15, 2026, CFMG completed the following mental health and psychiatry contacts:

Mental Health Contact Type	Count
MH total contacts	3,936
Initial MH Evaluation	834
Initial MH Special Needs Evaluation	132
F/U MH Special Needs Evaluation	390
MH Structured Progress Notes	1,682
Initial Suicide Watch	264
F/U Suicide Watch	634

Psychiatry Contact Type	Count
Psychiatry total contacts	1,079
Initial Psychiatric Evaluation	367
F/U Psychiatric Evaluation	712

During the last three months, CFMG has convened four multidisciplinary meetings involving local staff, regional mental health staff, and corporate CQI personnel to coordinate care and safety planning, as well as leading several local MDT meetings with custody partners. CFMG also works with County Counsel to obtain Penal Code section 2603 orders when appropriate and has obtained six such orders in 2026.

From fall 2025 through August 2026, audits, site visits, meetings, and follow-up communications addressed confidential care settings, suicide-risk management, mental health assessment, task triage, and clinical documentation. These efforts clarified policy expectations, identified gaps, monitored implementation, and reinforced relevant policies and procedures with staff.

- **Confidential care settings:** In the fall of 2025, staff were instructed to offer every patient a confidential mental health appointment setting with the door closed and noise machines, when needed. Subsequent site visits confirmed designated spaces and observed that patients were being seen in confidential settings. Audits and reviews have continued since that time and compliance has significantly improved.
- **Suicide-risk procedures:** In late 2025 and early 2026, audits and site visits identified concerns involving suicide assessments, suicide-watch decisions, clinical assessment of self-injurious behavior, suicidal ideation, and patients in restrictive housing settings, who were described as having increased suicide risk. Staff received guidance on pre-placement assessments, suicide-watch criteria, clinical judgment, documentation, referrals, and timely follow-up. Training and auditing have continued with the team and compliance has improved.
- **Identification and documentation:** Communications repeatedly emphasized accurately identifying mental health and Special Needs patients, placing the correct chart alerts, completing required evaluations and forms, documenting clinical assessments and care plans in detail, and improving task management and acuity-based triage. Chart audits and supervisory reviews have continued to support documentation quality and appropriate follow-up scheduling.

CFMG will continue retraining staff on referral pathways, clinical case formulation, documentation, and encounter frequency while prioritizing crisis, suicide-watch, and administrative-separation patients.

Although CFMG's foundational program does not currently provide group mental health programming, group treatment is available through the Recovery Solutions Jail Based Competency Treatment (JBCT) and Early Access Stabilization Services (EASS) programs.

CFMG anticipates implementing substance-use-disorder treatment and an expanded MAT program, including counseling, on October 1, 2026, and counseling services will begin once dedicated staff are hired and trained. The Regional MAT Director will be onsite September 29 and 30, 2026, to train staff. Structured therapeutic group programming through the foundational mental health team may also be feasible in the new facility, subject to custody-approved space and operational planning.

CFMG agrees that a mental health level-of-care system with defined clinical criteria should be implemented and has begun developing related policies, procedures, forms, and an implementation plan. Implementation dates will be identified with custody to ensure adequate programming space and staffing.

b. II.A.2. Confidential Clinical Contacts

In Section II.A.2, DRC expresses concern that mental health contacts are not consistently confidential because some encounters occur cell-side, in holding areas, or where custody staff can hear the clinical exchange.

As discussed above, CFMG has trained staff and coordinated with custody partners to use confidential settings unless a documented security exception or patient refusal applies. Since fall

2025, staff have been directed to offer each patient a confidential appointment setting when appropriate with the door closed and noise machines as needed. Noise machines have been available in exam rooms since spring 2026. Site visits and chart reviews reflect improved compliance, and CFMG will continue monitoring. However, we recognize that this is an area the county and CFMG can do better and will work together with your help to improve those processes.

c. II.A.3. Psychiatric Services

In Section II.A.3, DRC raises concerns regarding timely psychiatric care, medication continuity, psychiatric referrals, psychiatric provider coverage, medication verification, telepsychiatry coverage, and release medication practices.

Since DRC's first visit, CFMG has increased psychiatric access from 8 to 24 hours per week at the Butte County Jail, consistent with the current contracted hours. CFMG anticipates onboarding a new psychiatrist in the coming weeks to fulfill the allocated psychiatric hours. Many of those hours will be provided by telehealth, and the psychiatrist has committed, initially, to being onsite at least one day per month.

