

12th Sacramento County Remedial Plan Status Report

for the period of July 1, 2025 – December 31, 2025

February 13, 2026

Table of Contents

Introduction	3
Background.....	3
Jail Facilities and Operations	4
Reporting Period Highlights.....	5
Self-Assessed Compliance Summary.....	8
Updated Remedial Plan Provision Organization and Count	8
Compliance Rating Definitions	10
Referenced Court-Appointed Monitoring Reports.....	10
Abbreviations	12
Self-Assessment of Remedial Plan Provisions.....	16
II. General Provisions.....	16
III. Americans with Disabilities Act (ADA) Compliance.....	21
IV. Mental Health Care	91
V. Disciplinary Measures and Use of Force for Prisoners with Mental Health or Intellectual Disabilities	142
VI. Medical Care.....	162
VI.N – Detoxification Protocols	220
VI.P – Review of In-Custody Deaths	226
VII. Suicide Prevention.....	235
VIII. Segregation/Restrictive Housing	290
IX. Quality Assurance	345
Compliance Rating Comparison	358

Introduction

Background

A Consent Decree in the matter of *Mays et al. v. County of Sacramento* was approved by United States District Judge Troy L. Nunley on January 8, 2020 (filed January 13, 2020). The Consent Decree was developed in response to a class action lawsuit filed on behalf of incarcerated people in Sacramento County's correctional facilities, claiming that conditions in the jail system do not meet minimum standards under the U.S. Constitution as well as federal and state disability law. The Consent Decree establishes a Remedial Plan with many sections, including:

- II. General Provisions
- III. Americans with Disabilities Act (ADA) Compliance
- IV. Mental Health Care
- V. Disciplinary Measures and Use of Force for Prisoners with Mental Health or Intellectual Disabilities
- VI. Medical Care
- VII. Suicide Prevention
- VIII. Segregation/Restrictive Housing
- IX. Quality Assurance Systems for Health Care Treatment.

Every 180 days, the County of Sacramento is required to issue a Remedial Plan Status Report, which is sent to the Prison Law Office and the Law Offices of Aaron J. Fischer (collectively, Class Counsel) and Court-appointed subject matter experts (SMEs) and filed with the Court.

Each Court-appointed monitor (Class Counsel or a designated SME) completes Remedial Plan Monitoring Reports using document requests, chart reviews, and site visits to provide compliance determinations as well as feedback and recommendations to support County progress toward compliance with the Consent Decree Remedial Plan.

This is the twelfth County Remedial Plan Status Report, focused on the period of July 1, 2025 through December 31, 2025. This report describes Sacramento County's overall progress toward meeting Consent Decree requirements, including current compliance status, data or evidence to support current status, and plans in place to address areas not yet in full compliance.

During this reporting period, the County and Class Counsel agreed to extend the duration of the Consent Decree until January 13, 2028.

Jail Facilities and Operations

Sacramento County's jail system includes two facilities. The Main Jail (MJ) was opened in 1989 and is in downtown Sacramento (651 I Street). The Main Jail includes 85 medical beds; 23 of which are included in the Board of State and Community Corrections (BSCC) rated capacity of 2,348¹. Rio Cosumnes Correctional Center (RCCC) was opened in 1960 and is located at 12500 Bruceville Road, Elk Grove. Its BSCC rated capacity is 1,625, which includes 34 medical beds.

In comparison to the greater Sacramento County community, the jail population has higher average rates of health care needs, including chronic health conditions, serious mental illness (SMI), and substance use disorders.

Operation of the jail system requires multiple County and contracted entities.

- The Sacramento Sheriff's Office (SSO) has overall responsibility and management for the jail facilities.
- The County's Department of General Services (DGS) assists with facility construction, remodeling, and maintenance.
- Adult Correctional Health (ACH) within the County's Department of Health Services, Primary Health Division works to provide legally mandated health care services to adult inmates within the County's jail system. Services include physical health, behavioral health, dental, pharmaceutical services, and ancillary services. ACH contracts with hospital systems or other providers for psychiatry, specialty care and inpatient services.
- Adult Correctional Mental Health (ACMH) provides on-site mental health services, including an Acute Inpatient Psychiatric Unit (APU), Intensive Outpatient Program (IOP), outpatient mental health services, a Jail Based Competency Treatment (JBCT) program, and other services. The County contracts with UC Davis Department of Psychiatry & Behavioral Sciences for all ACMH staff and services.

¹ As previously noted in the 11th County Status Report, the number of BSCC rated beds for the Main Jail was reduced as the 52 suicide prevention medical beds in 3-West were determined to not meet certain requirements, such as having a desk, two (2) bunks, and two (2) seats. The remaining medical beds (10 in 2-Medical, five in 2-East, and 18 in 2-West/APU) are all part of the BSCC's rated capacity. Currently, 17 of the APU beds are available for use.

Reporting Period Highlights

The following highlights represent a summary of activities undertaken since July 1, 2025:

- **Correctional Facility Master Planning**

- The County initiated a comprehensive Correctional Facility Master Planning process to address longstanding physical plant limitations affecting ADA compliance, housing capacity, and long-term correctional system design. The HMA master planning effort includes inspection and analysis of existing jail facilities, population and operational assessments, evaluation of ADA, medical, and mental health compliance needs, including staffing needs for all service lines, and development of space planning and capital options. The process is intended to generate ranked facility options and associated timelines and financing strategies for Board consideration. This effort establishes the County's long-term correctional infrastructure roadmap, addresses structural compliance barriers that cannot be resolved operationally, informs future ADA transition planning and capital investments, and provides the Court and Board with actionable facility remediation options.
- Timelines and Milestones:
 - RFQ proposals were submitted in May 2025, and the County selected Health Management Associates (HMA).
 - The County executed a contract with HMA on July 1, 2025, formally launching the master planning effort.
 - Under the Second Memorandum of Agreement with the Court, the County must complete the Correctional Facility Master Plan by October 30, 2026.
 - Following completion, the County must develop and present a recommendation to the Board of Supervisors by December 4, 2026, after consultation with SMEs, Class Counsel, and the Court.

- **Acute Psychiatric Unit (APU) Expansion**

- The County is expanding the APU to increase its ability to serve individuals with the highest mental health needs. The project is part of broader facility modernization and ADA infrastructure improvements and includes accessibility upgrades in cells and restrooms. Construction mobilization began in January 2026, and the project is scheduled for completion by the Court-ordered deadline of June 12, 2026. The APU expansion increases treatment capacity for high-acuity mental health patients, reduces reliance on restrictive housing for individuals requiring intensive services, and

strengthens alignment with Consent Decree mental health requirements. It reflects a shift toward more treatment-oriented infrastructure within the jail system.

- **Intensive Outpatient Program (IOP) Expansion**

- In addition to acute care expansion, the County is further expanding its IOP to strengthen intermediate mental health services and improve the overall continuum of care. The expansion supports enhanced step-down options from higher-acuity settings and expanded access to structured outpatient mental health programming. The IOP expansion increases capacity for intermediate mental health care, improves clinical progression across levels of care, and helps reduce pressure on acute and restrictive housing environments by providing more appropriate treatment pathways within the jail system.

- **Disciplinary Process Improvements**

- The County updated the disciplinary matrix and Chief Disciplinary Hearing Officer (CDHO) processes, significantly reducing the use of full restriction (disciplinary segregation). The revised matrix narrowed eligible offenses and emphasized proportional sanctions. CDHO decisions are now guided by structured narratives and standardized justification in ATIMS, with strong tracking of mental health input and adherence to recommendations. Because of this, full restriction placements dropped from an average of approximately 86 per month to nine or fewer. As of December 31, 2025, only three inmates were on full restriction. These reforms contributed to multiple provisions reaching substantial compliance.

- **ACH Quality Improvement Reorganization**

- ACH strengthened and reorganized its Quality Improvement function during this reporting period. A new QI director with clinical and regulatory experience was appointed, and leadership increased emphasis on QI activities. The QI team expanded audits and reporting across multiple domains, including disability identification, chronic care, confidentiality, and suicide risk. Additional changes include development of peer review tools, expanded staffing and training, and redesign of the QI plan and audit structure. Reports and findings are disseminated through intranet publication, newsletters, and QI committees. Overall, the QI program is transitioning toward a more structured, data-driven quality assurance system.

- **Flex Nurse Program**

- The County implemented a new operational workflow to improve responsiveness to inmate medical requests and cross-service communication. A flex nurse role was created to respond quickly to verbal requests for care. Custody staff now transmit service requests to medical using Microsoft Teams, enabling real-time communication between custody and healthcare. Medical staff acknowledge requests rapidly and respond in person when necessary, with documentation captured in both ATIMS and the electronic health record. These changes improve response times, strengthen coordination across service lines, and enhance documentation of interdepartmental communication.

- **ADA Intake System Improvements**

- To improve ADA coordination at intake, the County implemented a manual handoff process using a designated blue folder. Intake nurses place ADA-related paperwork in the folder and provide it directly to the booking sergeant, ensuring immediate custody awareness of accommodation needs. This process allows accommodations—such as mobility aids or communication devices—to be provided before electronic flags are reviewed. The blue folder system supplements electronic ADA tracking and reduces the risk of missed accommodations during booking, contributing to substantial compliance findings.

- **Jail Population Dashboard**

- The County launched a public-facing Jail Population Dashboard to modernize reporting and improve transparency. Developed by a multi-agency workgroup, the first version was released in October 2026 and includes booking and length-of-stay data from 2020 through mid-2025. The dashboard is working to replace labor-intensive manual reports and is designed to expand with additional elements such as mental health and recidivism data. It represents a major shift toward automated, integrated population reporting and supports improved accuracy, transparency, and consistency in public data dissemination. The dashboard is connected to the County's Jail Population Reduction Plans (JPRP). JPRP updates may be viewed at <https://oce.saccounty.gov/us/en/dce/public-safety-and-justice/reports-and-resources.html>. The next JPRP Status Report, covering the period of July 1 – December 31, 2025, will be published by March 30, 2026.

Self-Assessed Compliance Summary

The following table summarizes the County's current self-assessed compliance status, by remedial plan. Of the 382 total provisions, the County assesses itself to be in non-compliance with four (1%), partial compliance with 168 (44%), and substantial compliance with 210 (55%). This includes 55 provisions that have determined by the Court to meet criteria for self-monitoring, with an additional five provisions pending acceptance for self-monitoring.

Remedial Plan	Provisions in Non-Compliance	Provisions in Partial Compliance	Provisions in Substantial Compliance
II – General Provisions	0/3 (0%)	3/3 (100%)	0/3 (0%)
III – ADA	1/72 (1.4%)	42/72 (58.3%)	29/72 (40.3%)
IV – Mental Health Care	0/69 (0%)	30/69 (43.5%)	39/69 (56.5%)
V – Disciplinary Measures / Use of Force	0/24 (0%)	6/24 (25%)	18/24 (75%)
VI – Medical Care	2/76 (2.6%)	47/76 (61.8%)	27/76 (35.5%)
VII – Suicide Prevention	1/62 (1.6%)	17/62 (27.4%)	44/62 (71%)
VIII – Segregation/Restrictive Housing	0/66 (0%)	16/66 (24.2%)	50/66 (75.8%)
IX – Quality Assurance	0/10 (0%)	7/10 (70%)	3/10 (30%)
Total Provisions	4/382 (1%)	168/382 (44%)	210/382 (55%)

Updated Remedial Plan Provision Organization and Count

The Consent Decree lists numerous requirements and practices that the County is expected to meet and sustain. The hierarchical headings assigned to each of these provisions are inconsistent, creating confusion in both identifying the total number of requirements and determining which requirements should be assigned individual compliance ratings. There is further inconsistency among the different Court-appointed monitors in how they determine which requirements should be rated separately or remain grouped together.

During this reporting period, the County re-evaluated its structure for identifying which requirements should be assessed and assigned separate compliance ratings. A requirement, or set of requirements, that is assigned a compliance rating is referred to as a provision. Under the County's former structure (used in the 10th and 11th County Status Reports), there were 319 provisions; under the new structure, there are 382 total provisions.

There were several reasons behind the restructuring, including efforts to increase self-monitoring of Remedial Plan provisions, changes in Court-appointed SMEs, and a desire for consistency with external monitoring reports.

First, if the County is found by Class Counsel or a Court-appointed SME to be in substantial compliance with one or more components (provisions) of the Remedial Plan and has maintained such substantial compliance for a period of two (2) consecutive monitoring reports, the County can request the Court to suspend monitoring by the relevant Court expert and Class Counsel of any such component. In its County Remedial Plan Status Reports, the County is still required to report on the status of any provision for which monitoring has been suspended. Therefore, these provisions are considered to be self-monitored.

In April 2025, at the County's request, the Court found the County to be in substantial compliance with 32 provisions and suspended monitoring for those components. In December 2025, the Court suspended monitoring for an additional 23 provisions. In total, 55 of the 382 total provisions are now self-monitored.

Some of the components that are now considered individual provisions, including several that are now self-monitored, were previously considered by the County to be sub-provisions, or a part of a group of related requirements that were assigned a collective compliance rating. However, the assigned Court expert or Class Counsel who provided the external monitoring had assessed the requirements individually, allowing them to meet the requirement of receiving two (2) consecutive findings of substantial compliance.

Second, there have been changes in the Court-appointed SMEs who monitor different aspects of the Remedial Plan. Most recently, Dr. Brian Main, and Brett Johnson, M.D., were appointed by the Federal Court for the Eastern District of California to serve as the new Mental Health SMEs. Moving forward, they will use document requests, chart reviews, and site visits to provide compliance determinations, provide feedback, and make recommendations to support County progress toward compliance with Consent Decree provisions. As they have not yet completed their first report, any references to a Mental Health SME throughout the remainder of this Status Report are referring to the prior Mental Health SME, Mary Perrien, Ph.D., unless otherwise specified.

When the new SMEs complete their first report, they will be able to use the County's updated structure to assign compliance ratings. The County is hopeful that this, along with other discussions held with Class Counsel and the remaining SMEs, has developed agreement on a provision structure that is consistent across all parties, providing greater clarity and transparency for anyone interested in following the County's progress.

Compliance Rating Definitions

Compliance ratings are to be assigned using the definitions below:

- Substantial Compliance: Indicates compliance with most or all components of the relevant provision of the Remedial Plan for both the quantitative (e.g., 90% performance measure) and qualitative (e.g., consistent with the larger purpose of the Consent Decree) measures.
- Partial Compliance: Indicates compliance achieved on some of the components of the relevant provisions of the Remedial Plan, but significant work remains. A minimum requirement is that for each provision, relevant policies and procedures must be compliant with Remedial Plan requirements, contain adequate operational detail for staff to implement the policy, staff are trained, and the County has begun implementation of the policy.
- Non-Compliance: Indicates that most or all the components of the relevant provision of the Remedial Plan have not yet been addressed and/or have not yet been met.

Referenced Court-Appointed Monitoring Reports

As previously mentioned, most Consent Decree provisions are monitored by a Court-appointed entity (Class Counsel or a designated SME). Throughout the County Status Report, under its discussion of the status of each provision, the County will assign its own self-assessed compliance rating. It will also include the compliance rating provided by the assigned Court-appointed monitor in their most recent report. Reports referenced throughout this Status Report, in order of completion, include:

- The “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails” by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer, dated June 26, 2025.
 - The report reflects a review of requested documents from January to December of 2024, as well as interviews with inmates and Jail staff in July and August 2024. The County did not receive a new report for Remedial Plan VIII. Segregation/Restrictive Housing during this reporting period.
- The “Mental Health Expert’s Fifth Round Report of Findings,” by Mary Perrien, Ph.D., dated August 12, 2025.
 - This report reflects data from February 1 – July 31, 2024, as well as a site visit in October 2024.

- The “Third Monitoring Report on Disability Practices in the Sacramento County Jails” by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer, dated December 19, 2025.
 - The report reflects data from approximately March through October of 2025, as well as a site visit from September 8-10, 2025 that included a walking tour as well as interviews with inmates and staff.
- The “Eighth Monitoring Report of the Medical Consent Decree” by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP, dated January 2, 2026.
 - The report reflects a review of documents from approximately March through September of 2025, as well as a site visit from October 6-9, 2025.
- The “Sixth Monitoring Report of Suicide Prevention Practices,” by Lindsay M. Hayes dated February 5, 2026.
 - This report reflects a review of documents from approximately January of 2025 through October of 2025 as well as an on-site assessment conducted on October 21-23, 2025.

Abbreviations

The following abbreviations are used throughout the County's self-assessment of the Remedial Plan provisions.

Abbreviation	Description
ACA	American Correctional Association
ACH	Sacramento County Adult Correctional Health
ACMH	Adult Correctional Mental Health
AD	Assistive Device
ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
ADSEP	Administrative Separation
ADSP	Administrative Separation
AOT	Advanced Officer Training
APU	Acute Psychiatric Unit
AR&L	Accreditation, Regulatory, and Licensing
ASL	American Sign Language
ASO	Administrative Services Officer
ASP	Adaptive Support Plan/Program
ATIMS	Advanced Technology Information Management Systems (Jail Management Software)
ATP	Alternative Treatment Plan
BHS	Sacramento County Behavioral Health Services
BSCC	Board of State and Community Corrections
CAP	Corrective Action Plan
CDHO	Chief Disciplinary Hearing Officer
CERT	Correctional Emergency Response Team
CIP	Capital Improvement Plan
CIPS	Correctional Inpatient Pharmacy Software
CIT	Crisis Intervention Training
CIWA	Clinical Institute Withdrawal Assessment for Alcohol Scale
CM	Case Management
CNAP	Critical Needs Assessment Program
CO	Constant Observation
COWS	Clinical Opiate Withdrawal Scale
CPAP	Continuous Positive Airway Pressure

Abbreviation	Description
CPOE	Computerized Provider Order Entry
CQI	Continuous Quality Improvement
DBT	Dialectical Behavior Therapy
DGS	Sacramento County Department of General Services
DME	Durable Medical Equipment
DMHU	Designated Mental Health Unit
DTech	Sacramento County Department of Technology
EASS	Early Access and Stabilization Services
EC	Effective Communication
ECM	Enhanced Care Management
EGUSD	Elk Grove Unified School District
EHR	Electronic Health Record
eMAR	Electronic Medication Administration Record
EOP	Enhanced Outpatient Program
EPCS	Electronic Prescribing of Controlled Substances
FTE	Full-Time Equivalent
GI	Gastrointestinal
HIPAA	Health Insurance Portability and Accountability Act
HCA	Healthcare Appliance(s)
HMA	Health Management Associates, Inc.
HRA	Health Risk Assessment
HSR	Health Service Request
H&P	History and Physical
ID	Intellectual Disability
IDT	Inter-Departmental Correspondence
IHSF	Intake and Health Services Facility
IOP	Intensive Outpatient Program
JBCT	Jail-Based Competency Treatment
JPRP	Jail Population Reduction Plan(s)
JPS	Jail Psych Services (now, ACMH)
KMS	Knowledge Management System
KOP	Keep-On-Person
LD	Learning Domain

Abbreviation	Description
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual
LPS	Lanternman-Petris-Short Act
LVN	Licensed Vocational Nurse
MA	Medical Assistant
Master Plan	Correctional Facility Master Plan
MAR	Medication Administration Record
MAT	Medication Assisted Treatment
MDIP	Multidisciplinary Intervention Plan
MDT	Multidisciplinary Treatment Team
MH	Mental Health
MJ	Main Jail
MoCA	Montreal Cognitive Assessment
M&M	Morbidity and Mortality
NCCHC	National Commission on Correctional Health Care
OB/GYN	Obstetrics and Gynecology
OPP	Outpatient Psychiatric Pod (SSO housing classification)
POST	Commission on Peace Officer Standards and Training
PREA	Prison Rape Elimination Act
PSJA	Sacramento County Public Safety and Justice Agency
PT	Physical Therapy
PUOF	Planned Use of Force
QA	Quality Assurance
QI	Quality Improvement
QIC	Quality Improvement Committee
QMHP	Qualified Mental Health Professional
RCA	Root Cause Analysis
RCCC	Rio Cosumnes Correctional Center
RFQ	Request for Qualifications
RN	Registered Nurse
ROAR	Reentry Opportunities and Access to Resources
ROI	Release of Information
RVR	Rule Violation Review
SCR	Specialty Care Referral

Abbreviation	Description
SITHU	Suicidal Inmate Temporary Housing Unit
SLI	Sign Language Interpretation/Interpreters
SLR	Service Line Representative
SME	Subject Matter Expert
SMI	Serious Mental Illness
SNP	Standardized Nursing Protocol
SOAP	Subjective, Objective, Assessment and Plan
SRA	Suicide Risk Assessment
SRN	Supervising Registered Nurse
SSI	Supplemental Security Income
SSO	Sacramento County Sheriff's Office
TDD	Telecommunications Device for Deaf Persons
TTS	Text-to-Speech
TTY	Teletypewriter
UCD	University of California, Davis
UM	Utilization Management
UOF	Use of Force
UR	Utilization Review
VRI	Video Remote Interpreting
VRS	Video-Relay Services
WD	Withdrawal
WPATH	World Professional Association for Transgender Health
WRAP	Wrap Restraint System

Self-Assessment of Remedial Plan Provisions

II. General Provisions

II.A - Partial Compliance

“The County shall maintain sufficient medical, mental health, and custody staff to meet the requirements of this Remedial Plan.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** N/A
- **Most Recent Monitor Rating:** Class Counsel considers all provisions of II.A to be in Partial Compliance until all staffing-related provisions throughout the Consent Decree have reached Substantial Compliance

The County began to add staff and/or contract augmentations prior to the finalization of the Consent Decree (January 2020). Vacancy rates increase as positions are allocated; therefore, monitoring the total full-time equivalents (FTEs) by position allocated in addition to vacancy rates is important to identify and monitor progress.

The County has increased staffing substantially since pre-Consent Decree levels as outlined below.

Adult Correctional Health (ACH):

- Medical and administrative FTEs have increased from 112.5 pre-Consent Decree to a total of 268.5 permanent allocated FTEs in the current FY, an increase of eight (8) FTEs from the prior report.
 - Of these, eight (8) RNs are on hold until the last quarter of FY 25/26 for Acute Psychiatric Unit (APU) expansion, which is expected to be implemented June 2026 in accordance with the Court-ordered timelines established in the Second Memorandum of Agreement (MOU II).
- There are 27 permanent positions vacant (with no candidates currently in background), causing a 10% vacancy rate. Excluding the eight (8) RN positions on hold, ACH has a 7% vacancy rate.

Adult Correctional Mental Health (ACMH):

- ACMH has 155.3 budgeted positions and a 20.9% vacancy rate as of December 17, 2025, a 5.7% decrease since last status report. The higher

vacancy rate is due to a mid-year augmentation of 11 positions to support the expansion of Intensive Outpatient Program (IOP) services.

Sheriff's Office (SSO):

- As of January 11, 2026, SSO custody staff have a combined 8% vacancy rate.
 - Main Jail custody staff are authorized for 478 FTEs. Of these, 441 positions are filled as of January 11, 2026. The Main Jail has one captain and seven lieutenant positions; all are filled. The position of deputy sheriff is authorized for 250 positions and has 222 positions filled (11% vacancy rate). The sergeant position is authorized for 32 positions and 31 are filled (3% vacancy rate).
 - RCCC custody staff are authorized for 346 FTEs. Of these, 318 are filled as of January 11, 2026. RCCC has one captain and seven lieutenant positions; all are filled. The position of deputy sheriff is authorized for 208 positions and currently has 187 positions filled (10% vacancy rate). The sergeant position is authorized for 26 positions and 22 are currently filled (15% vacancy rate).
- Once the APU and IOP expansion are completed in 2026, an additional 13 deputy positions and one (1) sergeant position will be filled to accommodate the needs of the expanded mental health programming.
- SSO runs three (3) Sheriff's Academies per year and is proactively making efforts to increase staffing levels for not only the correctional facilities but throughout the department as a whole.

On July 1, 2025, the County contracted with Health Management Associates, Inc. (HMA). By October 30, 2026, HMA will develop a comprehensive Correctional Facility Master Plan ("Master Plan"). The Master Plan requires, among several other components, an operational analysis of the current jail system, which will incorporate a staffing analysis of both the medical and mental health care staffing needs to meet the needs of the patient population and the custody staffing needs to meet the health care and safety needs of the inmate population. In accordance with timelines established in the Second Memorandum of Agreement, the County, with input from Consent Decree SMEs, and following a meet-and-confer with Class Counsel and the federal court, will develop a recommendation for the Board of Supervisors by December 4, 2026.

At this time, the County remains in partial compliance with the requirements of this provision.

II.B – Partial Compliance

“The parties agree that the custodial and health care staff must be increased to meet minimal constitutional and statutory standards. Presently, there are insufficient deputies to supervise out of cell activities for people in the general population and administrative segregation, and to provide security for health-related tasks. The parties agree that reduction in jail population is a cost-effective means to achieve constitutional and statutory standards.

1. The County intends to hire additional custodial and health care staff. The parties agree that population reduction of the jails will facilitate compliance with this Remedial Plan. All population reduction measures should be designed to promote public safety through evidence-based programs.

2. If through the monitoring process it is determined that the County is not fulfilling the provisions of this Remedial Plan due to staffing deficiencies, the parties will meet and confer regarding what steps to take to reduce the population of the jail, including available resources to facilitate population reduction.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** N/A
- **Most Recent Monitor Rating:** Class Counsel considers all provisions of II.A to be in Partial Compliance until all staffing-related provisions throughout the Consent Decree have reached Substantial Compliance

SSO makes every effort to staff its jail facilities at levels necessary to meet the requirements of the Consent Decree. This is an ongoing process which includes continual evaluation (see II.A) to ensure personnel resources are allocated and adjusted strategically as needed. To address longstanding concerns regarding inadequate out of cell time, SSO developed a comprehensive recreation schedule earlier this year to ensure all inmates have equitable access to recreation and exercise. Based on current and historical data compiled during this evaluation period, SSO is meeting the requirements related to out of cell times as defined in the remedial plan.

To assist in remaining in compliance regarding out of cell minimums, SSO has assigned one deputy and four recreation technicians at the Main Jail whose sole responsibility is to monitor and facilitate dayroom and outdoor recreation activities. SSO is also in the final stages of developing a master jail scheduling tool for deployment at both the Main Jail and RCCC. The scheduler is designed to improve escort availability during peak ACMH and ACH appointment hours and prevent incidents where multiple mental health clinicians and

medical staff arrive simultaneously in a housing unit when confidential space is already in use. SSO anticipates launching this tool by mid-February 2026 and is hopeful it will make meaningful positive change in the County's space utilization challenges and improve staffing availability.

As noted in the County's response to II.A, on July 1, 2025, the County contracted with HMA to develop a Master Plan. The Master Plan requires an operational analysis of the current jail system, which will incorporate a staffing analysis of both the medical and mental health care staffing needs to meet the needs of the patient population and the custody staffing needs to meet the health care and safety needs of the inmate population. At this time, the County remains in partial compliance with the requirements of this provision.

II.C - Partial Compliance

"The parties agree to meet and confer regarding the gathering and posting of data related to the Jail population. The parties agree that the categories of information to be gathered and publicly posted on a quarterly basis are the following:

- a) the number of people with mental illness booked into jail;*
- b) their average length of stay;*
- c) the percentage of people connected to treatment;*
- d) their recidivism rates;*
- e) the total number of people in jail with a mental health need;*
- f) the number of people who were receiving mental health services at the time of booking; and*
- g) the number of sentenced and unsentenced inmates in custody.*
- h) For sentenced people in the jail, the nature of the commitment convictions, length of sentence(s), and level of mental health care (e.g., Acute, IOP, OPP).*
- i) For unsentenced people in the jail, the nature of the charges, length of pre-trial detention, and level of mental health care (e.g., Acute, IOP, OPP)."*

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** This will be discussed with Class Counsel and the newly appointed Mental Health SMEs.
- **Most Recent Monitor Rating:** This was most recently evaluated to be in Partial Compliance by the former Mental Health SME.

Until this fiscal year, the County has produced a Mental Health Jail Population Report to address some of these requirements. The Mental Health Jail Population Report does not capture several required data elements, including recidivism rates (II.C.d), the number of patients receiving mental health services at the time of booking (II.C.f), and the nature of charges and level of mental health care for sentenced and unsentenced populations (II.C.h and II.C.i). Additionally, the Mental Health Jail Population Report only provides snapshot (single day) data, and does not reflect the whole population entering, residing in, and leaving County jail facilities over the course of a quarter, which is required to fully comply with all elements II.C.a-i. It also included some data elements that are not required by the Consent Decree. In addition to not meeting the Consent Decree requirements, the existing report is incredibly staff- and time-intensive to produce.

The County's Public Safety and Justice Agency (PSJA) had already been working toward a Jail Population Dashboard to support the Consent Decree efforts related to the County's Jail Population Reduction Plan (JPRP). It was quickly realized that this dashboard could likely support the JPRP and assist the County in meeting the requirements of II.C more completely than the current reporting allows.

In late 2024, PSJA met with ACH, ACMH, and SSO to review the requirements of this provision, while advancing the development of a dynamic jail population dashboard intended to display key data elements. PSJA, ACH, ACMH, SSO, as well as representatives from the Department of Technology (DTech) and additional criminal justice system partners, comprise the Jail Dashboard Workgroup. The Workgroup meets approximately monthly to identify and align on the data elements needed to meet timelines for scheduled updates. The first version of the Jail Population Dashboard, which included data on jail bookings and lengths of stay in custody, was publicly released in October 2026, and included jail population data from 2020 through June 30, 2025.

During the current fiscal year (2025-2026), the quarterly Mental Health Jail Population Report has not been posted to the SSO Transparency website. Based on a consensus arising from Jail Dashboard Workgroup discussions, the decision was made to pause publication of the report, due to concerns regarding data accuracy and reliability. This will be revisited following conversations with the newly appointed Mental Health SMEs. There may also need to be discussion with the SMEs to reach consensus on how to best interpret, measure, and display various elements of this provision, given the language and wording used.

In recent Workgroup meetings, the County has actively worked with its consultant to incorporate mental health data and return to custody (recidivism) requirements into the

dashboard. The next update to the Jail Population Dashboard is targeted for public release in late March 2026 and will include data through December 31, 2025. After this release, updates are intended to occur quarterly and will reflect data from the prior quarter.

As underlying reports are developed that enable the inclusion of additional elements to meet all requirements of this provision, the Workgroup will work to include them in future iterations of the dashboard until all data gaps identified in II.C are addressed. This dashboard, and the collaboration involved in producing it, seeks to improve the accuracy, consistency, and transparency of publicly reported jail population data.

In preparation for fiscal year 2025–2026, ACH and ACMH developed, tested, and implemented an automated Mental Health (MH) Cases data report. This report allows ACMH service line staff to track caseloads and patient levels of care in the Main Jail and RCCC by actual program level of care, including APU, IOP, Enhanced Outpatient Program (EOP), Outpatient Program (OP), and the Critical Needs Assessment Program (CNAP). The County is working on a version of this report that can be incorporated into the dashboard to provide the mental health data needed to meet additional requirements of II.C.

Additionally, with funding from a Proposition 47 state grant, ACH launched the Reentry Opportunities and Access to Resources (ROAR) program on July 1, 2025. ROAR focuses on supporting formerly incarcerated individuals as they reintegrate into the community and addresses key challenges such as recidivism, homelessness, and unemployment. As part of this initiative, plans are underway to develop a new automated report that will further support the completion of the missing data elements in the current Mental Health Jail Population Report and could later be incorporated into the dashboard.

Until the Jail Population Dashboard is updated on a quarterly basis, and the County can consistently compile and publicly post information for all data elements identified in II.C.a through II.C.i, the County remains in partial compliance with the requirements of this provision.

III. Americans with Disabilities Act (ADA) Compliance

III.A – Policies and Procedures

III.A.1 - Substantial Compliance

“It is the County’s policy to provide access to its programs and services to prisoners with disabilities, with or without reasonable accommodation, consistent with legitimate penological interests. No prisoner with a disability, as defined in 42 U.S.C. § 12102 shall, because of that disability, be excluded from participation in or denied the benefits of services, programs, or activities or be subjected to discrimination. The County’s policy is to

provide reasonable accommodations or modifications where necessary, consistent with 28 C.F.R. §§ 35.150 & 35.152, and other applicable federal and state disability law.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.A.1 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

All inmates, including those with disabilities, have access to a wide range of programming opportunities regardless of disability status. Participation is voluntary and based on individual choice. Information on educational, custodial, and parenting programs is available in each housing unit, with posted classroom schedules and readily accessible request forms to support enrollment.

Inmates may also access a wide variety of programming through the EDOVO application on issued tablets. Inmates are provided a tablet regardless of their disability. For inmates without tablets, many in-person programs remain available through the standard kite request process. Due to some programs being facilitated by a limited number of volunteers, not all inmates can participate in in-person programs at one time. SSO is working towards increasing availability of these programs for the inmate population. An inmate’s disability status does not preclude them from accessing programs and services.

A small percentage of inmates do not have tablets due to limited supply or behavioral issues related to tablet use, such as intentional damage or misuse. No inmate is permanently barred from having a tablet; after a period of restriction, individuals may petition the SSO operations commander for reinstatement. As inventory becomes available, tablets are promptly issued to those without one.

SSO continues its ongoing efforts to expanding equal access to programming across all facilities, regardless of housing location or disability status. The County is in substantial compliance with the requirements of this provision is in substantial compliance with the requirements of this provision.

III.A.2 - Substantial Compliance

“The County shall, in consultation with Plaintiffs’ counsel, revise its Operations Order to establish standard and consistent procedures for the Jail to ensure compliance with the ADA and the remedial provisions outlined herein.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.A.2 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

The Sheriff’s Office continues to conduct ongoing review and refinement of policies and procedures related to incarcerated persons with disabilities to ensure compliance with the ADA and applicable remedial provisions, in coordination with Class Counsel.

During this reporting period, a consolidated and updated “Incarcerated Persons with Disabilities” policy and procedure is pending publication by the SSO Lexipol team, with an anticipated release in February 2026. Once published, the policy will be submitted to Class Counsel for additional review, and any minor revisions will be implemented as needed. The substantive content of the policy and procedure remains largely unchanged from previous policies created in coordination with Class Counsel.

In addition, the Sheriff’s Office is actively collaborating with Class Counsel to further refine the “Aids to Impairment” Policy to maintain its rating of substantial compliance. Although identified policies are undergoing revisions, the County remains in substantial compliance with the requirements of this provision and remain committed to continuous improvement.

III.A.3 - Substantial Compliance

“The County shall, within 12 months from court approval of the Settlement and in consultation with Plaintiffs’ counsel, revise policies, procedures, and inmate orientation materials (e.g. Inmate Handbook), in accordance with the revised Operations Order and the remedial provisions outlined herein. A list of policies which the County will revise consistent with the provisions outlined herein, as appropriate and in consultation with Plaintiffs’ counsel, is attached as Exhibit A-1.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.A.3 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

Any development, revision, or update of policies and procedures related to this provision is conducted in consultation with Class Counsel.

During this reporting period, an Inmate with Disabilities brochure was developed detailing the services available to inmates who may have a disability. The brochure is available in both paper form and electronically on all tablets.

In addition, the Correctional Services Handbook (inmate handbook) is reviewed and updated regularly to incorporate any necessary changes as they arise. The County remains in substantial compliance with the requirements of this provision and remain committed to continuous improvement.

III.A.4 - Partial Compliance

“All staff will receive training appropriate to their position on policies and procedures related to compliance with the Americans with Disabilities Act (ADA) and related disability laws.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.A.4 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

ACH, ACMH, and SSO staff all receive training appropriate to their position on policies and procedures related to compliance with the Americans with Disabilities Act (ADA) and related disability laws.

All ACH staff receive training in policies and procedures related to ADA compliance. As the updated ADA related policies are approved by SMEs, staff will be trained on the revisions. The ACH nurse educator (supervising registered nurse) ensures compliance with mandatory training and nursing competencies during the onboarding process and on an ongoing basis. The ADA training is incorporated in the initial onboarding and is tracked in the County ProList platform. All staff complete a quiz for competency, and results are kept in an excel tracker along with signed attestations. The nurse educator supports compliance with the ADA provisions by leading related training initiatives and monitoring training completion across the organization.

All ACMH personnel are required to complete ADA training as part of the onboarding process. Compliance with this training requirement is systematically monitored and documented by the ACMH training coordinator.

As previously reported, all SSO corrections staff (sworn staff and records officers) have been assigned Consent Decree training since September 2021. In addition, ADA/Compliance specific training has been added to augment SSO's training manual. This training includes topics regarding the ADA, the grievance process, effective communication, durable medical equipment (DME), and accommodations for individuals who are deaf or hard of hearing. All new employees assigned to the jails, including deputies and records officers, must demonstrate understanding of this material before completing their jail training program.

SSO's Compliance Unit continues to attend at least one nationally recognized ADA symposium per year. In addition, the Commission on Peace Officer Standards and Training (POST) continues to incorporate a learning domain (LD) regarding the ADA. LD 17, Americans with Disabilities Act and Related Laws, is provided to all sworn staff through the POST basic academy.

During this reporting period, SSO developed new training on ADA and related disability laws for both new and existing SSO staff. In the next reporting period, this training will be submitted to Class Counsel for review and approval before it is implemented. As the new training has not yet been fully implemented, the County remains in partial compliance with the requirements of this provision.

III.B – ADA Tracking System

III.B.1 - Substantial Compliance

“The County shall develop and implement a comprehensive system (an “ADA Tracking System”) to identify and track screened prisoners with disabilities as well as accommodation and Effective Communication needs.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.B.1 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

As previously reported, all individuals entering the jail are screened at intake for ADA needs, accommodation requirements, and effective communication needs. Screening results are documented in the electronic health record (EHR), allowing for the generation of reports to identify patients and areas of need. ADA-related information is electronically flagged and transmitted to SSO's jail management system, ATIMS, to notify custody staff of identified disabilities, accommodation needs, and/or effective communication requirements, which are prominently displayed on each inmate's ATIMS dashboard. The EHR serves as the primary ADA tracking system and interfaces with ATIMS to provide corrections staff with disability-related information while protecting other medical content covered by the Health Insurance Portability and Accountability Act (HIPAA).

In addition, SSO's Compliance Unit generates a weekly ATIMS report using EHR indicators such as intake notifications, Armstrong notifications, and medical flags to track newly approved and issued medical devices and accommodations and to ensure inmates with ADA needs receive appropriate custody-side accommodations.

During this reporting period, communication and coordination with SSO were further strengthened through the implementation of an additional cross-checking process. Intake nurses now place paperwork for individuals with identified ADA or effective communication needs into a designated blue folder. Once prepared, the blue folder is passed directly from the ACH intake nurse to the booking sergeant to ensure immediate awareness and timely provision of accommodations. Examples include access to teletypewriter (TTY) phones for deaf individuals and mobility aids such as wheelchairs or canes when needed. This process supplements existing procedures, including notification to the Compliance Unit via email at intake, and helps ensure that no individual's accommodation needs are overlooked prior to electronic flags being reviewed.

With these enhancements, the compliance rating for this provision has been increased. The County is in substantial compliance with the requirements of this provision.

III.B.2 - Substantial Compliance

"The ADA Tracking System shall identify:

- All types of disabilities, including but not limited to psychiatric, intellectual, developmental, learning, sensory, mobility, or other physical disabilities, and special health care needs; 11th Sacramento County Remedial Plan Status Report 25*
- Prisoners with disabilities that may pose a barrier to communication, including but not limited to learning, intellectual, or developmental disabilities, and hearing, speech, or vision impairments;*

- *Accommodation needs, including as to housing, classification, Effective Communication, adaptive supports, and assistive devices;*
- *Prisoners who require specific health care appliances, assistive devices, and/or durable medical equipment (HCA/AD/DME);*
- *Prisoners who are class members in Armstrong v. Newsom (N.D. Cal. No. 94-cv-02307), with their applicable disability classification(s) and accommodation need(s)."*
- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.B.2 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the "Third Monitoring Report on Disability Practices in the Sacramento County Jails," dated December 19, 2025.

ACH's Athena EHR captures and displays all disability-related information required under the Consent Decree, including barriers to effective communication, accommodation needs, and patients who require DME or other healthcare appliances (HCA). The electronic health record is bi-directional and interfaces with Custody's ATIMS system, allowing healthcare staff to receive housing, classification, and Armstrong v. Newsom class member status information. This integration ensures the EHR contains the complete information necessary to meet the requirements outlined in this ADA section.

Leadership continues to work closely with staff to ensure all required ADA-related information is consistently identified and captured at intake and throughout care so it can be accurately entered into the electronic health record. As described in this status report, these efforts include revisions to intake forms, process improvements, and additional safeguards designed to support completeness and accuracy of ADA tracking.

With these enhancements, the compliance rating for this provision has been increased. The County is in substantial compliance with the requirements of this provision.

III.B.3 - Substantial Compliance

"The ADA Tracking System's prisoner disability information will be readily accessible to custody, medical, mental health, and other staff at the Jail who need such information to ensure appropriate accommodations and adequate program access for prisoners with disabilities."