Additional onsite psychiatric support is being provided through the County's partnership with the Oroville Hospital Psychiatry Residency Program. Residents work five days each week, approximately eight hours per shift, on six-week rotations under appropriate clinical supervision.

CFMG agrees that psychiatric medication continuity is critical. CFMG has retrained mental health staff on referral pathways and a "no wrong door" approach to psychiatric access; requests may originate from patients, staff, community providers, or other sources. Monitoring reflects improved access, and CFMG will continue reviewing sick calls, grievances, and staff-meeting feedback for barriers to care.

Current intake processes collect medication and treatment history and seek releases to obtain outside records. A patient key would allow CFMG to look into the specific verification-delay concerns DRC identified.

DRC also expresses concern about medication provided to people upon release from jail and describes a policy limiting release medication. CalAIM implementation will include discharge-medication planning, including full-supply release medication in hand when feasible, while accounting for releases with little or no notice. We are also reviewing this and other policies for consistency with CalAIM requirements. We will share those policy changes and review your recommendations during the next several months.

d. II.B Use of Administrative Separation

In Section II.B, DRC expresses concern that Administrative Separation is overused, particularly for people with mental health and intellectual disabilities.

BCSO's goal is to use administrative separation only when necessary and consistent with applicable law and regulations. The A, F, and North Facility Administrative Separation Units comply with Title 15 and Title 24 standards regarding dayroom use and recreation, and the A

and F Units have skylights that provide natural light. Administrative Separation Units in A and F Pods currently receive one hour of yard time five days per week, and NORA administrative cells receive 90 minutes of combined dayroom and yard time per day.

BCSO is currently reevaluating its policy and practice for out-of-cell time in these units and its criteria and procedures to limit the duration of administrative separation. Jail Classification assesses individuals every seven days to reduce continued use where appropriate, and BCSO will continue reviewing and refining policies and procedures to further reduce the amount of people going into administrative separation and the length of stay in that status.

BCSO and CFMG are reviewing mental health input into these units and establishing continued-stay review documentation. This work will include review of appropriate care settings, out-of-cell opportunities, and property and privilege standards.

DRC's letter notes that the records it reviewed reflected limited checks in these settings. Butte County Jail policy provides for weekly monitoring by a mental health professional and twice-weekly monitoring by a healthcare professional, with additional daily contacts during medication administration. This is consistent with correctional standards and we would like to understand if you believe the policies are wrong or any instances where practice did not meet the policy expectations.

To assist with that review, we would appreciate the patient names from DRC's 10-chart review of administrative-separation rounding records. In the meantime, CFMG will retrain staff on identifying patient needs and escalating concerns when patients appear distressed, and will implement an administrative-separation audit to monitor the frequency and appropriateness of checks.

Regarding emergency call buttons in Administrative Separation cells, the jail is not currently aware of any non-functioning buttons. We welcome any information DRC can share on this point, and any identified issue will be corrected promptly.

e. II.C Suicide Prevention

In Section II.C, DRC expresses concern about the effectiveness of the jail's suicide prevention program and about physical plant features that may increase the risk of suicide and self-harm.

Since DRC's visit, and consistent with DRC's recommendation, the Sheriff's Office has discontinued use of the T and U section single cells. In addition, single-cell females are now housed in the North Facility, specifically the NORA 2 Housing Unit.

The County and CFMG agree that suicide prevention requires clear policy, sound clinical judgment, complete documentation, and ongoing training. CFMG maintains suicide-risk screening, reassessment, and response protocols and continues to improve implementation at the Butte County Jail. Since DRC's first visit, CFMG has completed repeated reviews and trainings related to suicide-prevention assessments and documentation.

CFMG reviews serious suicide attempts and completed suicides through cross-agency morbidity and mortality review, critical incident review with custody counterparts, and internal Wellpath/CFMG review. Because DRC's letter references specific patients, a patient key would help us evaluate those cases.

The administrative-separation reforms described above are expected to improve communication, placement review, conditions-of-confinement assessment, access to care, and transition to less restrictive settings. These reforms will include review and improvement of policies and procedures for safety smocks, safety cells, property and privilege practices, and restrictive-housing conditions to maintain patient dignity and safety. We value your input into these changes policies when we have newer versions to send to you.

f. II.D.1 Disability Identification and Tracking

In Section II.D.1, DRC expresses concern that the jail does not have an adequate centralized system to identify people with disabilities, document accommodation needs, and ensure that custody, programs, and healthcare staff reliably implement approved accommodations.