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.B.3 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

To provide appropriate accommodations and adequate program access for patients with disabilities, all SSO custody staff have access to ATIMS and can view disability information, accommodation needs, effective communication requirements, and assistive devices through prominent alerts and dashboard fields on each incarcerated person’s ATIMS profile. ACH and ACMH staff access disability and accommodation information through ACH’s EHR, which interfaces with ATIMS and shares relevant ADA indicators, ensuring disability-related information is available across all service lines for operational, clinical, and accommodation-related decision-making.

The County remains in substantial compliance with the requirements of this provision.

III.C – ADA Coordinator

III.C.1 - Substantial Compliance

“The County shall have a dedicated ADA Coordinator at each facility.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

SSO has two ADA coordinators, one for each facility, as well as a dedicated compliance commander who oversees the ADA coordinators.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

III.C.2 - Substantial Compliance

“The ADA Coordinator position shall be dedicated to coordinating efforts to comply with and carry out ADA-related requirements and policies, shall have sufficient command authority to carry out such duties, and shall work with the executive management team regarding ADA-related compliance, training, and program needs.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.C.2 was rated as being in Substantial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

Each SSO ADA coordinator has sufficient command authority to carry out their duties and works seamlessly with the executive management team regarding ADA-related compliance, training, and program needs. The County remains in substantial compliance with the requirements of this provision.

III.C.3 - Partial Compliance

“The County shall clearly enumerate, in consultation with Plaintiffs’ counsel, the job duties and training requirements for the ADA Coordinator position and for ADA Deputies assigned to support the ADA Coordinator position.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.C.3 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

During this reporting period, SSO worked with Class Counsel to seek guidance on the training and qualifications needed to move this provision to substantial compliance; however, consensus has not yet been reached. The ADA coordinators and ADA deputies continue to pursue relevant training opportunities and plan to attend the 2026 ADA Symposium, either virtually or in person.

After consulting with other counties and conducting internal research, the ADA coordinators identified potential training material that will be submitted to Class Counsel for review and anticipate approval during the next reporting period. Until the

required training is approved and completed, the County remains in partial compliance with the requirements of this provision.

III.C.4 - Partial Compliance

“The County shall ensure that ADA Coordinators and ADA Deputies possess requisite training to implement and ensure compliance with the Jail’s disability program and services, including operating of the ADA Tracking System.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.C.4 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

In late 2025, SSO’s compliance manager completed the National ADA Coordinator Certificate Program and shared relevant resources and online training opportunities with the ADA coordinators. Although custody staff do not have direct access to the EHR, all Compliance Unit personnel have extensive expertise in ATIMS, particularly the ADA-related data imported from the EHR.

During this reporting period, SSO’s Compliance Unit added one records officer to serve as the grievance coordinator. All other deputies and records officers in the unit are long-tenured and have previously attended ADA training through the National ADA Symposium; the ADA coordinators and ADA deputies/records officers are scheduled to yet again attend the Symposium in 2026. The County remains in partial compliance with the requirements of this provision.

III.D – Screening for Disability and Disability-Related Needs

III.D.1 - Partial Compliance

“The County shall conduct adequate screening of prisoners to be housed in the Jail in order to identify disabilities and disability-related accommodation, housing, classification, and other needs. All individuals detained at the Jail for any period of time will be assessed for Effective Communication needs, consistent with the provisions herein.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Class Counsel

- **Most Recent Monitor Rating:** III.D.1 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

ACH continues to address Consent Decree requirement III.D.1, which requires the County to conduct adequate screening of prisoners to be housed in the Jail to identify disabilities and disability-related accommodations, housing, classification, and other needs. All individuals detained at the Jail for any period of time must also be assessed for Effective Communication (EC) needs.

ACH conducts a comprehensive Nurse Intake for all incoming detainees, completed by a RN as soon as possible upon acceptance into custody. The intake process includes:

- Identification of known or suspected disabilities, including psychiatric and intellectual disabilities.
- Assessment of disability-related accommodations, such as housing needs, Activities of Daily Living (ADL) assistance, assistive devices, and DME.
- Screening for Effective Communication needs, including language, literacy, or other communication barriers, and documentation of methods to ensure patient understanding.
- Referral to medical, mental health, or other providers for identified needs, including urgent interventions when indicated.

All intake assessments are documented in the EHR and guide housing placement, service planning, and ongoing care. Any identified EC or disability-related needs generate appropriate orders and notifications to custody and classification staff to ensure accommodations are implemented.

ACH Quality Improvement (QI) conducts audits of Nurse Intake to review compliance with policy. To address concerns about patients whose disabilities may not have been identified at intake, QI is revising audit criteria to track when such disabilities are later recognized and whether corrective actions were taken. Cases where needs were not addressed are reported to leadership to ensure appropriate accommodations and services are provided.

While ACH remains the primary entity responsible for identifying ADA needs and prescribing necessary accommodations, SSO has implemented several additional measures to help ensure that inmates housed in County correctional facilities receive medically indicated durable medical equipment and accommodations

when warranted. During this rating period, SSO updated the classification questionnaire to include questions about ADA needs that may have been inadvertently missed during the initial medical intake process. Once published in ATIMS, the updated questionnaire will be used in every initial classification interview.

In addition, SSO continues to strengthen communication and coordination between booking staff and the Compliance Unit. Although the Compliance Unit receives ADA accommodation data directly from the EHR, SSO also works closely with booking staff at the Main Jail to ensure inmates with ADA needs are identified and referred to the Compliance Unit as quickly as possible. ACH has also begun the practice of providing SSO with weekly updated lists of inmates with prescribed durable medical equipment to further improve tracking of required devices.

These measures are not intended to replace the formal communication and coordination between ACH and SSO's Compliance Unit, but rather to serve as additional safeguards to ensure custody staff are aware when inmates with accommodation needs are housed within SSO facilities.

While Nurse Intake audit criteria are being revised by ACH QI, and SSO's classification questionnaire is being updated, the compliance rating for this provision has been reduced. Once proof of practice is established with the updated audits, the compliance rating will be reassessed. The County is in partial compliance with the requirements of this provision.

III.D.2 - Partial Compliance

"The County shall take steps to identify and verify each prisoner's disability and disability-related needs during medical intake screening, including based on:

- *The individual's self-identification or claim to have a disability;*
- *Documentation of a disability in the individual's health record;*
- *Staff observation that the individual may have a disability that affects placement, program access, or Effective Communication; or*
- *The request of a third party (such as a family member) for an evaluation of the individual for an alleged disability."*
- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Class Counsel

- **Most Recent Monitor Rating:** III.D.2 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

ACH continues to address Consent Decree requirement III.D.2, which requires the County to identify and verify each prisoner’s disability and disability-related needs during medical intake screening. Healthcare staff are responsible for identifying patients with significant health care needs through multiple sources, including intake by the RN, staff observation, review of health records, identification at any clinical encounter, notifications from SSO custody staff, patient self-identification, or third-party requests (e.g., family members).

Intake nurses screen all incoming detainees for known or suspected medical, psychiatric, intellectual, or developmental disabilities and associated accommodation needs. The RN:

- Determines the presence of known or suspected disabilities from self-report, third-party request, prior documentation, outside records, or observation, and completes the ADA assessment form if applicable.
- Identifies class members in *Armstrong v. Newsom*, if known.
- Documents disabilities using check boxes or “Other” with description.
- Refers suspected psychiatric disabilities to ACMH for assessment.
- Assesses housing, EC, ADL, and assistive device/DME needs.
- Creates a provider Chart Review order for identified disabilities or accommodations and prints a Health Care Needs handout for SSO's Compliance Unit and classification staff.

All assessments are documented in the EHR to guide housing, service planning, and ongoing care.

During this reporting period, medical leadership revised the ADA and EC documentation process, integrating disability-related questions into the primary intake assessment and eliminating a separate form that was frequently missed. The revised intake form is under development, with rollout and staff training scheduled for early February 2026, ensuring consistent identification, documentation, and referral for disability-related needs.

QI conducts quarterly audits to ensure all patients are screened, disabilities are identified when applicable, and accommodations are provided. Audit criteria are being reviewed and updated to reflect current workflows. Once the intake form is revised, audit

criteria is updated, and audits demonstrate consistent compliance, the rating for this provision will be reconsidered. Until then, the County remains in partial compliance with the requirements of this provision.

III.E – Orientation

III.E.1 - Partial Compliance

“The County shall ensure that, for the population to be housed in the Jails, prisoners with disabilities are adequately informed of their rights under the ADA, including but not limited to:

- a. Accommodations available to prisoners;*
 - b. The process for requesting a reasonable accommodation;*
 - c. The role of the ADA coordinator(s) and method to contact them;*
 - d. The grievance process, location of the forms; and process for getting assistance in completing grievance process;*
 - e. Instructions on how prisoners with disabilities can access health care services, including the provision of Effective Communication and other accommodations available in accessing those services.”*
- **County Service Lines Involved:** SSO
 - **Court-Appointed Monitor:** Class Counsel
 - **Most Recent Monitor Rating:** III.E.1 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

SSO provides inmate orientation materials in multiple accessible formats, including a closed-captioned orientation video that plays continuously in the Arrest Report Room so all individuals booked into the Main Jail can view it regardless of housing assignment. The video covers jail operations and procedures, Prison Rape Elimination Act (PREA), and the ADA. The ADA portion includes a visual guide to available accommodations for individuals with mobility, visual, and hearing impairments (III.E.1.a, III.E.1.e); explains how to request accommodations (III.E.1.b); outlines the grievance process (III.E.1.d); and displays the ADA Compliance hotline number (III.E.1.c). SSO has received feedback from Class Counsel and is actively updating the video’s content to ensure it addressed all required elements of this provision.

During intake, inmates receive a physical copy of the inmate handbook if a tablet is not issued, along with medical and custody kites and grievance forms; large-print versions are available as needed. In coordination with the Class Counsel, SSO also developed an Inmate with Disabilities brochure, which is provided at intake either electronically or in paper form and includes information on available services, programs, emergency alarm procedures, PREA, and the ADA Compliance hotline for both the Main Jail and RCCC.

Although Class Counsel has not yet approved the video in its current format, and prior reporting referenced only closed captions rather than the added ADA slides, SSO continues to refine the content to ensure it provides accurate and useful information to the inmate population. Until the orientation video is updated and approved by Class Counsel, the County remains in partial compliance with the requirements of this provision.

III.E.2 - Partial Compliance

“Upon processing and classification, prisoners with disabilities shall receive, in an accessible format, the jail rulebook; orientation handbook; and a verbal orientation or orientation video regarding rules of expectations.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.E.2 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

During this reporting period, SSO began assigning tablets equipped with visual and auditory accessibility options to all inmates during their initial classification interview rather than several days after booking. If a tablet is not available, a physical copy of the jail rulebook and ADA brochure is provided. Additionally, SSO continues to provide a verbal orientation on rules and expectations to all inmates prior to their placement in housing.

As of January 14, 2026, the total inmate population at the Sacramento Main Jail was 1,705 individuals. Of those, 1,537 tablets were assigned, representing 90% coverage. Ninety-eight tablets were not assigned, with the majority (67 of 98) applying to inmates in booking, classification interviews, or release, as well as those housed in 6 East (Detox unit). Once an inmate clears the Detox unit, a tablet is issued. As of January 14, 2026, the total inmate population at the Rio Cosumnes Correctional Center was 1,374 individuals. Of those, 1,333 tablets were assigned, representing 97% coverage. Sixteen tablets were not assigned, with no specific location identified.

As the County continues to explore ways to ensure all inmates receive the required materials in an accessible format upon processing and classification, the County remains in partial compliance with the requirements of this provision.

III.E.3 - Partial Compliance

“The County shall accommodate individuals with disabilities in the orientation process through the use of alternative formats (e.g. verbal communication, large print, audio/video presentation), when necessary for Effective Communication of the information.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.E.3 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

SSO continues to accommodate individuals with disabilities during the orientation process by providing multiple alternative formats to ensure EC. All inmates receive a verbal orientation regarding jail operations. In addition, SSO utilizes Video Remote Interpreting (VRI) services, which provide 24/7 access to language interpreters, including American Sign Language (ASL), to ensure that individuals with hearing impairments or limited English proficiency can fully understand both orientation content and other critical aspects of jail life as needed.

SSO also continues to use the orientation video, which is closed-captioned and includes visual slides on ADA accommodations, PREA, and jail procedures. Large-print versions of the inmate rule book and grievance forms are available upon request, and physical copies of these materials are provided when tablets are not available during the classification interview. SSO is actively updating the orientation video and other materials to further enhance accessibility and compliance with ADA requirements. These efforts are designed to ensure that all individuals, regardless of disability, have meaningful access to critical information both during the orientation process and once they are housed.

Until the orientation video and other materials have been fully updated, the County remains in partial compliance with the requirements of this provision.

III.E.4 - Substantial Compliance

“The County shall develop an Americans with Disabilities Act Inmate Notice. The Notice shall be prominently posted in all prisoner housing units, in the booking/intake areas, in

medical/mental health/dental treatment areas, and at the public entrances of all Jail facilities.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

There is ADA signage posted in all inmate housing units, the booking/intake areas, the medical/mental health/dental treatment areas, and at the public entrances of the facilities. The signage is compliant with ADA federal requirements.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

III.F – Health Care Appliances, Assistive Devices, Durable Medical Equipment

III.F.1 - Partial Compliance

“The County shall establish a written policy to ensure provision of safe and operational HCA/AD/DME, with a process for repair and replacement.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.F.1 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

In June 2023, SSO implemented the “Aids to Impairment” policy (710, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025). The policy specifies that all requests for new or replacement medical or dental prostheses shall be individually evaluated by the responsible physician or dentist. Approval considerations are based on the following factors:

- The medical needs of the incarcerated individual.
- The anticipated length of incarceration.

- The safety and security of the facility.

In November 2025, Class Counsel reviewed the policy and suggested modifications. Class Counsel confirmed that if their recommended changes were incorporated, this provision could be moved to substantial compliance. SSO is currently in the process of revising the policy to align with ACH's policy while incorporating Class Counsel's recommendations, as appropriate. Once the revisions are complete and all parties agree on the final language, the policy will be submitted to Class Counsel for review.

During this reporting period, a revised version of the ACH HCA/AD/DME policy was reviewed multiple times by Class Counsel, with feedback provided after each review. ACH has incorporated the requested feedback and revisions; however, the policy remains in draft form. ACH will soon submit the final revised version to Class Counsel for review and approval. As with SSO's "Aids to Impairment" policy, Class Counsel confirmed that if their recommended changes were incorporated, this provision could be moved to substantial compliance.

Until Class Counsel's review and approval of both policies occur, the County remains in partial compliance with the requirements of this provision.

III.F.2 - Partial Compliance

"The County shall timely provide HCA/AD/DME to prisoners with disabilities who require such assistance. The County shall ensure an individualized assessment by medical staff to determine whether HCA/AD/DME is warranted to ensure equal and meaningful access to programs, services, and activities in the Jail."

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.F.2 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the "Third Monitoring Report on Disability Practices in the Sacramento County Jails," dated December 19, 2025.

The prescription and issuance of all HCA/AD/DME to inmates, including items brought by friends or family, is managed by ACH. ACH conducts an Intake Health Screening for anyone who will be housed in the jails. The screening includes forms and questions to identify essential information regarding disabilities, accommodations, and DME needs consistent with policy and this Remedial Plan requirement.

During the prior reporting period, review of intake documentation showed that ADA identification forms were completed in 84% of cases. In response, medical leadership initiated a review of the ADA and effective communication documentation process. As a result, the disability-related questions were revised and integrated into the primary intake assessment, eliminating the use of a separate form that was frequently missed.

The revised intake form is currently under development, with anticipated rollout and staff training scheduled for February 2026. These changes are intended to ensure that disability-related needs are consistently identified, documented, and addressed through appropriate referrals and accommodations. These changes will address this provision by ensuring DME needs are appropriately identified.

SSO's Compliance Unit ensures that all items are suitable for the correctional environment from a safety and security perspective and conducts routine inspections to verify that issued HCA/AD/DME remains in good working order. SSO acknowledges Class Counsel's concerns regarding delays in providing necessary HCA/AD/DME to some inmates and is working closely with ACH to improve processes to prevent such delays in the future.

Until the identified updates and efforts are fully implemented, the County remains in partial compliance with the requirements of this provision.

III.F.3 - Substantial Compliance

“The County shall allow prisoners to retain personal HCAs/ADs/DME (which will include reading glasses), unless there is an individualized determination that doing so would create an articulated safety or security risk.

- a. *Where Jail staff determine it is necessary to remove a prisoner's personal HCA/AD/DME for security reasons, the County shall provide an equivalent Jail-issued device unless custody staff, with supervisory review, determine and document, based on an individualized assessment, that the device constitutes a risk of bodily harm or threatens the security of the facility.*
 - b. *If such a determination is made, the ADA coordinator or supervisory-level designee shall document the decision and reasons for it, in writing, and shall consult with medical staff to determine an appropriate alternative accommodation.”*
- **County Service Lines Involved:** ACH, SSO
 - **Court-Appointed Monitor:** Class Counsel

- **Most Recent Monitor Rating:** III.F.3 was rated as being in Non-Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

ACH staff conduct an assessment to determine if a device is clinically necessary and, if so, will work with SSO’s custody staff to see if their personal device can be retained. If another device accommodation is determined to be more appropriate by the treating provider, it will be provided instead.

As described in the 11th County Status Report, SSO’s Compliance Unit has established direct and continuous communication with property deputies to ensure personal medical equipment, after inspection, remain with the inmate when they are housed. This practice has reinforced the expectation that medical devices do not always need to be provided by ACH and, in many cases, personally owned devices are perfectly acceptable to be retained by the inmate. Signage has been posted in dress-in areas to remind all those working that personal medical devices are to remain with each inmate after clearing inspection, and signage has been posted in several additional areas throughout the booking loop. In addition, SSO’s property deputies have been instructed that personal DME may only be withheld and stored if ACH provides an equivalent replacement.

On rare occasions, DME may be temporarily withheld if it is damaged or poses a safety or security risk. Should HCA/AD/DME from outside of the facility be deemed a security risk, the HCA/AD/DME will be placed with the applicable inmate’s property, and a reasonable alternative will be provided.

SSO’s booking supervisors are notified by ACH once an ADA individual is medically cleared to ensure proper DME is available upon housing. Regular ADA assessments by SSO’s Compliance Unit deputies confirm that most inmates arrive at their housing assignments with DME in their possession. Results of a November 2025 audit exceeded the 90% compliance threshold, providing proof of practice pertaining to this provision. Compliance staff conduct regular check-ins with incarcerated individuals identified as having ADA-related needs. If, during a check in, it is determined that prescribed ADA/DME equipment is not in their possession, ACH is immediately notified so the situation can be rectified. In instances when custody removes DME for safety reasons, ACH is contacted promptly to issue a replacement as soon as possible.

The November audit consisted of 104 initial check-ins by the Compliance Unit covering both jail facilities. Of the 104, there were 10 individuals who were still awaiting delivery of

their approved DME, eight (8) from ACH and two (2) provided by friends or family. Medical flags were active for the specific DME; however, these 10 were currently housed without their prescribed accommodations.

The County is in substantial compliance with the requirements of this provision.

III.F.4 - Partial Compliance

“The County shall, in consultation with Plaintiffs’ counsel, implement a written policy governing the release of prisoners who need assistive devices upon release.

- a. The County will ensure that any personal mobility device belonging to a prisoner is returned to the prisoner prior to release from custody.*
- b. If a prisoner does not have a personal mobility device, but is ambulatory with the assistance of a cane, crutch, or walker, the prisoner will be permitted to retain such device that was used while in custody upon release, or will be provided a comparable device, upon release.*
- c. If a prisoner who is due for release requires a wheelchair, but does not have a personal wheelchair, Jail staff shall coordinate with the prisoner, the prisoner’s family or friends, and other County agencies as needed to secure a wheelchair or take other steps to address the individual’s needs upon release. The County shall document this process in the ADA Tracking System for purposes of individual tracking and quality assurance.”*

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.F.4 was rated as being in Non-Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

This provision is addressed under ACH Policy 06-07, which is currently under revision. Consistent with this policy, when a patient scheduled for release from custody requires DME, such as a wheelchair, ACH nursing staff coordinate discharge planning with the patient, the patient’s family or support system, and other County agencies as needed to ensure continuity of care upon release. Discharge planning and reentry staff oversee and monitor this process to ensure patients who require medically necessary DME have appropriate equipment upon release, often by releasing patients with the same equipment used during custody.

ACH routinely releases patients with Sacramento County-purchased assistive devices. With the exception of items subject to an ATIMS conditional release order titled “Do Not Release with ACH DME” (e.g. CPAP machines), patients are released with medically necessary DME provided during incarceration, including but not limited to, wheelchairs, canes, walkers, braces, compression stockings, crutches, splints, orthotic shoes, prescription glasses, continuous glucose monitors, and hearing aids.

During this reporting period, SSO implemented a formalized tracking log to document and verify that inmates are released with necessary assistive devices. Previously recorded manually, this information is now captured using an ATIMS-generated report to create a standardized log that meets ADA tracking requirements and provides proof of practice.

The process includes a designated checkbox and comment section in ATIMS for each release. Staff mark the checkbox when an inmate with an assistive device is released and document any refusals. The type of device and whether it is personal or jail-issued is recorded in ATIMS notes to ensure accurate tracking, accountability, and verification.

Until the revisions to ACH Policy 06-07 are finalized, the County remains in partial compliance with the requirements of this provision.

III.G – Housing Placements

III.G.1 - Partial Compliance

“The County shall house prisoners with disabilities in facilities that accommodate their disabilities.”

- **County Service Lines Involved:** DGS, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.G.1 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

SSO strives to ensure that inmates with disabilities have access to safe, appropriate, and ADA-compliant housing, while recognizing the structural limitations of facilities built before the ADA was enacted. Because some accommodations cannot be feasibly implemented at the Main Jail, certain inmates have been transferred to barracks-style housing at RCCC to provide more suitable accommodations.

Weekly ATIMS reports identify inmates requiring ADA accommodations, supporting timely placement adjustments. Inmates may also contact SSO’s Compliance Unit via

hotline, kite, or grievance, and placement evaluations are conducted collaboratively with ACH. SSO continues to work with ACH to review ADA inmates for potential transfers to RCCC, where accommodations can be more effectively provided.

SSO acknowledges the challenges of housing pretrial ADA inmates at RCCC due to court transportation needs. To address this, SSO maintains three ADA-accessible vans, each capable of transporting up to four mobility-impaired individuals, and monitors court schedules to temporarily rehouse inmates at the Main Jail when needed for extended appearances. Since increasing ADA housing at RCCC, transportation has not impacted jail operations.

The County recognizes that significant physical facility limitations exist in both facilities and some level of construction will be needed to comply with this provision. The County released an RFQ on April 11, 2025, for Correctional Facility Master Planning services as a result of recommendations made by a consultant (CGL Companies) hired by the County to perform a third-party review of planning and programming documents developed by a prior consultant (Nacht and Lewis) for an Intake and Health Services Facility (IHSF). CGL recommended that the County complete a Master Plan before proceeding further in the IHSF planning process to ensure that this significant investment will meet the correctional system needs and appropriately address the Consent Decree requirements. RFQ proposals were due May 16, 2025 and the County determined that the HMA proposal would meet the County's needs. The County entered into an agreement with HMA on July 1, 2025. This comprehensive Master Planning process includes review of existing ADA limitations and make recommendations on how best to address these requirements.

The County has developed a plan to address the Main Jail's and RCCC's physical plant barriers and has allocated some funding toward implementing components of the plan. The County plans to implement the required improvements as construction projects are completed in the Main Jail and RCCC. Once the Master Plan is completed, the County will update its ADA transition plan and design documents that are in progress as outlined below.

The County's transition plan was necessarily placed on hold while the proposed jail annex/IHSF project went through a peer review and while the County undertakes a Correctional Facility Master Planning effort to ensure that a selected correctional facility solution will best meet the County's needs now and into the future. The County cannot reasonably continue these comprehensive ADA plans and make significant investments in new construction or alterations without the benefit of these completed efforts. Should any significant operational changes be recommended through this process, these changes should be considered in the Sacramento County Jail Accessibility Update

and Plan and the proposed design packages (as noted below). The County must be thoughtful about investing its available resources to ensure that investments made in construction will not be redone later and/or may not be necessary if the SSO and ACH choose to operate the correctional facility differently because of the master planning efforts. The County is investing in ADA upgrades as construction projects are planned for and completed in both the Main Jail and RCCC (such as expansions to the APU and IOP).

DGS contracted with Nacht & Lewis to develop “The Sacramento County Jail Accessibility Update and Plan” (The Plan) for both the Main Jail and RCCC, a requirement of Title II entities to perform a self-evaluation to identify barriers and provide accessible programs and services. A final progress draft was provided to the County in January 2018. The report was limited to the physical environment at both correctional facilities and did not include non-physical improvements, such as procedural improvements, needed for program access compliance. This report considers the 2015 self-evaluation completed at the Main Jail and the request by Sacramento County that Nacht & Lewis review programs and services at RCCC when developing The Plan to take a more holistic approach to the County’s Jail System.

This comprehensive plan considers ADA requirements, the architectural physical plant for each facility, the intake, booking, and release process, medical and mental health programs, other programs and services, and employee areas. The Plan considers the applicable ADA requirements when evaluating the physical environment and recommending remedies for barriers. The Plan includes three components: 1) extensive study of the existing conditions and facilities to identify barriers, 2) scope of alterations required to bring the existing conditions into compliance by eliminating barriers, and 3) cost analysis and implementation schedule. While not fully funded, one of these packages has planned dollars allocated to it in the County Five-Year Capital Improvement Plan (CIP).

The Plan was relied upon to develop four design packages to address ADA compliance in the Main Jail.

- Design Package 1 addresses the inmate cells, showers, and recreational yards on floors 3-8; as of August 25, 2023, it was 95% completed. The County has planned in the CIP to utilize \$3.5 million in Capital Construction Funds toward these efforts.
- Design Package 2 addresses inmate holding, transfer, and inmate program improvements; as of August 25, 2023, it was 95% completed. This package is currently unfunded.

- Design Package 3 addresses the public lobby, visitation, and classification; as of March 13, 2023, it was 25% completed. This package is currently unfunded.
- Design Package 4 addresses the Courtrooms and public restrooms; it was 95% completed as of December 22, 2023. This package is currently unfunded.

Retrofitting Sacramento County's correctional facilities to comply with ADA requirements and accommodate the growing demand for medical and mental health services presents financial and structural challenges for the County. Much of the existing infrastructure is structural, and any modifications involve extensive and costly work, such as altering footings, sawing through concrete, welding or torching steel, and other disruptive construction that not only introduces products of combustion, but lots of construction dust and debris. Renovation in a correctional setting demands careful planning. Key considerations include relocating occupants from work zones, planning for fire suppression system impacts, sealing areas with air- and smoke-tight barriers, keeping exit paths clear, and maintaining at least two compliant exits for areas with more than ten occupants. These tasks are increasingly complicated in secure environments. Additionally, workers must undergo strict background checks, which often limit the available contractor pool.

While the comprehensive planning and implementation of The Plan are placed on hold pending the completion of the Master Planning effort, the County is making ADA improvements, as required, utilizing the design packages' proposed alterations. The County is undertaking a project to add the APU and Suicidal Inmate Temporary Housing Unit (SITHU) housing units, consisting of ADA upgrades in restrooms and cells as proposed in Design Package 1. The contractor began setting up on January 26, 2026. The project is on schedule to be completed by the mandatory Court-ordered completion dates of June 12, 2026 for the Acute Psychiatric Unit (APU) and November 15, 2026 for the Suicidal Inmate Temporary Housing (SITHU). The county will continue to make these required upgrades as it completes other construction projects in the Main Jail and RCCC.

For the rest of the Main Jail facility ADA upgrades, these design packages and The Plan will be revisited following the completion of the County's Correctional Facility Master Planning efforts to ensure they are responsive to the recommendations made during master planning. Until the structural limitations within the County's jail facilities are resolved, the County remains in partial compliance with the requirements of this provision.

III.G.2 - Partial Compliance

“The County shall implement a housing assignment system that includes an individualized assessment of each individual’s functioning limitations and restrictions, including but not limited to:

- a. The need for ground floor housing;*
- b. The need for a lower bunk;*
- c. The need for grab bars in the cell and/or shower;*
- d. The need for accessible toilets;*
- e. The need for no stairs in the path of travel; and*
- f. The need for level terrain.”*

- **County Service Lines Involved:** ACH, DGS, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.G.2 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

SSO accommodates inmate disabilities as recommended by ACH to the extent feasible, given the structural limitations of both the Main Jail and RCCC. Through the EHR system, ACH transmits an alert flag to ATIMS documenting a disability need to include those defined in this provision. Classification staff and custody personnel use this alert to make appropriate housing assignments for those with disabilities, such as placements with a lower bunk, no stairs, or other specific mobility requirements.

All RCCC and Main Jail housing facilities have shower chairs available for inmates upon request. At the Main Jail, showers on all floors, except 8, are equipped with at least one anti-ligature grab bar. On floor 2, all showers have anti-ligature grab bars; on floors 4-8, all lower-level showers have anti-ligature grab bars. Retrofitting on floor 8 is ongoing and is expected to be complete in February 2026. Once the APU and SITHU projects are completed in 3 West 200 Pod and 3 East 200 Pod, grab bars will be added to the showers in these units. The grip tape installation, which was meant to prevent slipping, was unfortunately suspended due to inmates tearing off the grip tape from the floors to make weapons. At RCCC, inmate restrooms have been outfitted with grab bars in at least one shower per unit.

Until the structural limitations within the County’s jail facilities are resolved (as described in III.G.2), the County remains in partial compliance with the requirements of this provision.

III.G.3 - Partial Compliance

“Prisoners with disabilities shall be housed in the Jail consistent with their individual security classification. Prisoners prescribed or possessing HCAs/Ads/DME will not automatically be housed in a medical housing unit. Placement in a medical housing unit will be based on individual clinical determination of need for treatment.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.G.3 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

Security classification is never based on an inmate’s disability status or possession of HCA/AD/DME. Classification decisions are made through a comprehensive, objective evaluation by SSO’s Classification Unit in collaboration with ACH to determine the most appropriate housing placement while ensuring medical needs and ADA accommodations are met.

Placement in a medical housing unit occurs only when ACH clinically recommends it based on an individual’s treatment needs. Using the ATHENA system, ACH identifies inmates requiring specialized medical housing and pushes an alert flag to ATIMS to notify SSO’s Classification Unit. Inmates who possess HCAs, ADs, or DME, but do not require active clinical treatment, remain in housing consistent with their security classification and ADA needs.

Despite SSO’s efforts, the County acknowledges Class Counsel’s concerns that physical plant deficiencies at the jails limit some individuals with disabilities from being appropriately housed. Ongoing efforts to remedy physical plant deficiencies through a Correctional Facility Master Planning process are described in III.G.1.

Given feedback from Class Counsel and ongoing facility limitations, the County remains in partial compliance with the requirements of this provision.

III.G.4 - Partial Compliance

“Classification staff shall not place prisoners with disabilities in:

- a. *Inappropriate security classifications simply because no ADA-accessible cells or beds are available;*
 - b. *Designated medical areas unless the prisoner is currently receiving medical care or treatment that necessitates placement in a medical setting; or*
 - c. *Any location that does not offer the same or equivalent programs, services or activities as the facilities where they would be housed absent a disability.”*
- **County Service Lines Involved:** SSO
 - **Court-Appointed Monitor:** Class Counsel
 - **Most Recent Monitor Rating:** III.G.4 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

SSO classification staff do not place inmates with disabilities in inappropriate security classifications due to a lack of ADA-accessible cells or beds. Security classification is determined through ATIMS using the integrated classification matrix and is independent of medical or ADA needs.

Inmates are only placed in designated medical housing units when ACH determines that current medical care or treatment necessitates such placement. ATHENA is used to push alert flags to ATIMS identifying required medical or ADA accommodations, which SSO’s Classification Unit uses to assign appropriate housing. Inmates who require accommodations but do not need active medical treatment remain in housing consistent with their classification while still receiving necessary ADA supports.

SSO strives to ensure that inmates with disabilities are not housed in locations that limit access to programs, services, or activities. EDOVO tablet-based programming is available to all inmates, and in-person programs remain accessible through the standard kite request process, ensuring equitable access regardless of housing assignment.

Despite SSO’s efforts, the County acknowledges Class Counsel’s concerns that physical plant deficiencies at the jails limit some individuals with disabilities from being appropriately housed and equal access to all services and programs. Ongoing efforts to remedy physical plant deficiencies through a Correctional Facility Master Planning process are described in III.G.1. The County remains in partial compliance with the requirements of this provision.

III.H – Access to Programs, Services, and Activities

III.H.1 - Partial Compliance

“The County shall ensure prisoners with disabilities, including those housed in specialized medical units or mental health units (e.g., OPP, IOP, Acute) have equal access to programs services, and activities available to similarly situated prisoners without disabilities, consistent with their health and security needs. Such programs, services, and activities include, but are not limited to:

- a. Educational, vocational, reentry, and substance abuse programs*
- b. Work Assignments*
- c. Dayroom and other out of cell time*
- d. Outdoor recreation and fitted exercise equipment*
- e. Showers*
- f. Telephones*
- g. Reading materials*
- h. Social visiting*
- i. Attorney Visiting*
- j. Religious services*
- k. Medical, mental health, and dental services and treatment”*

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.H.1 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

SSO strives to ensure that incarcerated individuals with disabilities have equal access to programs, services, and activities, including educational, vocational, reentry, and substance use programming. Reasonable accommodations, such as modified schedules, accessible locations, and coordinated service delivery within medical or mental health units, are provided when travel is not feasible. Scheduling adjustments are also made to accommodate medical appointments and treatment needs.

Work assignments are based on an individual's ability to perform essential functions, with reasonable accommodations to duties, equipment, or schedules provided as needed. Eligibility is determined by functional ability, not disability status.

All inmates, except those on ADSEP1 or Full Restriction status, receive a minimum of 17 hours of out of cell time per week, including at least three (3) hours for recreation and exercise. Accessible recreation areas, pathways, and equipment are provided where feasible, with modified activities offered for those with physical or medical limitations, such as activity books distributed by recreational technicians.

Accessible shower chairs are available on every floor at both RCCC and the Main Jail, with grab bars installed at RCCC and ongoing installation at the Main Jail (see III.G.2). Telephones, including amplified phones, TTY/ Telecommunications Device for Deaf Persons (TDD), Video-Relay Services (VRS), and VRI services, are available at both jail facilities. Reading materials, including large-print and audio formats, and law library services are available, if requested.

Some visiting areas are physically accessible, with schedule modifications or alternative locations provided as needed. Accessible attorney visiting rooms and confidential spaces are available, with reasonable accommodations for those with mobility or medical limitations. Religious services are offered in accessible locations, and in-unit accommodations are provided when participation in group services is not possible.

Medical, mental health, and dental services are accessible based on clinical need, with examination rooms, treatment areas, and equipment accommodating individuals in specialized housing. Staff coordinate care and follow-up services to ensure access and continuity of treatment.

Despite these efforts, the County acknowledges Class Counsel's concerns that physical plant deficiencies at the jails limit some individuals with disabilities from having full and equal access to all programs and services, such as outdoor recreation, showers, and visitation. Ongoing efforts to remedy physical plant deficiencies through a Correctional Facility Master Planning process are described in III.G.1.

III.H.2 - Partial Compliance

"The County shall provide reasonable accommodations and modifications as necessary to ensure that prisoners with disabilities have equal access to programs, services, and activities available to similarly situated prisoners without disabilities."

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Class Counsel

- **Most Recent Monitor Rating:** III.H.2 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

Inmates have the option to participate in a variety of programs, services and activities and can request an accommodation as necessary. Programs and activity offerings differ based on the inmate's security classification and whether they are sentenced or unsentenced. ATIMS tracks inmates with disabilities who work within custody and notes can be added if a reasonable accommodation is necessary.

Unless prohibited, all inmates, including those with disabilities, are provided with a tablet that has various educational programs available to them. As part of ACH's ongoing efforts to provide reasonable accommodations and modifications and to ensure that patients with disabilities have equal access to programs and services comparable to incarcerated individuals without disabilities, ACH has coordinated with SSO and the tablet vendor to implement the R-1 Learning application. This learning platform is available to all incarcerated individuals through their assigned tablets.

R-1 Learning offers accessible, video-based educational content focused on substance use and mental health education, and other pro-social and rehabilitative activities. The platform is designed to meet the needs of individuals with varying levels of education and a range of disabilities, featuring an intuitive layout and easy to navigate functionality. Since its implementation, R-1 Learning has been widely utilized within the jail and participants have provided positive feedback. Early use indicates strong engagement and satisfaction, reflecting the platform's effectiveness in supporting equitable access to educational and supportive services for individuals with disabilities.

While the County continues to make progress in this area, it remains in partial compliance with the requirements of this provision.

III.H.3 - Partial Compliance

“The County shall develop and implement a written policy for staff to provide appropriate assistance to prisoners with psychiatric, developmental, or cognitive disabilities so that they can fully participate in programs, services, and activities provided at the jail.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.H.3 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third

Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

During this reporting period, SSO worked with its Legal and Policy Bureau to combine three separate disability-related policies into a single comprehensive policy and procedure. The updated policy addresses all incarcerated individuals with disabilities, including physical, psychiatric, and intellectual disabilities, and specifically includes provisions for providing appropriate assistance and ensuring effective communication during staff interactions. Once the combined policy is published and feedback is received from Class Counsel, the compliance rating for this provision will be reassessed. At this time, the County remains in partial compliance with the requirements of this provision.

III.H.4 - Partial Compliance

“The County shall implement a written policy for staff to provide assistance to prisoners with disabilities in reading or scribing documents.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.H.4 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

Once published and feedback is received from Class Counsel, the policy referenced in III.H.3 will address this provision. In the interim, SSO has updated inmate request (kite) and grievance forms to record whether staff assisted an inmate with reading or writing the form, as well as the type of assistance provided. ACH is working to do the same with their forms, so that proof of practice can be demonstrated in this area.

ACH policies 06-03 specifically addresses this provision from a medical standpoint:

“Patients who are illiterate, non-English speaking, or otherwise unable to submit a written Health Service Request (HSR) shall be permitted to verbally request care.

- a. Verbal requests for health services shall immediately be documented by the healthcare staff member who receives the request on the appropriate HSR form and transmitted to a qualified medical or mental health professional for response in the same priority as those requests received in writing.
- b. Verbal requests for health services received by non-healthcare staff shall be sent via email to the Nursing Director for documentation in the EHR.

Pending finalization of SSO’s policy, feedback from Class Counsel, and demonstration of proof of practice, the County remains in partial compliance with the requirements of this provision.

III.H.5 - Substantial Compliance

“The County shall provide equal access to library, recreational, and educational reading materials for prisoners with disabilities, including easy reading and large print books for individuals who require such accommodations.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.H.5 was rated as being in Substantial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

SSO ensures equal access to reading materials, including large-print publications. In addition, ACH provides reading glasses and magnifiers at no cost to anyone who needs or requests them, maintaining a range of strengths to meet individual needs. The County is in substantial compliance with the requirements of this provision.

III.H.6 - Substantial Compliance

“The County shall ensure equitable inmate worker opportunities for prisoners with disabilities, including by:

- a. *Ensuring clear job duty statements, with essential functions and specific criteria, for each Worker position;*
 - b. *Ensuring that medical staff conduct an individualized assessment to identify work duty restrictions and/or physical limitations to facilitate appropriate work/industry assignments and to prevent improper exclusions from work opportunities;*
 - c. *Providing reasonable accommodations to enable prisoners with disabilities to participate in inmate worker opportunities.”*
- **County Service Lines Involved:** ACH, SSO
 - **Court-Appointed Monitor:** Class Counsel

- **Most Recent Monitor Rating:** III.H.6 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

Job duties for various work assignments (e.g., laundry, kitchen) have been established. In coordination with ACH, SSO provides work opportunities with appropriate accommodations for individuals with disabilities. ACH conducts individualized evaluations for all requests to determine applicable restrictions. Additionally, SSO now tracks inmates with disabilities in work assignments, enabling documentation to demonstrate compliance with this provision.

As of February 2, 2026, RCCC has 113 total inmate workers, including kitchen workers, facility maintenance workers, and laundry workers. 96 of the workers have an effective communication need, nine (9) have an SMI, 47 are on the mental health caseload, 16 have a vision impairment, two (2) have a hearing impairment, two (2) have hernias, three (3) have a physical mobility impairment and one (1) uses a cane. On the same day, there were 242 inmate workers at the Main Jail, with 143 of these workers having a disability or other condition that may require accommodation. 99 of the inmate workers at the Main Jail work in general population roles, and 43 are pod workers.

With proof of practice provided, the compliance rating for this provision has increased. The County is in substantial compliance with the requirements of this provision.