The County and CFMG have completed substantial work integrating ADA flags in CorEMR with the custody jail management system. Since spring 2026, the jail management system has pulled updates from CorEMR every 30 minutes, supporting timely information sharing between healthcare and custody.

CFMG believes its intake screening process is mostly sound but agrees that communication of accommodation needs with custody partners can be improved. CFMG is strengthening the use of Medical Treatment Orders and will continue training staff to timely and accurately identify and document accommodation needs in the healthcare record and share those needs with custody in a timely documented manner.

CFMG already holds biweekly interdisciplinary meetings with custody regarding complex patients and is improving that structure to include discussion of disabled patients. The plan is to move to these interdisciplinary meetings to weekly and add weekly interdisciplinary facility walkthroughs to identify patients whose needs may not surface through sick call, grievances, or routine review.

g. II.D.2 ADA Notices

In Section II.D.2, DRC expresses concern that the jail does not provide sufficient ADA-related notice and information to the incarcerated population.

Since DRC's first visit, concerning medical-services-area signage has been removed, and staff have been trained that access to care and accommodations must not be restricted. Sick-call slips and grievance forms are available in each housing unit, and sick-slip boxes have been installed to support confidential submission. We are reviewing the process for further improvements and can discuss.

h. II.D.3 The Provision of Assistive Devices

In Section II.D.3, DRC expresses concern that the jail does not consistently provide appropriate reasonable accommodations based on individualized assessment. DRC also identifies concerns involving, among other things, tracking and coordination between custody and healthcare staff.

The County and CFMG agree that disability needs must be individually assessed and accommodations tailored to the patient consistent with the ADA. Both BCSO and CFMG have policies addressing these obligations. As we recognize we can always do better, we are reviewing these policies to ensure they are adequate and align across disciplines. We will seek your input when these policies are drafted and ready for distribution. In the interim, on September 14 and 15, 2026, CFMG completed ADA overview training for providers covering individualized assessment, accommodation identification, communication with custody partners, effective communication, documentation, MAT, and SUD. Additional training for remaining healthcare staff will be scheduled for completion in the coming months.

For the patient-specific mobility-device and prosthetic-limb examples raised in DRC's letter, a patient key would allow us to look into each situation. For the patient identified as having a neuromuscular condition and an electric wheelchair at intake, our records reflect somewhat different facts: at the most recent intake, the patient did not have an electric wheelchair and denied needing an assistive device. CFMG nevertheless provided a wheelchair during incarceration. CFMG also completes weekly wheelchair assessments and replaces wheelchairs requiring repair.

With regard to the identified patient with prosthetic need, CFMG determined the device was beyond repair and procured a new patient-specific prosthesis.

i. II.D.4 Screening and Adaptive Support Services

In Section II.D.4, DRC expresses concern that the jail lacks effective screening and adaptive support protocols for people with intellectual and/or developmental disabilities.

CFMG uses intake screening tools to identify intellectual and developmental disabilities and is developing a more complete post-identification accommodation assessment process. CFMG is committed to implementing an accommodation protocol for medical and mental health teams to identify IDD-related needs and share appropriate information with custody partners. Existing protocols also guide care for patients with traumatic brain injury, and providers may access the UpToDate portal for current clinical guidance.

At the same time, BCSO maintains a classification plan to guide staff in processing individuals brought into the facility. This plan includes an initial screening process and procedures for determining appropriate housing assignments. It also incorporates an objective screening instrument and clear procedures for making classification and housing decisions. When intellectual, physical, and/or mental health issues are identified, custody staff engage with medical and mental health personnel to support appropriate classification and housing determinations. The Sheriff's Office continuously reviews this process and has made

enhancements to the intake screening process since the DRC's visits to the facility. We will continue to improve this process and can discuss this issue further on your December visit to the facility.

The weekly interdisciplinary meetings and facility walkthroughs described above are expected to improve communication of IDD-related care needs and accommodations.

j. II.D.5 Effective Communication

In Section II.D.5, DRC expresses concern about effective communication for people with disabilities, including the availability of auxiliary aids and services.

On September 14 and 15, CFMG trained providers to establish and document effective communication in every healthcare encounter, including auxiliary-aid obligations. Additional training for other healthcare staff will be scheduled, and dates will be shared once established.