III.I – Effective Communication

III.I.1 - Partial Compliance

“The County shall assess all individuals detained at the Jail for any period of time for Effective Communication needs, and shall take steps to provide Effective Communication based on individual need.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.I.1 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

At medical and clinical encounters, ACH and ACMH continually assess individuals for effective communication needs, recognizing that such needs may not always be

fully identified at intake with limited information available. ACH and ACMH conduct ongoing assessments throughout an individual's period of incarceration to evaluate for existing, emerging, or changing communication needs, ensuring timely and appropriate interventions. Effective communication strategies are employed during all encounters in which such needs are identified, consistent with policy. Staff are responsible for documenting effective communication supports, accommodations, or interventions utilized during each clinical encounter.

Both jail facilities are equipped with VRI and VRS. The VRI tablet can be used at any time by staff to facilitate effective communication with the inmate population. One of the benefits of this system is access to a real-time sign language interpreter in the event an incarcerated person has a hearing impairment. TTY machines are also available at both jail facilities.

Beyond the assessments completed by ACH and ACMH, SSO's Classification unit ensures that arrestees are asked their preferred method of communication during their initial Classification interview; this is subsequently noted in ATIMS.

SSO's Compliance Unit reviews effective communication needs identified by ACH on a weekly basis. They meet with inmates who are hard of hearing, deaf, or have intellectual or developmental disabilities to ensure appropriate accommodations are provided. Disability identification vests are offered but not required.

As the County explores new ways to document proof of practice in this area, the compliance rating has been reduced. At this time, the County is in partial compliance with the requirements of this provision.

III.I.2 - Substantial Compliance

"The County's ADA policies shall include comprehensive guidance to ensure Effective Communication for prisoners with vision, speech, hearing, intellectual, learning, or other disabilities. The County shall, in consultation with Plaintiffs' counsel, ensure that sufficient guidance on the provision of Effective Communication is included in Jail custody and health care policies and procedures."

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

The following ACH policies remain in compliance with the requirements of the Consent Decree:

- 06-02 Patients with Disabilities
- 06-03 Effective Communication
- 06-04 Patients with Limited English Proficiency
- 06-06 Patients with Disabilities or Other Special Needs

SSO has continued to consolidate its existing inmate ADA policies into one single policy which will include all of the pre-approved components from Class Counsel and Court-appointed SMEs. Like all other Consent Decree-related policy updates, Class Counsel and Court-appointed SMEs will be consulted on any future revisions.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

III.I.3 - Partial Compliance

“Standard for Provision of Effective Communication in Due Process Events and Clinical Encounters

- a. *A higher standard for the provision of Effective Communication shall apply in the following situations:*
 - i. *Due Process Events, including the following:*
 - *Classification processes*
 - *Prisoner disciplinary hearing and related processes*
 - *Service of notice (to appear and/or for new charges)*
 - *Release processes*
 - *Probation encounters/meetings in custody*
 - ii. *Clinical Encounters, including the following:*
 - *Determination of medical history or description of ailment or injury*
 - *Diagnosis or prognosis*

- *Medical care and medical evaluations*
- *Provision of mental health evaluations, rounds, group and individual therapy, counseling and other therapeutic activities*
- *Provision of the patient's rights, informed consent, or permission for treatment*
- *Explanation of medications, procedures, treatment, treatment options, or surgery*
- *Discharge instructions*

b. *In the situations described in subsection (a), above, Jail staff shall:*

- i. *Identify each prisoner's disability where there may be a barrier to comprehension or communication requiring reasonable accommodation(s);*
- ii. *Provide effective reasonable accommodation(s) to overcome the communication barrier; and*
- iii. *Document the method used to achieve Effective Communication and how the staff person determined that the prisoner understood the encounter, process, and/or proceeding."*

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.I.3 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the "Third Monitoring Report on Disability Practices in the Sacramento County Jails," dated December 19, 2025.

SSO's current "Incarcerated Persons with Disabilities" policy requires effective communication during due process encounters. Since September 2025, the Chief Disciplinary Hearing Officer (CDHO) reviews all incident reports and Mental Health RVRs before sanctions are imposed. The CDHO ensures that hearing sergeants addressed any relevant mental health or effective communication needs during the applicable hearing. If the CDHO determines effective communication accommodations were not met, sanctions may not be imposed at all.

As described in III.I.1, effective communication strategies are employed during all encounters in which such needs are identified, consistent with policy. At medical and clinical encounters, ACH and ACMH continually assess individuals for effective

communication needs, recognizing that such needs may not always be fully identified at intake with limited information available. ACH and ACMH conduct ongoing assessments throughout an individual's period of incarceration to evaluate for existing, emerging, or changing communication needs, ensuring timely and appropriate interventions. Staff are responsible for documenting effective communication supports, accommodations, or interventions utilized during each clinical encounter.

SSO is working to develop verifiable documentation demonstrating that effective communication practices are consistently applied during due process events (such as disciplinary hearings), release processes, and classification interviews. ACH is also working to improve consistency in documenting patients' effective communication needs during clinical encounters. Until these measures are fully implemented, the County remains in partial compliance with the requirements of this provision.

III.I.4 - Partial Compliance

“Effective auxiliary aids and services that are appropriate to the needs of a prisoner with Effective Communication needs shall be provided when simple written or oral communication is not effective. Such aids may include bilingual aides, SLIs, readers, sound amplification devices, captioned television/video text displays, Videophones and other telecommunication devices for deaf persons (TDDs), audiotaped texts, Braille materials, large print materials, writing materials, and signage.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.I.4 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

SSO uses ATIMS effective communication flags to identify each inmate's communication needs as determined by medical staff. In addition to VRI tablets, which provide SLI and multiple spoken languages, SSO has added speech-to-text devices for inmates who primarily communicate in writing. The Language Line is available for inmates who speak other languages. Tablets include zoom functions, and sheet magnifiers are available for visual impairments. TVs are equipped with closed captioning, and eyeglasses may be provided by ACH or brought into the facility by friends/family.

Visitation areas include glass partitions to support non-verbal communication, such as ASL. VRS and TTY/TDD are available for phone calls, and large-print handbooks,

grievances, and kites are provided as needed. Updated lists of ADA-designated inmates and their accommodations are distributed weekly to control points, and SSO's Compliance Unit helps notify line level staff of inmates' preferred communication methods.

While the County has the effective auxiliary aids and services to support the effective communication needs of incarcerated persons, the County acknowledges Class Counsel's concerns about instances where aids and services, such as Sign Language interpreters (SLI), were not consistently used in accordance with inmate preferences. Until proof of practice is consistently demonstrated, the compliance rating has been decreased. The County is in partial compliance with the requirements of this provision.

III.I.5 - Substantial Compliance

"In determining what auxiliary aid service to provide, the County shall give primary consideration to the request of prisoner with Effective Communication needs."

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.I.5 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the "Third Monitoring Report on Disability Practices in the Sacramento County Jails," dated December 19, 2025.

SSO gives primary consideration to an incarcerated individual's preferred method of communication as determined by ACH, at intake and/or later through subsequent meetings with staff members. Approved auxiliary aids and services are documented in the EHR/ADA tracking system. SSO has constant access to communication resources, including VRI, Language Line services, and speech-to-text devices. The VRI is maintained in a centralized location for staff access, and a TTY/TDD machine is available in booking, in accordance with SSO policy. The County remains in substantial compliance with the requirements of this provision.

III.I.6 - Substantial Compliance

"Education providers (e.g., Elk Grove Unified School District) at the Jail will ensure Effective Communication for prisoners participating in education programs, including by providing necessary assistive equipment and take steps to accommodate learning strategies of those prisoner-students who have special needs, such as those with developmental, learning, vision, hearing, and speech disabilities."

- **County Service Lines Involved:** SSO

- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.I.6 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

SSO's Compliance Unit tracks inmates with special needs and works with the Elk Grove Unified School District (EGUSD) to ensure effective communication for inmates participating in educational programs. Assistive tools, including tablets with Text-to-Speech (TTS), TalkBack, and Video Remote Interpretation (VRI), are provided to support students with vision, hearing, speech, or learning disabilities. Inmates can access self-paced courses from their cells or housing units, allowing content to be reviewed repeatedly at a comfortable pace. EGUSD coursework through Lantern and Edovo incorporates these tools, ensuring that students with developmental or learning disabilities receive necessary accommodations and can fully participate in education programs. The County remains in substantial compliance with the requirements of this provision.

III.I.7 - Substantial Compliance

“The County shall assist prisoners who are unable to complete necessary paperwork (e.g., related to health care, due process, Jail processes) on their own with reading and/or writing as needed.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.I.7 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

This provision is addressed in SSO’s “Incarcerated Persons with Disabilities” policy, which requires officers to assist inmates with disabilities in submitting requests or completing forms. Inmates unable to submit written or electronic requests, including those who are illiterate or non-English speaking, may make verbal requests, which must be documented immediately and forwarded to a qualified medical or mental health professional, with a copy sent to SSO’s Compliance Unit.

During this reporting period, SSO’s Compliance Unit reinforced this policy to jail staff and enhanced initial training for all correctional staff, including a one-hour educational seminar

on assisting inmates with disabilities, which will be delivered on an ongoing basis to all new custody employees.

ACH Policy 06-03 specifically addresses this provision from a medical standpoint:

“Patients who are illiterate, non-English speaking, or otherwise unable to submit a written HSR shall be permitted to verbally request care.

- a. Verbal requests for health services shall immediately be documented by the healthcare staff member who receives the request on the appropriate HSR form and transmitted to a qualified medical or mental health professional for response in the same priority as those requests received in writing.
- b. Verbal requests for health services received by non-healthcare staff shall be sent via email to the nursing director for documentation in the EHR.

There is an indicator on the HSR form if the medical staff assisted in filling out the HSR.

The County remains in substantial compliance with the requirements of this provision.

III.I.8 - Substantial Compliance

“The County shall permit prisoners, including those who are illiterate, non-English speaking, or otherwise unable to submit written or electronic sick call requests, to verbally request care. Such verbal requests shall immediately be documented by the staff member who receives the request on an appropriate form and transmitted to a qualified mental health or medical professional for response in the same priority as those sick call requests received in writing.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.I.8 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

ACH and SSO policies and practices ensure that patients are able to submit medical requests verbally as an accommodation. When a verbal request for care is made, medical staff document the request in the EHR and respond within the same level of priority as sick call requests submitted in writing.

During this reporting period, this process was strengthened, in collaboration with SSO custody staff, by implementing a new flex nurse position to enhance timely responses to

verbal medical requests. When incarcerated individuals make verbal medical requests to officers, custody staff transmit the information to medical via Microsoft Teams. Medical staff acknowledge these requests within five minutes and respond by promptly assessing the patient in person. This communication is also documented in ATIMS as well as by ACH in the EHR.

SSO has also updated message requests (kites) and grievances to document whether staff assisted the inmate in completing the forms and what type of assistance was provided. ACH is also in the process of updating their medical kites and grievance forms to reflect include this feature as well. With these practices and recent enhancements, the County remains in substantial compliance with the requirements of this provision.

III.I.9 - Substantial Compliance

“The County shall post and disseminate notices, policies, job announcements, and other written material in alternative formats to promote Effective Communication.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.I.9 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

Large information signs, containing large print, have been created and posted in all housing locations at both jail facilities. These posters include language related to the Consent Decree (in Spanish and English), PREA guidelines and resources, ADA information, medical care available, and cleaning protocols. Furthermore, SSO’s Compliance team meets regularly with class members (inmates) through DME regular check-ins when initially incarcerated and approximately every 30 days thereafter, providing an opportunity to convey additional information as needed. The County remains in substantial compliance with the requirements of this provision.

III.J – Effective Communication and Access for Individuals with Hearing Impairments

III.J.1 - Partial Compliance

“The County shall develop and implement a policy for newly arrived and newly identified prisoners with hearing disabilities to determine each prisoner’s preferred method of communication.”

- **County Service Lines Involved:** ACH, SSO

- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.J.1 was rated as being in Substantial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

ACH’s policies listed below remain in compliance with the requirements set forth in the Consent Decree:

- 06-02 Patients with Disabilities
- 06-03 Effective Communication
- 06-04 Patients with Limited English Proficiency
- 06-06 Patients with Disabilities or Other Special Needs

SSO’s Compliance Unit meets regularly with inmates who have hearing disabilities to ensure their preferred method of communication is being used. SSO is reviewing its “Incarcerated Person Health Care Communication” policy to determine whether language may be added to reflect the requirements of this provision. The Compliance Unit meets regularly with inmates who have hearing disabilities to ensure their preferred method of communication is being used.

The County remains in partial compliance with the requirements of this provision.

III.J.2 - Partial Compliance

“Qualified Sign Language Interpreters (SLIs) will be provided during intake and for due process functions, health care encounters, and Jail programming, when sign language is the prisoner’s primary or only means of Effective Communication, unless the prisoner waives the assistance of an interpreter and/or delay would pose a safety or security risk.

- a. The County shall maintain a contract or service agreement with interpreter services in order to provide such services for deaf or hearing impaired prisoners. Jail staff will be informed of the availability of contract interpreter services.*
- b. Lip reading will not be the sole method of Effective Communication used by staff, unless the prisoner has no other means of communication.*
- c. In cases where the use of an SLI is not practicable, or is waived by the prisoner, Jail staff shall employ the most effective form of communication available.*

- d. *The County will maintain a log of (a) when, for whom, and for what purpose an SLI was used; and (b) when, for whom, and why a SLI was not used for a prisoner with an identified need for SLI services (e.g., prisoner waived SLI or delay would have posed safety or security risk).*
 - e. *When a prisoner waives an SLI, the log must document (a) the method of communication of the waiver, and (b) the method staff used to determine that the waiver was knowing and freely given.”*
- **County Service Lines Involved:** ACH, ACMH, SSO
 - **Court-Appointed Monitor:** Class Counsel
 - **Most Recent Monitor Rating:** III.J.2 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

Qualified SLIs are accessible and provided during Intake and health care encounters. The County maintains a contract with LanguageLine interpreter services and patients are informed of this service at all clinical encounters. The language line provides 24/7 interpretation services in a multitude of languages, including ASL. ACH utilizes video interpreting services for patients who need SLI. There are instances where written communication is initially used instead of SLI – often based on the individual’s preference – and it may later be determined that a sign language interpreter is more appropriate to ensure effective communication.

All patient-facing computers have a camera installed and a necessary icon to access the LanguageLine InSight application as of February 2024. ACH and ACMH received training on the use of the LanguageLine. The training was provided by a representative of the LanguageLine. The training was recorded and is available to all staff via a shared drive. New medical staff are provided training as part of the onboarding process.

During this reporting period (July-December 2025), the LanguageLine received 1,328 calls from ACH staff. About 1,035 were audio calls and 293 were video calls. 39 of the video calls required an American Sign Language interpreter.

SSO is actively exploring different avenues to improve the tracking of SLI interactions. The County remains in partial compliance with the requirements of this provision.

III.J.3 - Partial Compliance

“Jail Staff shall effectively communicate the contents of the Inmate Handbook and other materials providing information on Jail rules and procedures to all prisoners to be housed in the Jail who are deaf or hard of hearing. For those prisoners for whom written language is not an effective means of communication, Jail Staff may meet this obligation by providing a video of an SLI signing the contents of the Inmate Handbook, along with appropriate technology for viewing, or by providing an SLI to interpret the contents of the Inmate Handbook to the prisoner who is deaf or hard of hearing.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.J.3 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

SSO continues to revise both the inmate handbook and orientation video to ensure effective communication of the handbook’s contents and other materials, providing all inmates who are deaf or hard of hearing with complete information on jail rules and procedures. SSO plans on contracting and developing an SLI video version of the inmate handbook in the next reporting period. While this video is in development, the compliance rating for this provision has been reduced. The County is in partial compliance with the requirements of this provision.

III.J.4 - Substantial Compliance

“The County shall, within 12 months from court approval of the Settlement, make Videophones available for deaf and hard of hearing prisoners. The Videophones shall provide for calls through the use of Video-Relay Services (VRS) at no cost to deaf and hard of hearing prisoners or for calls directly to another Videophone.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.J.4 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

Videophones have been and continue to be available for deaf and hard of hearing inmates through the Video-Relay Services and are at no cost to the inmate. The County remains in substantial compliance with the requirements of this provision.

III.J.5 - Partial Compliance

“Deaf/hard of hearing prisoners who use telecommunication relay services, such as Videophone or TDD/TTY machine, in lieu of the telephone shall receive equal access to the Videophone or TDD/TTY services as non-disabled prisoners are afforded for regular telephone usage.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.J.5 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

The Main Jail has two TTY machines and one VRS machine, while RCCC has three TTYs and two VRS devices, all available to deaf or hard-of-hearing inmates. Machines are checked out to individuals and stored safely in Control Rooms. TTY access is also available in booking at both facilities.

During this period, SSO ordered updated TTY machines and IP Relay services to allow documented tracking of usage and duration. Once fully implemented, IP Relay services will enable deaf and hard of hearing inmates to use their tablets to make calls, a service that is currently only available to non-deaf inmates, providing true equal access. Once these devices are deployed and the IP Relay service becomes operational, SSO believes this provision will reach substantial compliance. Until that occurs, the County remains in partial compliance with the requirements of this provision.

III.J.6 - Substantial Compliance

“The County shall provide deaf/hard of hearing prisoners with additional time for calls using telecommunication relay services, such as a Videophone or TDD/TTY, to account for the fact that signed and typed conversations take longer than spoken conversations. The County shall document the time that each prisoner uses and has access to such equipment.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel

- **Most Recent Monitor Rating:** III.J.6 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

SSO continues to provide inmates with unlimited time for calls for those inmates utilizing telecommunication relay services, such as VRS and TTY. The call logs document the time each prisoner uses the telecommunication services for auditing purposes as part of the continuous quality improvement (CQI) process. The VRS and TTY are available during an inmate’s recreation time, and if for some reason, they were unable to make a phone call during that time, they will be allowed to make a phone call after their recreation time. For example, if an inmate needs to use the TTY and the classroom is currently being occupied because of a class going on, the inmate will be able to use the TTY after class is over. The County remains in substantial compliance with the requirements of this provision.

III.J.7 - Partial Compliance

“Prisoners who require an SLI as their primary method of communication shall be provided an SLI for education, vocational, or religious programs and services.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.J.7 was rated as being in Non-Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

SSO continues to explore how providing an SLI for an inmate during all educational, vocational, or religious programming can be feasibly implemented. SSO will attempt to determine the mechanism required to demonstrate proof of practice. Until this is demonstrated, the County remains in partial compliance with the requirements of this provision.

III.J.8 - Partial Compliance

“Public verbal announcements in housing units where individuals who are deaf or hard of hearing reside shall be delivered on the public address system (if applicable) and by flicking the unit lights on and off several times to alert prisoners that an announcement is imminent. This includes announcements regarding visiting, meals, recreation release and recall, count, lock-up, and unlock. Verbal announcements may be effectively

communicated via written messages on a chalkboard or by personal notification, as consistent with individual need. These procedures shall be communicated to prisoners during the orientation process and also shall be incorporated into relevant policies and post orders.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.J.8 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

In units housing deaf or hard-of-hearing inmates, verbal announcements are preceded by flashing the unit lights to signal an upcoming message. Information on visiting, meals, recreation, counts, and other operational events is then communicated in ways that meet individual needs, including dry erase boards, notepads, or personal notification. These procedures are explained during orientation and included in the Incarcerated Persons Handbook.

SSO also posts a weekly ATIMS report in each unit identifying inmates with disability accommodations, including deaf or hard-of-hearing individuals, to ensure staff working in the housing units are aware of their needs.

In the next reporting period, SSO will explore additional alert methods to further improve the notification process. The County remains in partial compliance with the requirements of this provision.

III.K – Disability-Related Grievance Process

III.K.1 - Partial Compliance

“The County shall implement a grievance system for prisoners with disabilities to report any disability-based discrimination or violation of the ADA, this Remedial Plan, or Jail ADA-related policy, and shall provide a prompt response and equitable resolution in each case.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.K.1 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third

Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

Custody grievances are tracked using ATIMS. This system provides comprehensive oversight at every stage of the grievance process. During this reporting period, a new position of grievance coordinator was created within the Compliance Unit.

The grievance coordinator monitors approaching deadlines for responses and appeals within ATIMS and monitors the grievance process from beginning to end to ensure all grievances are routed properly.

All grievance responses, including clear explanations for any denials, are documented in ATIMS, creating a complete and traceable record. Inmates receive a hard copy of the response at the conclusion of the process, reinforcing transparency and closing the communication loop. In addition, all grievances that are determined to be ADA-related are now flagged as such and routed directly to the Compliance Unit for response and intervention, if necessary.