BCSO will continue ensuring that individuals with disabilities receive needed communication-related accommodations. BCSO has access to a language line and "purple" tablets for individuals who are hearing impaired and the medical unit also has access to these services.

k. II.D.6 Physical Jail Deficiencies

BCSO continually reviews and improves the jail's physical facilities for accessibility. We would note that the photographs on page 25 of DRC's letter were taken at the West Facility rather than the Main Jail, and therefore do not capture the Main Jail's accessible features.

In addition, as of August 31, 2026, all women in custody have been relocated to the North Facility, NORA 3-6 housing. This move included all women previously housed in the Main Jail and the North Dorm housing unit.

l. II.E.1 The Chronic Care System

In Section II.E.1, DRC identifies concerns related to medical care, including chronic care and diabetes management.

Since DRC's last visit, the County has removed any perceived blanket prohibition on continuous glucose monitors. In late August 2026, CFMG ordered its first CGM and will continue to offer CGMs as a monitoring option when clinically appropriate and requested by the patient.

CFMG will consider insulin pumps case by case and is discussing safe implementation with custody. However, to date, CFMG has not identified a patient requiring an insulin pump.

CFMG agrees that diabetes treatment plans must be individualized and coordinated with custody operations, including timing of meals and blood-sugar testing. These issues are appropriate for weekly interdisciplinary complex-case meetings, described above.

m. II.E.2 A Keep-on-Person Program

In Section II.E.2, DRC raises concerns about the lack of a Keep-on-Person (KOP) medication program.

CFMG agrees that a Keep-on-Person medication program can reduce patient risk. Since DRC's first visit, CFMG updated its KOP policy and now offers rescue inhalers to all patients in need. Beginning in October, CFMG will also offer KOP creams, and the County and CFMG are evaluating whether the KOP list can safely be expanded and will seek your input after we have conferred internally.

n. II.F Cleanliness

The Sheriff's Office takes cleanliness seriously and appreciates DRC raising these concerns. The facility's sanitation plan requires daily cleaning of housing units and common areas, including cleaning and sanitizing showers, sinks, and toilets. Correctional staff provide cleaning materials to individuals in custody daily and monitor cleaning activities, and healthcare areas throughout the facility are cleaned nightly by inmate workers. When cells in Administrative Separation are not kept clean, staff arrange for inmate workers to clean them as needed. BCSO will continue to address any reported cleanliness concerns promptly.

o. II.G Coordination Among the Sheriff's Office, Wellpath, and Behavioral Health

1. Regarding Record Coordination and Reentry Services

In Sections II.G.1 and II.G.2, DRC notes that coordination between BCSO and BCBH on records, behavioral healthcare, and reentry services could be improved.

Information sharing among BCBH, BCSO, and Wellpath has improved over the last year. On September 1, 2026, County stakeholders, ECMs, BCBH, BCSO, Wellpath, and others met to discuss CalAIM implementation and reentry workflows, including communication, scheduled post-release appointments, DME, and full-supply release medications. CFMG expects this work to begin in October and improve over time. BCSO has also discussed joining BCBH's Health Information Exchange, and CFMG is prepared to participate once an agreement is in place.

2. Regarding Diversion and Alternatives to Incarceration

BCSO agrees that diversion programs can help reduce the jail population and notes that those programs are primarily administered through the courts. BCSO will continue exploring alternatives to incarceration within its authority.

2. MAT and Substance Use Disorder-Related Services

As previously discussed, CFMG anticipates MAT induction beginning October 1, 2026. CFMG will provide a full supply of release medication consistent with CalAIM requirements. As you know the Board will now review this issue at its October 13, 2026, meeting. However, funding is expected and the process will begin on October 1, 2026.

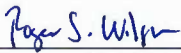
DRC also requested an update on long-acting injectables, including new procedures and the number of individuals evaluated and initiated. Policy F03-A is the most responsive policy on this issue.

Finally, because of the volume of documents involved, all requested CFMG policies will be provided by shared-drive link.

We appreciate DRC's continued engagement and look forward to continuing to work together to improve care and conditions at the jail. We look forward to your visit where we can discuss our efforts to address your concerns with jail practices. Please feel free to contact me with any questions.

Very truly yours,

BRAD J. STEPHENS
Butte County Counsel

By: 
Roger S. Wilson
Chief Deputy County Counsel

cc: Sheriff's Office
CFMG
Behavioral Health