ACH has a grievance process as outlined in policy approved by Class Counsel and Court-appointed SMEs where patients with disabilities can report any disability-based discrimination or violation of the ADA, the Consent Decree, or ACH’s ADA policy. During this reporting period, the grievance workflow has been modified; partly in response to the leadership change in overseeing the process but also largely due to a significant influx of grievances when they became available to patients in their pods. Initially the increase was almost triple the normal amount, which caused a temporary backlog of grievance responses. The backlog has since been resolved and the new workflow involves the following:

A. Medical Assistant (MA)

1. Collects, stamps, logs, and distributes grievances
2. Updates the grievance tracker
3. Creates and distributes copies for multiple service lines as directed

B. Nurse Manager

1. Reviews grievances and determines service line assignment
2. Provides assignment instructions
3. Reviews grievances for quality and completeness
4. Ensures final logging and closure

C. Registered Nurse (RN)

1. Assists in collection and forwarding of completed grievances as applicable

D. Service Line Representative (SLR)

1. Reviews grievances
2. Take corrective or responsive actions
3. Documents actions taken
4. Communicates completion within required timelines

Any grievances that identify an emergent or serious concern are immediately elevated to upper leadership. QI staff compile the data and create a report. Reports are reviewed in leadership meetings to go over any trends or concerns. ACH is now in compliance with the established timeframes for grievances. However, since there was a backlog during this reporting period where many grievances fell outside of the established response timeframe, the compliance rating for this provision has been reduced. The County is confident it will soon return to substantial compliance. Until then, the County is in partial compliance with the requirements of this provision.

III.K.2 - Substantial Compliance

“The County shall ensure that the grievance procedures are readily available and accessible to all prisoners.

- a. The County shall make reasonable efforts to ensure all prisoners are aware of the disability grievance procedures, including the availability of accommodations and staff assistance to submit a grievance and/or appeal.*
- b. The County shall ensure the prisoners with disabilities have meaningful access to grievance forms, including through provision of staff assistance and large print materials.”*

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.K.2 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

SSO's grievance procedures are outlined on pages 38–39 of the Correctional Services Handbook, which is available to all inmates either in print or digitally via issued tablets. The Handbook explains how disability-related grievances are handled and how inmates can designate a grievance as such.

Grievance forms are placed in all housing pods and restocked at least twice weekly by Compliance Unit officers. Inmates may also request forms from floor officers or medical staff. Upon intake, property officers provide each inmate with custody and medical grievance forms. Large print forms and staff assistance are available for inmates who need help completing, appealing, or understanding a grievance. A revised form is in development to include a field documenting the type of assistance provided. Large print forms are available as needed.

SSO is also working with the tablet vendor to enable electronic grievance submission, which will allow inmates to submit grievances directly from their tablets and ensure electronic tracking in ATIMS.

With these enhancements, the County is now in substantial compliance with the requirements of this provision.

III.K.3 - Partial Compliance

“Response to Grievances

- a. *The County shall develop and implement an ADA grievance process that includes (1) a reasonable timeline for response to ADA-related grievances and appeals, including an expedited process for urgent ADA grievance (e.g., involving prisoner safety or physical well-being); and (2) provision for interim accommodations pending review of the individual's grievances/appeals.*
- b. *The County shall ensure that prisoners with communication needs are interviewed and provided assistance as part of the grievance/appeal process where necessary to ensure meaningful access and Effective Communication.*
- c. *The County shall document each denial of a reasonable accommodation request and shall record the basis for such determination.*
- d. *The County shall provide in writing a copy of the grievance (or appeal) response to the prisoner, including the resolution, the basis for a denial (if applicable), and the process for appeal.*
- e. *The County shall ensure that completed grievance responses are effectively communicated to prisoners with disabilities.”*

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.K.3 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

Custody grievances, including ADA-related grievances, are managed through ATIMS, which tracks all required timelines for responses and appeals to ensure compliance with Title 15, the ADA, and the Consent Decree. Urgent ADA grievances, including those affecting inmate safety or well-being, are prioritized for expedited review.

Once an ADA grievance is submitted, the Compliance Unit reviews whether the inmate’s needs were addressed at the housing level or require escalation. Staff are expected to provide assistance to inmates who need help completing forms or understanding responses, using effective communication methods when necessary.

All grievance determinations, including the rationale for any denial of reasonable accommodations, are fully documented in ATIMS. Inmates receive a hard copy of the grievance response, which includes the resolution, the basis for any denial, and the process for appeal. These practices ensure that ADA grievances are processed timely, interim accommodations are provided as needed and completed grievance responses are clearly and effectively communicated to prisoners with disabilities.

During the next reporting period, the grievance response will be enhanced with the inclusion of the notification that assistance was needed in completing the grievance. Once the new grievance form is implemented, SSO’s Compliance Unit will meet with the inmate who needed assistance in completing the form in person and will utilize effective communication when providing them with a response.

ACH has developed and implemented a grievance process that ensures timely responses, needs, and documentation, although significant staffing challenges led to a temporary backlog, which has since been resolved.

During this reporting period, the Main Jail grievance coordinator was temporarily reassigned to provide direct patient care after a registry contract expired, leaving the jail short-staffed and requiring prioritization of patient care. Following the last reporting period, SME review of grievance responses identified some deficiencies, and RCCC female patients submitted complaints regarding responses from the RCCC grievance SRN. In

response, the RCCC grievance SRN was reassigned, leaving a single grievance SRN to cover both facilities.

Shortly thereafter, grievance folders were placed on every housing unit at both facilities, increasing access to grievance forms for incarcerated patients. This resulted in a 200% increase in grievances received, creating a temporary backlog. To address this, an RN was assigned and trained to handle grievances at RCCC under the direction of the Grievance SRN in November 2025. In December 2025, the grievance SRN was moved under the supervision of the health program coordinator, and two additional RNs were assigned to assist with grievance processing. QI implemented a new tracking log to off-load tracking responsibilities previously handled solely by the grievance SRN.

With adequate staffing now assigned to handle grievances at both facilities and the backlog addressed, ACH staff are now able to meet the response timeframe. All grievances, including ADA grievances, are electronically stored and tracked, and each grievance is assigned a tracking number. ADA-related grievances are prioritized, and interim accommodations are provided as needed while grievances are under review, ensuring prisoner safety and well-being.

Inmates are provided a hard copy of their grievance response, which includes the resolution, the basis for denial if applicable, and the process for appeal. The grievance tracking process allows the grievance team to monitor all responses, including those for prisoners with communication needs. Ongoing efforts ensure effective communication, such as assistance for prisoners with limited literacy, language barriers, or other communication needs. QI utilizes the grievance tracker to generate a quarterly report to monitor timeliness, compliance, and trends.

These actions are consistent with the requirements of provision III.K.3, supporting timely, documented, and accessible grievance processing across both facilities. Once the new grievance forms are implemented with the updated features to document whether assistance was needed in completing the form (allowing better documentation of effective communication needs), the County will reassess its compliance rating. At this time, the County remains in partial compliance with the requirements of this provision.

III.K.4 - Partial Compliance

“The submission, processing, and responses for disability-related grievances and complaints shall be tracked.”

- **County Service Lines Involved:** SSO

- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.K.4 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

During this reporting period, SSO implemented enhancements to track disability-related grievances more effectively. An “ADA Related” flag in ATIMS and the grievance portal now identifies such grievances. The grievance coordinator (Main Jail) or an SSO Compliance Unit team member (RCCC) will route all ADA grievances to the Compliance Unit for review and response by the Compliance sergeant. ATIMS serves as the tracking system, providing real-time, facility-consistent reports on submission, processing, and resolution of ADA-related custody grievances.

ACH has developed and implemented a grievance tracker to monitor disability-related grievances and complaints from submission through final response. All disability-related grievances are identified, assigned a unique tracking number, and tracked throughout the review and response process, including appeals when applicable.

The grievance tracker is reviewed and updated on a daily basis to monitor status and timeliness. ACH QI utilizes the tracker to generate quarterly reports to assess compliance, monitor response timeframes, and identify trends. These reports are reviewed by leadership to ensure ongoing oversight and accountability.

These practices are consistent with Provision III.K.4, ensuring that disability-related grievances and complaints are fully tracked across both facilities. The compliance rating remains unchanged; however, with the tracker recently developed and implemented, ACH is confident that the County will be able to be increased in the next reporting period. At this time, the County remains in partial compliance with the requirements of this provision.

III.L – Alarms/Emergencies

III.L.1 - Partial Compliance

“The County shall ensure that all written policies regarding alarms and emergencies contain mandatory provisions to accommodate prisoners with disabilities.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel

- **Most Recent Monitor Rating:** III.L.1 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

Per SSO policy “Facility Emergencies,” section “Alarms During Emergencies for Inmates /Incarcerated Persons with Disabilities” (400.13 in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025), staff shall take reasonable steps to communicate effectively with inmates with disabilities during emergencies, in compliance with the ADA and state laws. All control points post notices for emergency and fire exit routes.

In housing units with deaf or hard of hearing inmates, verbal announcements are made via the public address system (if applicable) and preceded by flashing unit lights to signal an imminent announcement. Staff ensure proper handling of inmates with mobility impairments who cannot prone or sit during an emergency.

Visual markers, such as vests, are offered to identify disability needs but are optional. Facilities maintain and post lists of inmates with disabilities who may require accommodations during alarms or emergencies at each control point.

The County recognizes Class Counsel’s concerns about the specificity of the language in the policy. While the policy does acknowledge the need for enhanced notifications and assistance for inmates requiring accommodations, the Sheriff’s Office agrees that more detailed language may be necessary to achieve substantial compliance with this provision. Until the County and Class Counsel reach agreement on the language needed to satisfy this provision, and it is incorporated into published documents, the County remains in partial compliance with the requirements of this provision.

III.L.2 - Partial Compliance

“The County shall implement written policies regarding the expectations of staff as to prisoners with identified disabilities during emergencies and alarms, including as to disabilities that may affect prisoners’ ability to comply with orders or otherwise respond to emergencies and alarms. For example, the policies shall ensure appropriate handling of prisoners with mobility-related disabilities who are unable to prone or take a seated position on the ground during an alarm or emergency. Such policies shall be communicated to staff, incorporated into the relevant Operations Orders, and communicated to prisoners with disabilities using Effective Communication.”

- **County Service Lines Involved:** SSO

- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.L.2 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

This is partially addressed by the policy referenced in the County’s response to III.L.1, which describes the expectations of staff for prisoners with identified disabilities during emergencies and alarms. During the next reporting period, SSO will re-evaluate the current policy to assess the need for additional changes.

Until the County and Class Counsel reach agreement on the language needed to satisfy this provision, and it is incorporated into published documents, the County remains in partial compliance with the requirements of this provision.

III.L.3 - Partial Compliance

“The County shall implement written policies for staff regarding communicating effectively and appropriately with prisoners who have disabilities that may present barriers to communication during emergencies or alarms.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.L.3 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

This is partially addressed by the policy referenced in the County’s response to III.L.1. Although no formal written policy updates for this provision were implemented during this reporting period, SSO’s Compliance Unit has proactively placed “ADA lists” at all control points. These lists identify inmates with disabilities to help officers provide assistance during emergencies and ensure effective communication during alarms.

Until the County and Class Counsel reach agreement on the language needed to satisfy this provision, and it is incorporated into published documents, the County remains in partial compliance with the requirements of this provision.

III.L.4 - Substantial Compliance

“In order to facilitate appropriate accommodations during alarms or emergencies, the County shall offer, but shall not require, individuals who have disabilities visible markers to identify their disability needs (e.g., identification vests). The County shall maintain a list, posted in such a way to be readily available to Jail staff in each unit, of prisoners with disabilities that may require accommodations during an alarm or emergency.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.L.4 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

As noted in III.L.3, in September 2025, SSO’s Compliance Unit began posting weekly-updated “ADA lists” at all control points to provide staff with quick access to information on inmates with disabilities. High-visibility vests are offered as optional markers to identify disability needs. With the addition of the weekly ADA lists, the compliance rating has been increased. The County is in substantial compliance with the requirements of this provision.

III.L.5 - Partial Compliance

“The County shall install visual alarms appropriate for individuals who are deaf or hard of hearing, which shall comply with relevant fire code regulations.”

- **County Service Lines Involved:** DGS
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.J.5 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

Per DGS, the County is compliant with current fire codes. There are no visual alarms installed in housing units in the Main Jail due to logistical issues with construction. The Main Jail is grandfathered into not requiring these visual alarms. However, if new construction is done, visual alarms will need to be installed. Until major construction occurs or a new facility is built, the County will be in partial compliance with the requirements of this provision.

III.L.6 - Substantial Compliance

“All housing units shall post notices for emergency and fire exit routes.”

- **County Service Lines Involved:** DGS, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.J.6 was rated as being in Substantial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

Emergency and fire exit routes are posted in all housing units at both facilities. The County remains in substantial compliance with the requirements of this provision.

III.M – Searches, Restraints, and Extractions

III.M.1 - Partial Compliance

“The County shall modify its written policies to ensure that prisoners with mobility impairments, including those with prosthetic devices, receive reasonable accommodations with the respect to the following: (1) Pat searches and unclothed body searches; (2) Application of restraints devices, including Pro-Strait Chair; and (3) Cell extractions.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.M.1 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

SSO is in the process of updating relevant policies to address specific components of this provision, based on Class Counsel feedback. The compliance rating for this provision has been reduced pending publication of the updated policies. Until this occurs, the County is in partial compliance with the requirements of this provision.

III.N – Transportation

III.N.1 - Substantial Compliance

“The County shall provide reasonable accommodations for prisoners with disabilities when they are in transit, including during transport to court or outside health care services.”

- **County Service Lines Involved:** SSO

- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.N.1 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

SSO provides reasonable accommodations for prisoners with disabilities during transport to include:

- Providing wheelchair-accessible vehicles, lifts, ramps, and secure tie-downs;
- Allowing additional time for boarding and exiting;
- Assigning seating that accommodates mobility limitations or medical conditions;
- Ensuring access to medically necessary equipment and medications;
- Offering assistance with balance or navigation for individuals with vision loss;
- Providing written instructions, visual cues, using simple, clear communication and allowing extra processing time for individuals with cognitive disabilities;
- Modifying restraints when they interfere with necessary devices or medical needs and when it is “safe” to do so; and
- Ensuring that staff monitor and support individuals whose medical or disability-related conditions require closer observation.

These accommodations are intended to ensure that prisoners with disabilities can safely and equally access transportation services without compromising security. The County remains in substantial compliance with the requirements of this provision.

III.N.2 - Partial Compliance

“Prescribed HCAs/ADs/DME, including canes, for prisoners with disabilities shall be available to the prisoner at all times during the transport process, including in temporary holding cells, consistent with procedures outlined in Part VII.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.N.2 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third

Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

SSO does not remove prescribed HCA/AD/DME from inmates during transport or temporary housing in holding cells. This requirement will be explicitly included in the revised and consolidated “Incarcerated Persons with Disabilities” policy once published. In the next reporting period, SSO will explore additional methods to document proof of practice for this requirement. Until the policy is reviewed and published, the County remains in partial compliance with the requirements of this provision.

III.N.3 - Substantial Compliance

“The County shall use accessible vehicles to transport prisoners in wheelchairs and other prisoners whose disabilities necessitate special transportation, including by maintaining a sufficient number of accessible vehicles.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.N.3 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

The County currently maintains a sufficient number of accessible vehicles, which are used to transport inmates in wheelchairs and those requiring specialized accommodations, in accordance with this provision. SSO is actively exploring the acquisition of additional ADA-compliant transport vehicles to further enhance its transportation capabilities. The County remains in substantial compliance with the requirements of this provision.

III.N.4 - Substantial Compliance

“Prisoners with mobility impairments shall be provided assistance onto transport vehicles.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.N.4 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

SSO custody staff are required to view an annual training video on safely assisting inmates with disabilities onto transport vehicles. In addition, staff review each inmate's ATIMS dashboard before transport and provide accommodations as needed to ensure appropriate support for the inmate's disability. The County remains in substantial compliance with the requirements of this provision.

III.O – Prisoners with Intellectual Disabilities

III.O.1 - Partial Compliance

“The County shall, in consultation with Plaintiffs’ counsel, develop and implement a comprehensive written policy and procedure regarding prisoners with an Intellectual Disability, including:

- a. Screening for Intellectual Disabilities;*
 - b. Identification of prisoners’ adaptive support needs and adaptive functioning deficits; and*
 - c. Monitoring, management, and accommodations for prisoners with Intellectual Disabilities.”*
- **County Service Lines Involved:** ACH, ACMH, SSO
 - **Court-Appointed Monitor:** Class Counsel
 - **Most Recent Monitor Rating:** III.O.1 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.
 - Moving forward, this provision will be monitored by the newly appointed Mental Health SMEs.

SSO has established policies and procedures, developed with Class Counsel and Court-appointed experts, to identify, monitor, and accommodate prisoners with intellectual disabilities. An updated version of that policy is currently under review by SSO's Legal & Policy Sustainment team.

Custody staff support screening by observing potential indicators of intellectual disability during housing, programming, and daily interactions and referring concerns to health care staff. Referrals made after intake are coordinated with health care partners to ensure appropriate assessment.

ACMH completes an Adaptive Support Plan (ASP) for all patients with a diagnosed intellectual disability. The ASP is communicated to ACH through the EHR and to SSO through ATIMS, in addition to providing a hard-copy version of the form. Submission of the ASP through ATIMS enables SSO to readily access and review the individual's identified support needs.

Accommodations include structured prompting and support during routine activities, such as movement and medication administration. SSO's custody personnel provide safety oversight while allowing extra time or guidance as directed by ACH staff.

Inmates with intellectual disabilities are tracked in ATIMS via EHR data, visible on custody dashboards to guide appropriate responses. SSO's Compliance Unit conducts check-ins approximately monthly to monitor accommodations and to address any concerns.

As policy revisions are underway and require feedback from Class Counsel, the County is in partial compliance with requirements of this provision.

III.O.2 - Partial Compliance

"A multidisciplinary team that includes appropriate health care staff will monitor and ensure appropriate care for prisoners with an Intellectual Disability. The multidisciplinary team will develop an individualized plan for each prisoner with an Intellectual Disability, which addresses: (1) safety, vulnerability, and victimization concerns, (2) adaptive support needs, (3) programming, housing, and accommodation needs. The multidisciplinary team's plan will be regularly reviewed and updated as needed."

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.O.2 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the "Third Monitoring Report on Disability Practices in the Sacramento County Jails," dated December 19, 2025.
 - Moving forward, this provision will be monitored by the newly appointed Mental Health SMEs.

In July 2025, ACMH initiated the implementation of multidisciplinary treatment teams (MDTs) for patients diagnosed with an intellectual disability (ID) in accordance with the requirements of the Consent Decree. The MDT process facilitates coordinated treatment planning, and ongoing monitoring to address the individualized needs of this

population. SSO participates in MDT meetings to ensure proper coordination and inmate care with ACMH and ACH.

SSO actively coordinates with ACMH staff regarding inmates identified as having an ID. For each ID inmate, SSO follows individualized plans that address all relevant components of this provision, ensuring that accommodations and services are tailored to the inmate's specific needs. These plans include considerations for housing, program participation, communication supports, and other required accommodations. When updates or modifications to an inmate's plan are necessary, whether due to changes in their condition, new assessments, or evolving needs, SSO works closely with ACMH to support adjustments to the plan, ensuring ongoing compliance and appropriate accommodations for the individual.

Until an audit is completed that demonstrated ACMH's adherence to MDT implementation, the County remains in partial compliance with the requirements of this provision.

III.O.3 - Substantial Compliance

"Prisoners with an Intellectual Disability assigned to a work/industry position will be provided additional supervision and training as necessary to help them meet the requirements of the assignment."

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.O.3 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the "Third Monitoring Report on Disability Practices in the Sacramento County Jails," dated December 19, 2025.

SSO Policy "Incarcerated Persons with Disabilities" outlines the accommodations, supervision, and support provided to incarcerated individuals with disabilities assigned to work positions. Individuals with disabilities have the same access to work opportunities as other inmates and are not restricted from participation.

In practice, inmates with intellectual, developmental, or mental health disabilities are assigned to work positions at both the Main Jail and RCCC, and appropriate supervision, training, and accommodations are provided as needed. The County remains in substantial compliance with the requirements of this provision.

III.P – ADA Training, Accountability, and Quality Assurance

III.P.1 - Partial Compliance

“The County shall ensure all custody, health care, facility maintenance, and other Jail staff receive ADA training appropriate to their position.

- a. *The County shall provide to all staff appropriate training on disability awareness, including the use and purpose of accommodations and modifications in accordance with the ADA.*
 - b. *The ADA training shall include: formalized lesson plans and in-classroom or virtual training for staff (including managers, supervisors, and rank-and-file staff) provided by certified or otherwise qualified ADA trainers.”*
- **County Service Lines Involved:** ACH, SSO
 - **Court-Appointed Monitor:** Class Counsel
 - **Most Recent Monitor Rating:** III.P.1 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

The ACH nurse educator (supervising registered nurse) ensures compliance with mandatory training and nursing competencies during the onboarding process and ongoing. The ADA training is incorporated in the initial onboarding and is tracked in the County ProList platform. All staff complete a quiz for competency, to which results are kept in an excel tracker along with signed attestations. The nurse educator supports compliance with the ADA provisions by leading related training initiatives and monitoring training completion across the organization.

All SSO deputies receive ADA training as part of the POST basic academy (LD 17), delivered by state-recognized instructors and mandated by California law. In addition, all newly assigned corrections staff receive a one (1) hour ADA orientation presented by a qualified trainer.

Beginning in late 2025, SSO’s Compliance Unit provided supplemental training to newly hired records officers and deputies, covering the Consent Decree, Title 15, PREA, ADA, grievance procedures, effective communication accommodations, and assistive devices for inmates who are deaf or hard of hearing.

SSO is developing ADA training for both new and existing custody staff, addressing ADA awareness, legal requirements, and operational practices. The training will be submitted to Class Counsel for approval in the next reporting period. Until the training is approved by class counsel and proof of trainings are provided, the County remains in partial compliance with the requirements of this provision.

III.P.2 - Partial Compliance

“ADA instructors shall have appropriate ADA training and subject matter expertise necessary to effectively provide ADA training to staff.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.P.2 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

For SSO, the designated ADA instructors at each facility are the facility ADA Coordinators. Each attends the National ADA Symposium annually to maintain current expertise on the ADA, accommodations, and best practices. They also review updated policies, guidance, and legal requirements, ensuring they have the knowledge and skills necessary to provide effective ADA training to all staff.

ACH's nurse educator serves as ACH's ADA instructor and maintains the subject matter expertise to provide effective ADA training to staff. The County is working with Class Counsel to seek approval of the ADA instructor trainings. Until this approval is obtained, the County remains in partial compliance with the requirements of this provision.

III.P.3 - Substantial Compliance

“The County shall, in consultation with Plaintiffs’ counsel, develop and implement written policies and procedures regarding monitoring, investigating, and tracking staff violations (or allegations of violations) of ADA requirements and Jail ADA policies.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.P.3 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

ACH has, in consultation with Class Counsel, developed and implemented written policies and procedures regarding monitoring, investigating, and tracking staff violations (or allegations of violations) of ADA requirements and jail ADA policies. Alleged staff violations of ADA requirements are captured through the grievance process. A grievance tracking

system is in place and overseen by the ACH nurse manager I. The nurse manager I provides a report of the grievance tracking data to the ACH QI team monthly. ACH QI and the grievance coordinator work together to monitor ACH medical and mental health grievances to identify opportunities for improvement, including allegations of staff violations. These allegations are investigated in the grievance response process. If the allegations are found to be substantiated, the violation will be addressed within the guidelines of the progressive discipline system

ADA-related grievances alleging SSO staff misconduct are investigated with the same rigor as all other personnel complaints, in accordance with SSO policies on “Standards of Conduct” and “Personnel Complaints” (320 and 1009, respectively, in the Sacramento County Sheriff’s Office Policy Manual, published October 31, 2025). Allegations are addressed through progressive discipline, which may include retraining, documented corrective action, suspension, demotion, or termination. Cases requiring formal investigation are referred to Internal Affairs.

Since October 2025, ATIMS has included the ability to flag ADA-related grievances involving staff, allowing for consistent tracking, sorting, and monitoring to ensure accountability and compliance. With these improvements, the compliance rating has been increased. The County is in substantial compliance with the requirements of this provision.

III.P.4 - Substantial Compliance

“The County shall develop an ADA accountability plan that will ensure quality assurance and establish staff accountability for egregious, serious, or repeated violations of the ADA and Jail ADA-related policies and procedures.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.P.4 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

As noted in the 11th County Status Report, ACH has an ADA Accountability Plan and has established ADA related audits and patient grievances concerning ADA related issues as methods for identifying violations of policy (see III.P.3).

All grievances made to SSO, including those involving ADA-related concerns, are processed under the same investigative framework to ensure consistency, fairness, and due process. ADA grievances are flagged by the Compliance Unit upon receipt, routed to

the Compliance Supervisor for investigation, and then reviewed by the Compliance Lieutenant. Any appeals are elevated to the Assistant Jail Commander or designee. This structured, multi-level review ensures that ADA-related issues receive thorough and appropriate oversight.

The County cannot fulfill Class Counsel's recommendation for an ADA policy and requirement violation log, with all the requested components, as much of it is protected under employment law. The County investigates these reports in a manner consistent with all other policy violations.

The County remains in substantial compliance with the requirements of this provision.

III.Q – Accessibility Remedial Plan to Address Physical Plant Deficiencies

III.Q.1 - Partial Compliance

“The County shall, within 24 months from court approval of the Settlement and in consultation with Plaintiffs’ counsel, develop and fully implement an Accessibility Remedial Plan to address Jail physical plant deficiencies that result in access barriers for prisoners with disabilities. In the interim, the Sheriff’s Office shall house prisoners with disabilities in the most integrated and appropriate housing possible, providing reasonable accommodations and assistance where necessary to ensure appropriate accessibility to Jail programs, services, and activities.”

- **County Service Lines Involved:** ACH, DGS, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.Q.1 was rated as being in Partial Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the “Third Monitoring Report on Disability Practices in the Sacramento County Jails,” dated December 19, 2025.

Correctional staff use a flag system within ATIMS to identify incarcerated individuals with disabilities who require specific accommodations. These flags guide housing and placement decisions so that assignments are suited to each individual's disability-related needs. Admissions to and discharges from acute and sub-acute medical housing units are managed by ACH in coordination with Classification. When ACH determines an individual does not need or is discharged from an acute or sub-acute medical housing unit, Classification places that person in an appropriate housing location to best meet their ADA needs. Reasonable accommodations are provided as needed to ensure access to jail programs, services, and activities, and program schedules are structured to allow equitable opportunities to participate in out of cell activities.

Identification of disabilities begins at intake during the medical screening process. After Adult Correctional Health records an identified ADA need in the ATHENA system, a corresponding flag is transferred into ATIMS. When Classification staff identify an individual who may require ADA accommodations, they provide notification to the Compliance Unit. The Compliance Unit follows up on these referrals and works to ensure any identified ADA-related needs are addressed.

Assessment of ADA needs is not limited to the intake and booking process. Throughout an individual's incarceration, ACH staff review and adjust disability-related accommodations as medical needs change. Custody staff also monitor for signs that an incarcerated individual may have unmet medical needs and facilitate referrals to ACH for follow-up.

The Sheriff's Office makes every effort to house prisoners with disabilities in the most integrated and appropriate housing possible, providing reasonable accommodations and assistance where necessary to ensure appropriate accessibility to programs, services, and activities. However, due to structural ADA limitations at the Main Jail, which was built before the Americans with Disabilities Act was enacted, SSO has identified inmates whose accessibility needs cannot be fully met there. In collaboration with ACH, affected inmates are reviewed and, when appropriate, transferred to RCCC, where accommodations can be better supported. This review and transfer process is ongoing.

Due to facility space limitations, this provision remains in partial compliance. Recent steps and planning are underway to address jail physical plant deficiencies. The County is seeking the most economical solution to achieving compliance with the Mays Consent Decree and in turn better meet the needs of the County inmate population.

In accordance with concerns expressed by the Court at the March 2025 status conference, the County acted swiftly in response to the direction from the Board of Supervisors based on the findings and recommendations from CGL Companies regarding the need for jail facility master planning. Following an expedited request for qualifications process, the County entered into a contract with HMA for correctional facility master planning services on July 1, 2025. The master planning effort will provide the County Board of Supervisors with a range of options and associated cost estimates to address the facility remediation needs, including but not limited to a current facility remodel, expansion of existing facilities, proceeding with the previously proposed Intake and Health Services Facility design, new construction options with site selection analysis and recommended project delivery methods, project timelines associated with each option and financing options.

The County collaborated with Class Counsel and Court-appointed SMEs to draft the proposed scope of work for the operations assessment and space planning. The scope of

work outlined in HMA agreement includes: (1) the inspection, assessment, inventory, and analysis of existing County facilities, (2) a population analysis, (3) operations assessment with a focus on compliance with the Consent Decree requirements for ADA, mental health and health care of the inmate population, and (4) space planning and assessment. The goal for this Master Planning process is to provide the County with feasible, actionable options in a ranked order based on input from the Jail System Planning/Compliance Oversight Committee, a formalized and structured version of a Policy Group created in 2024. The Committee's work will enable the County Board of Supervisors to select the best option for enhancing the functionality of the County's jail system and improving the justice system outcomes in consideration of available financial options. In accordance with the Second Memorandum of Agreement adopted by the Federal Court to address the unaddressed facility shortcomings, the County, working with HMA, will complete a Correctional Facility Master Plan by October 30, 2026. By December 4, 2026, the County, with input from Consent Decree SMEs, and following a meet-and-confer with Class Counsel and the federal court, will develop a recommendation for the Board of Supervisors.

Additional information about the ADA and facility remediation plans included in the correctional facility master planning effort is provided in provision III.G.2. The County remains in partial compliance with the requirements of this provision.

III.Q.2 - Non-Compliance

"The Accessibility Remedial Plan shall ensure the following:

- a. Adequate provision of accessible cells and housing areas with required maneuvering clearances and accessible toilet fixtures, sanitary facilities, showers, dining/dayroom seating, and recreation/yard areas.*
- b. Accessible paths of travel that are compliant with the ADA.*
- c. Equal and adequate access for all prisoners with disabilities to Family and Attorney Visiting areas in reasonable proximity to their housing location."*

- **County Service Lines Involved:** ACH, DGS, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** III.A.1 was rated as being in Non-Compliance by Megha Ram, Patrick Booth, Margot Mendelson, and Aaron J. Fischer in the "Third Monitoring Report on Disability Practices in the Sacramento County Jails," dated December 19, 2025.

Regarding III.Q.2.a, as noted in the County’s response to III.Q.1, due to structural ADA limitations at the Main Jail, SSO has identified inmates whose accessibility needs cannot be fully met there. In collaboration with ACH, affected inmates are reviewed and, when appropriate, transferred to RCCC, where accommodations can be better supported. This review and transfer process is ongoing.

At the Main Jail, showers on all floors, except 8, are equipped with at least one grab bar. Retrofitting on floor 8 is ongoing and is expected to be complete in February 2026. Each floor has two shower chairs available upon request. Grip tape was discontinued due to safety concerns. At RCCC, all showers have grab bars, dormitory toilets are largely accessible, and outdoor yards are step-free.

Regarding III.Q.2.b, as the Main Jail was built prior to the passage of the Americans with Disabilities Act, and not all paths are ADA compliant due to the structure of the building.

Regarding III.Q.2.c, visitation accessibility exists at both facilities: RCCC provides fully accessible legal and social visit areas, and the Main Jail has a wheelchair-accessible attorney visit booth and two social visit booths accessible without stairs on 2 East. SSO recognizes 2 East may not be considered in close proximity to all housing units; however, access to those spaces is relatively easily obtained through the use of the facility’s elevator system. Outdoor recreation remains accessible to inmates with mobility disabilities at both facilities.

The County looks forward to the completion of the Master Plan described in III.Q.1 that will address the physical plant deficiencies in the County’s correctional facilities. III.Q.1 described the operational analysis of the current jail system that is included as part of the scope of work for the ongoing correctional facility master planning work (Master Plan) that will assist the County with developing a facility remediation plan.

As outlined in the request for qualifications that was used to select HMA for this project, the operational analysis is expected to take into “account structural modifications necessary to ensure the jail system’s accessibility for people with disabilities, including but not limited to modifications to paths of travel, cells, showers, indoor and outdoor recreation areas, attorney and personal visiting areas, programming areas, specialty health/mental health program areas, and intake space.” It is also required to consider improvements in the delivery of medical and mental health services, including “options to remediate physical plant deficiencies to facilitate delivery of adequate health and mental health care services to the jail population (disability accessibility, office space, treatment space, programming space, out of cell time requirements).”

In addition to the operational analysis, the Master Plan also requires HMA to complete a space program and staffing impact analysis that includes adequate space for “accessibility for disabled inmates in housing, programming, and inmate service spaces.” With these elements included as part of the Master Plan, this provision will be addressed.

Due to the significant facility limitations, the County continues to be wholly non-compliant with the requirements of this provision.

IV. Mental Health Care

IV.A – Policies and Procedures

IV.A.1.a - Substantial Compliance

“The County shall establish policies and procedures that are consistent with the provisions of this Remedial Plan and include the following:

- a. A written document reflecting the complete spectrum of mental healthcare programming and services provided to prisoners;”*
- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

ACH and ACMH established policies and procedures that are consistent with the requirements of the Remedial Plan and include a written document reflecting the complete spectrum of mental healthcare programming and services provided to prisoners.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

IV.A.1.b - Substantial Compliance

- b. “Minimum and maximum timeframes for when each type of mental healthcare service will be completed, including but not limited to laboratory tracking and psychiatry follow-up services, in accordance with prevailing community and professional standards;”*
- **County Service Lines Involved:** ACMH

- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

ACH and ACMH established policies and procedures that are consistent with the requirements of the Remedial Plan and include minimum and maximum timeframes for when each type of mental healthcare service will be completed, including but not limited to laboratory tracking and psychiatry follow-up services, in accordance with prevailing community and professional standards.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

IV.A.1.c - Partial Compliance

- c. *“An intake and referral triage system to ensure timely and effective resolution of inmate requests and staff referrals for mental healthcare;”*
- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.A.1.c was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACH and ACMH established policies and procedures that are consistent with the requirements of the Remedial Plan and include an intake and referral triage system to ensure timely and effective resolution of inmate requests and staff referrals for mental healthcare. Until timelines to care are consistently met, the County is in partial compliance with the requirements of this provision.

IV.A.1.d - Substantial Compliance

- d. *“Specific credentialing requirements for the delivery of mental healthcare services, including but not limited to only qualified mental health professionals may make critical treatment decisions”.*
- **County Service Lines Involved:** ACMH, SSO

- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.A.1.d was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACH and ACMH established policies and procedures that are consistent with the requirements of the Remedial Plan and include specific credentialing requirements for the delivery of mental healthcare services, including but not limited to only qualified mental health professionals may make critical treatment decisions. Mental health staff practice within the boundaries of their professional scope and licensure. Staff provide services consistent with their education, training, and credentials. ACMH maintains oversight through supervision, training, and review of clinical activities to ensure adherence to clinical practice requirements.

The County remains in substantial compliance with the requirements of this provision.

IV.A.1.e - Substantial Compliance

- e. *“Clinical monitoring of inmates, including but not limited to those who are involuntarily medicated, clinically restrained or secluded, segregated, or on suicide watch;”*
- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

ACH and ACMH established policies and procedures that are consistent with the requirements of the Remedial Plan and include clinical monitoring of inmates, including but not limited to those who are involuntarily medicated, clinically restrained or secluded, segregated, or on suicide watch.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

IV.A.1.f - Substantial Compliance

- f. *“Descriptions of specialized mental health programming that specifically identify admitting and discharge criteria and the staff members who have the authority to place inmates in specialized mental health housing;”*
- **County Service Lines Involved:** ACMH
 - **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
 - **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

ACH and ACMH established policies and procedures that are consistent with the requirements of the Remedial Plan and include descriptions of specialized mental health programming that specifically identify admitting and discharge criteria and the staff members who have the authority to place inmates in specialized mental health housing.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

IV.A.1.g - Partial Compliance

- g. *“Procedures for involuntary medications and other appropriate measures for the management of inmates with serious mental illness who lack the capacity to give informed consent, in accordance with relevant state law;”*
- **County Service Lines Involved:** ACMH, ACH, SSO
 - **Court-Appointed Monitor:** Mental Health SME
 - **Most Recent Monitor Rating:** V.A.1.g was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACH and ACMH established policies and procedures that are consistent with the requirements of the Remedial Plan and include procedures for involuntary medications and other appropriate measures for the management of inmates with serious mental illness who lack the capacity to give informed consent, in accordance with relevant state law. The Mental Health SME approved this policy on August 10, 2023 and it was finalized on August 15, 2023.

SSO has submitted a policy for review with the Policy Sustainment Bureau addressing administration of psychiatric medication to inmates who refuse it. The policy permits involuntary medication only in true emergencies or under a lawful order and outlines required safeguards, including supervision, documentation, monitoring, and safe handling when force or restraints are necessary. The policy prioritizes inmate safety, medical necessity, and legal compliance. Until this policy is approved and published, the County is in partial compliance with the requirements of this provision.

IV.A.1.h - Substantial Compliance

- h. *“Training for all staff members who are working with inmates with mental illness in all aspects of their respective duty assignments.”*
- **County Service Lines Involved:** ACMH, ACH, SSO
 - **Court-Appointed Monitor:** Mental Health SME
 - **Most Recent Monitor Rating:** V.A.1.h was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACH and ACMH established policies and procedures that are consistent with the requirements of the Remedial Plan and include descriptions of specialized mental health programming that specifically identify admitting and discharge criteria and the staff members who have the authority to place inmates in specialized mental health housing.

All ACMH staff receive extensive onboarding and training regarding their roles, responsibilities, and requirements related to patient care. Staff participate in mandatory training that includes Suicide Prevention, Suicide Risk Assessment, PREA, ADA and Effective Communication, World Professional Association for Transgender Health (WPATH) Standards of Care, Cultural Competency, Brain Development and Adaptive Supports, Planned Use of Force, and Treatment Planning. Additionally, staff are required to review Mental Health Policies and Procedures and sign attestations confirming their review. Supervisors conduct regular huddles with their teams to review relevant policies, program requirements, patient care activities, and program updates.

ACMH consistently provides additional training to promote clinical development and strengthen staff competencies in the delivery of mental health services. Ongoing professional development opportunities are offered throughout the year, including refresher courses, clinical supervision, and targeted trainings tailored to emerging program needs. These trainings support staff in maintaining best practices, enhancing clinical decision-making, and ensuring high-quality, patient-centered care.

All SSO staff members working with inmates experiencing mental illness receive training tailored to support them in their respective roles. This includes Suicide Prevention, Mental Health in Jails, and Crisis Intervention Training (CIT). These trainings are designed to enhance staff awareness, promote safety, and ensure appropriate responses when managing individuals with serious mental health needs in a correctional setting.

All new custody staff complete eight hours of mental health training, and current staff complete two hours of annual suicide prevention training. All IOP Deputies attend 24-hour P.O.S.T. Crisis Intervention Training. Within the past two years, all newly hired SSO Deputies at the SSO Academy have completed this training regardless of assignment. The County remains in substantial compliance with the requirements of this provision.

IV.A.2 - Substantial Compliance

“The County’s policies and procedures shall be revised, as necessary, to reflect all of the remedial measures described in this Remedial Plan.”

- **County Service Lines Involved:** ACMH, ACH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.A.2 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

As noted in the 11th County Status Report, ACH policies and procedures are revised as necessary, to reflect all the Remedial Plan measures described in this Remedial Plan.

SSO’s Legal and Policy Sustainment Bureau, in partnership with its vendor Lexipol LLC, continues to focus on maintenance and updates to all Sheriff’s Office policies and procedures to ensure compliance with provisions of the Consent Decree as well as applicable law. In October of 2024, the Sheriff’s Office created the corrections compliance manager position. One of the responsibilities of this employee is to ensure that Sheriff’s Office policies and procedures are both consistent with the requirements of the Consent Decree and that proposed changes are communicated to Class Counsel through an open and collaborative process. The County remains in substantial compliance with the requirements of this provision.

IV.A.3 - Substantial Compliance

“The County shall continue to operate its acute inpatient program and its Outpatient Psychiatric Pod (OPP) program. The County shall establish a new Intensive Outpatient

Program (IOP) for inmates who require a higher level of outpatient psychiatric care than what is provided in the OPP program.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.A.3 was not evaluated by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

At the time the Remedial Plan was established, OPP was a designated level of care. However, as mental health services expanded and the need for clearer differentiation of clinical programming emerged, the EOP level of care was developed to replace the OPP designation. Currently, ACMH is collaborating with Mental Health SMEs to restructure and refine the existing EOP levels of care to better meet the needs of our patient population, ensure clinical clarity, and enhance the overall effectiveness and responsiveness of our mental health service delivery system.

Currently, ACMH’s EOP program has a service capacity of 525 patients. ACMH is assigning patients to an EOP level of care as staff are hired. EOP services have assisted in decreasing the number of disciplinary write ups, emergent referrals and the number of days a patient stayed in the Acute Psychiatric Unit (APU).

The IOP level of care continues to be expanded which has helped reduce the need for inpatient care. ACMH received FY 24/25 mid-year augmentation to increase the number of IOP beds at RCCC from 48 to 72 and female beds at the Main Jail from 23 to 33. Additionally, there are 20 male beds at the Main Jail. This brings the total number of IOP beds to 125. Further expansion of IOP is planned in February 2026 with the addition of 32 male and 10 female beds. This expansion will bring the total number of IOP beds to 167.

An expansion to the APU is also in development which will add 24 LPS beds and seven (7) step-down beds for a total of 41 acute psychiatric inpatient beds. The APU expansion will be completed in June 2026.

Beyond APU, IOP, and EOP, the jail system has beds dedicated to mental health-related programming. RCCC has 32 male and 12 female beds for JBCT and 10 beds for Early Access to Stabilization Services (EASS).

This provision remains in substantial compliance As the County continues operation of the APU, has significantly expanded IOP, and a planned expansion of APU is pending, the County remains in substantial compliance with the requirements of this provision.

IV.A.4 - Partial Compliance

“The County shall operate its non-acute mental health programs – IOP, OPP, and General Population-Mental Health – consistent with the JPS Psychiatric Services overview, attached [to the Consent Decree] as Exhibit A-2.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.A.4 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

EOP is budgeted to serve 525 patients; services include crisis intervention, case management, care coordination, advocacy, discharge planning, and therapeutic interventions including 1:1 and group programming. Services are being titrated as staff are hired. EOP expanded therapeutic group services for EOP patients housed on 3E & 3W, 7W, 4E & 4W and 8E. EOP participants are also supported by MDTs.

ACMH established a Positive Behavioral Support Team that provides specific Dialectical Behavior Therapy (DBT) interventions and staff consultation to address patient behaviors that interfere with patients participating in programming or being housed in the least restrictive setting.

ACMH has fully implemented CNAP which provides crisis intervention, enhanced observation, and stabilization for patients in crisis.

ACMH will continue to address and identify barriers that interfere with scheduled groups with supervisors. ACMH is working on refining the automated Group Participation report which will assist with tracking the average number of hours of structured treatment offered per patient per week, the average number of hours of structured treatment received/attended per patient per week, and the actual number of groups scheduled and canceled. In August 2025, ACMH established a swing shift for IOP clinicians at both facilities to expand evening group offerings and provide additional capacity to reschedule groups that were previously canceled.

At the time the Remedial Plan was established, OPP was a designated level of care. However, as mental health services expanded and the need for clearer differentiation of clinical programming emerged, the EOP level of care was developed to replace the OPP designation. Currently, ACMH is collaborating with Mental Health subject matter experts to restructure and refine the existing EOP levels of care to better meet the needs of our patient population, ensure clinical clarity, and enhance the overall effectiveness and responsiveness of our mental health service delivery system.

The assigned compliance rating is due to current efforts to restructure ACMH's EOP levels of care as well as ongoing work to refine, standardize, and accurately report group services offered and attended per patient per week. The County remains in partial compliance with the requirements of this provision.

IV.B – Organizational Structure

IV.B.1 - Substantial Compliance

“The County shall develop and implement a comprehensive organizational chart that includes the Sheriff’s Department (“Department”), Correctional Health Services (“CHS”), Jail Psychiatric Services (“JPS”), Chief Administrative Officer, Medical Director of the JPS Program, and any other mental health staff, and clearly defines the scope of services, chains of authority, performance expectations, and consequences for deficiencies in the delivery of mental health care services.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.B.1 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

The County maintains a comprehensive organizational chart for ACH and ACMH that clearly outlines the chains of authority. ACH also developed and implemented position standards and job descriptions, outlining scope of services and performance expectations for each position. Both the County and UC Davis have County and organization-wide policies and disciplinary processes as it relates to not meeting standard performance and duties. The Sheriff’s Office maintains and regularly updates an organizational chart that has been routinely provided to Court-appointed SMEs and Class Counsel on demand. The County remains in substantial compliance with the requirements of this provision.

IV.B.2 - Substantial Compliance

“A Medical Director of Jail Psychiatric Services shall be designated and shall oversee all mental health care functions in the jails, including psychiatric prescribers and psychiatric nurses. The Director shall possess clinical experience and a doctoral degree.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.

- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

ACMH has a medical director designated to oversee all mental health care functions in the jails, including psychiatric prescribers and psychiatric nurses. The ACMH medical director possesses clinical experience and a doctoral degree. ACMH reorganized the leadership procedures are in structure to address Consent Decree requirements and support program and staff expansion. This provision remains in substantial compliance.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

IV.B.3 - Substantial Compliance

“The Medical Director of Jail Psychiatric Services shall participate in jail executive leadership and shall be responsible for overseeing program development, clinical practice, and policy, as well as interfacing with jail and medical leadership and community mental health.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

The ACMH medical director and MH program director participate in ACH Executive Team leadership meetings as well as a variety of meetings including Quality Improvement, Multidisciplinary Team Meetings, ACH leadership and SSO Custody leadership meetings, and ad hoc meetings.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

IV.C – Patient Privacy

IV.C.1.a - Substantial Compliance

"All clinical interactions shall be private and confidential absent a specific, current risk that necessitates the presence of custody staff. In making such determination, custody and clinical staff shall confer and review individual case factors, including the patient's current behavior and functioning and any other security concerns necessary to ensure the safety of medical staff. Such determinations shall not be based on housing placement or custodial classification.

a) For any determination that a clinical interaction with a patient requires the presence of custody staff, staff shall document the specific reasons for the determination. Such decisions shall be reviewed through the Quality Assurance process."

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.C.1.a was not evaluated by Mary Perrien, Ph.D. in the "Mental Health Expert's Fifth Round Report of Findings," dated August 12, 2025.

ACMH understands the importance of seeing all patients confidentially. Confidential interview booths have been installed on all floors and ACMH has seen a significant increase in confidential contacts. ACMH supervisors monitor the use of confidential space in booking, classrooms, attorney booths, and confidential interview booths and have regular discussions with staff regarding challenges/barriers to use of confidential space. ACMH supervisors continuously reinforce the importance and requirements of confidential individual interviews and group programming during staff meetings and huddles.

ACMH and SSO custody staff meet regularly to discuss challenges/barriers preventing confidential encounters. ACMH and SSO's compliance lieutenant have a standing monthly meeting to discuss confidentiality issues and review for Quality Assurance (QA)/QI. ACMH and SSO implemented a plan to increase efficiency of using attorney booths on all floors, confidential interviews with patients who present with assaultive or high security/safety issues, and Custody standby while ensuring auditory privacy.

At Main Jail, ACMH continues to use the confidential booths on 3 West for one-on-one contacts with IOP patients. In early 2025, a confidential booth was added to the 2 East indoor recreation area to support private visits with APU patients, significantly increasing the number of confidential contacts. At RCCC, ACMH uses confidential spaces including attorney booths, interview rooms, and vacant classrooms. These additions, along with improvements noted in the 11th County Status Report, have substantially increased the availability and use of confidential spaces throughout both facilities.

ACMH clinicians document the reason for any non-confidential encounter, including instances in which custody personnel are required to be present. Clinicians utilize attorney booths for unpredictable, high-security, or combative patients, as appropriate, to ensure auditory privacy during clinical encounters. Audits of confidential versus non-confidential contacts are submitted to the MH Quality Improvement Subcommittee. Further, ACMH and SSO's Compliance Unit meet regularly to review audit results and identify opportunities to reduce the number of non-confidential visits due to safety and security concerns.

Due to ongoing collaboration and training between ACMH and SSO, audits of confidential encounters have shown a decrease in the number of "safety and security" reasons for non-confidential contacts. ACMH and SSO identified need for additional drop-down options in the confidential encounter form to better capture the specific reasoning for a non-confidential encounter due to safety and security. Changes have been implemented, and ACMH and SSO will use audit findings to identify any barriers or areas for improvement.

Additional information about spaces for confidential contacts was included in the 11th County Status Report.

With the installation of interview booths completed in October 2024, ACMH has experienced a significant increase in the number of confidential clinical contacts conducted at the Main Jail. In September 2024, prior to the installation, an average of 66% of contacts were confidential. Following installation of the booths, the average increased to 81% in November 2024 and further increased to 91% in September 2025. In addition to the booths, a security chair was added to the interview booth on Floor 8 West to facilitate a safe environment for clinicians conducting confidential encounters with high-security or combative individuals.

In September 2025, 95% of encounters at the RCCC were confidential. Across both facilities, ACMH maintained an overall confidential-contact compliance rating of 93%.

The County is in substantial compliance with the requirements of this provision.

IV.C.1.b - Partial Compliance

"b) If the presence of custody staff is determined to be necessary to ensure the safety of medical staff for any clinical counter, steps shall be taken to ensure auditory privacy of the encounter."

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME

- **Most Recent Monitor Rating:** IV.C.1.b was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

This is reflected in SSO’s policy “Portable Audio/Video Recorders,” section “Medical and Mental Health Confidentiality for Incarcerated Persons” (522.5, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025), which states, “All medical and mental health assessments shall be private and confidential absent a specific current risk that necessitates the presence of an officer. All medical and mental health assessments should be conducted in an area and manner that provides reasonable sound privacy and confidentiality for the incarcerated person. If a member is present during the medical or mental health assessment, the member should be positioned in a place that allows for observation but maintains sound privacy, unless there is an articulable security or safety risk. Members may maintain visual supervision but may not be close enough to overhear or record communications between the incarcerated person and the health provider, unless security concerns, based on an individualized determination of risk dictate otherwise.” Specific efforts used to support this provision are detailed in the County’s response to IV.C.1 in the 11th County Status Report.

ACH’s November 2025 audit of confidential contacts for medical encounters identified that 33% were conducted in non-confidential settings. However, this was primarily due to the unavailability of confidential space. In reviewing the specific requirements of this provision, the County recognized that its current audit tool does not capture the specific data elements needed to demonstrate proof of practice. This will be prioritized for inclusion in future audits. Until auditory privacy when custody staff presence is necessary is formally captured, the County is in partial compliance with the requirements of this provision.

IV.C.1.c – Substantial Compliance

“c) The County’s patient privacy policies, as described in this section, shall apply to contacts between inmates and Triage Navigator Program staff and/or other staff that provide mental health-related services on site at the Jail.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.C.1.c was not evaluated by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Community providers who have been granted access to the jail for purposes of care coordination are permitted to use the same confidential clinical spaces as ACMH staff. The County is in substantial compliance with the requirements of this provision.

IV.C.2 - Substantial Compliance

"Jail Policies that mandate custody staff to be present for any mental health treatment in such a way that disrupts confidentiality shall be revised to reflect the individualized process set forth above. Custody and mental health staff shall be trained accordingly.

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.C.2 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the "Mental Health Expert's Fifth Round Report of Findings," dated August 12, 2025.

No policies exist mandating custody staff to be present for mental health treatment. The County remains in substantial compliance with the requirements of this provision.

IV.C.3 – Substantial Compliance

"It shall be the policy of the County that mental health clinicians shall not conduct their patient contacts at cell front except pursuant to documented refusals or specific, documented security concerns that warrant cell front contacts."

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.C.3 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the "Mental Health Expert's Fifth Round Report of Findings," dated August 12, 2025.

Facilities for confidential contacts in each jail facility are described in the 11th County Status Report. With the installation of interview booths at the Main Jail and the expansion of deputy escort coverage at RCCC, ACMH has reported an increase in confidential clinical contacts across both facilities. As of September 2025, ACMH achieved an overall confidential-contact compliance rate of 93%. Facilities for confidential contacts in each jail facility are described in the 11th County Status Report. With the installation of interview booths at the Main Jail and the expansion of deputy escort coverage at RCCC, ACMH has reported an increase in confidential clinical contacts across both facilities. As of September 2025, ACMH achieved an overall confidential-contact compliance rate of 93%.

With proof of practice established, the compliance rating has been increased. The County is now in substantial compliance with the requirements of this provision.

IV.C.4 - Substantial Compliance

“For each clinical contact, mental health staff shall document whether the encounter was confidential, including whether it took place at cell front. If the contact occurred at cell front or otherwise was non-confidential, the reasons shall be clearly documented in the individual patient record and for purposes of Quality Assurance review procedures.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.C.4 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

For each clinical contact, ACMH staff document whether the encounter was confidential, including whether it took place at cell front. If the contact occurred at cell front or otherwise was non-confidential, the reasons are clearly documented in the individual patient record and for purposes of Quality Assurance review procedures. ACMH routinely audits confidential contacts and reports findings at the ACMH Subcommittee Meeting.

As described in the County’s response to IV.C.3, with the installation of interview booths at the Main Jail and the expansion of deputy escort coverage at RCCC, ACMH has observed an increase in confidential clinical contacts across both facilities. As of September 2025, ACMH achieved an overall confidential-contact compliance rate of 93%.

ACMH and SSO Custody meet regularly to discuss challenges/barriers preventing confidential encounters. ACMH and SSO’s compliance lieutenant have a standing monthly meeting to discuss confidentiality issues and review for QA/QI.

The County remains in substantial compliance with the requirements of this provision.

IV.C.5 - Substantial Compliance

“A process shall exist for sick call slips or other mental health treatment-related requests to be collected without the involvement of custody staff.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME

- **Most Recent Monitor Rating:** IV.C.5 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

The Health Services Request policy outlines the process allowing patients to submit requests or other mental health treatment-related requests to be collected without the involvement of SSO custody staff. At both facilities, nurses collect mental health and sick call slips from the secured medical mailbox. Custody does not have any involvement in the collection or processing of these documents. Language was added to the inmate handbook that reminds all inmates that “kites” [inmate communication] and grievances shall not be distributed nor collected by inmate workers or by any other inmate. SSO staff were reminded that no one should interfere with the direct communication between an inmate and a provider.

During this reporting period, blank HSR forms have been made readily available in housing units, allowing inmates to submit requests directly to ACH/ACMH mailboxes, which are accessed exclusively by ACH staff.

Additionally, SSO implemented a streamlined process via Microsoft Teams, enabling custody staff to notify ACH of an inmate’s medical need electronically, bypassing the HSR and expediting response times.

The County remains in substantial compliance with the requirements of this provision.

IV.D – Clinical Practices

IV.D.1 - Substantial Compliance

“Mental health staff shall develop and maintain at each jail facility an accurate case list of all prisoners requiring mental health treatment services at the jail (“caseload”) which, at a minimum, lists the patient’s name, medical chart number, current psychiatric diagnoses, date of booking, date of last appointment, date of next appointment, and the name of the treating prescriber.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.D.1 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

The MH Cases report was put into production on June 5, 2025 and includes all required information plus release dates and custody level. This provision is specific to maintaining

an accurate case list; however, the Mental Health SME included recommendations that do not apply to this provision. As such, the County remains in substantial compliance with the requirements of this provision.

IV.D.2 - Substantial Compliance

“Qualified mental health professionals shall have access to the patient’s medical record for all scheduled clinical encounters.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.D.2 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACMH staff have full access to all areas of the EHR for pending clinical encounters. The County remains in substantial compliance with the requirements of this provision.

IV.D.3 - Partial Compliance

“Qualified mental health professionals shall provide individual counseling, group counseling, and psychosocial/psychoeducational programs based on individual patients’ clinical needs.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.D.3 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACMH provides individual and group counseling and psychosocial/psychoeducational programs in the IOP, APU, and EOP. In August 2025, ACMH established a swing shift for IOP clinicians at both facilities to expand evening group offerings and increase overall program capacity. This initiative was designed to provide greater flexibility for patients who require later-day services and to strengthen operational continuity by allowing clinicians to reschedule groups that previously would have been canceled due to staffing limitations. The addition of the swing shift not only enhances access to care but also supports improved program reliability, helping ensure that patients receive consistent therapeutic services aligned with their treatment needs. Ongoing monitoring will assess the impact of this change on timeliness, group completion rates, and overall patient engagement.

Despite the progress made in this area, the County remains in partial compliance with the requirements of this provision.

IV.D.4 - Partial Compliance

“A qualified mental health professional shall conduct and document a thorough assessment of each individual in need of mental health care following identification.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.D.4 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACMH completes a full assessment of patients identified as needing mental health services. Due to staffing limitations and ongoing work to improve timelines to care, the County remains in partial compliance with the requirements of this provision.

IV.D.5 - Partial Compliance

“The County shall ensure prompt access to psychiatric prescribers following intake and in response to referrals and individual patient requests in accordance with the referral and triage timelines defined in the Access to Care provisions, below.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.D.5 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACMH updated and renamed all prescriber encounters in Athena in order to standardize documentation across all program areas and allow staff to quickly identify a prescriber encounter.

ACMH has revised the medication verification workflow to streamline the triage and verification of community prescribed medications. ACMH continues to audit the timeliness of medication verification to ensure that patients receive their community medications within the required time frames. Audit results for the periods of March 2025-August 2025 and September 2025-October 2025 indicate that 100% of patients who reported taking community mental health medications had those medications verified by ACMH. Of these,

93% were verified within 48 hours during the March–August 2025 review period, and 100% were verified within 48 hours during the September–October 2025 period.

During the reporting period, a total of 820 referrals were triaged and scheduled. For urgent referrals requiring appointments within 36 hours (1.5 days), 83% (103 of 124) of patients were seen within the required timeframe, with psychiatric prescribers demonstrating an average response time of one (1) day. For routine referrals, which allow a 14-day window, 78% (540 of 696) of patients were seen within the established standard.

In August 2025, ACMH implemented targeted staffing enhancements to improve timeliness of care by adding 1.5 psychiatric nurse practitioner positions at RCCC. This strategic addition was intended to expand prescriber capacity, reduce scheduling delays, and strengthen ACMH’s ability to meet urgent and routine access-to-care standards. While the impact of these staffing changes will continue to be monitored in subsequent reporting periods, the expansion reflects ACMH’s ongoing commitment to improving service responsiveness and addressing barriers that contribute to delayed access to psychiatric care. The staffing increase represents a proactive step toward achieving full compliance and enhancing patient access to timely services. Despite these efforts, as ACMH is not yet consistently meeting the required 90% threshold in access-to-care timelines, the County remains in partial compliance with the requirements of this provision.

IV.D.6 - Substantial Compliance

“The County shall, in consultation with Plaintiffs’ counsel, implement an electronic system for tracking mental health evaluation, treatment, and other clinical contacts, as well as sick call slips and other mental health treatment related requests or referrals.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.D.6 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

As described in the 11th County Status Report, the County has implemented an electronic system for tracking mental health evaluation, treatment, and other clinical contacts, as well as sick call slips and other mental health treatment-related requests or referrals. ACMH utilizes ACH’s EHR to track mental health treatment, encounters, HSRs, and other MH treatment-related requests or referrals. The County remains in substantial compliance with the requirements of this provision.

IV.D.7 - Substantial Compliance

“The County shall develop and implement an electronic tracking system with alert and scheduling functions to ensure timely delivery of mental health services to individual patients.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.D.7 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACMH utilizes ACH’s EHR to schedule all MH encounters. The 10th and 11th County Status Reports detail past activities related to the development and full implementation of this system.

As the County has developed and implemented an electronic tracking system with scheduling functions to ensure timely delivery of mental health services to individual patients, the County remains in substantial compliance with the requirements of this provision.

IV.D.8 - Partial Compliance

“Treatment planning:

- a) The County shall ensure that each prisoner on the mental health caseload receives a comprehensive, individualized treatment plan based on the input of the Multi-Disciplinary Treatment Team (MDT). The MDT shall include multiple clinical disciplines with appropriate custody and counseling staff involvement.*
- b) The treatment plan shall reflect individual clinical need, and the County shall ensure that all clinically indicated services are available and provided.*
- c) The treatment plan shall include, at a minimum, the frequency of follow-up for clinical evaluation and adjustment of treatment modality, the type and frequency of diagnostic testing and therapeutic regimens (which may include clinical contacts more frequent than the minimum intervals described herein), and instructions about adaptation to the correctional environment.*
- d) This treatment plan shall include referral to treatment after release from the facility when recommended by treatment staff.*

- e) *Custody staff shall be informed of a patient's treatment plan where appropriate to ensure coordination and cooperation in the ongoing care of the patient.*
- f) *The County shall, in consultation with Plaintiffs' counsel, develop and implement a Treatment Plan Form that will be used to select and document individualized services for prisoners who require mental health treatment.*
- g) *The County shall implement guidelines and timelines for the initiation and review of individual treatment plans, consistent with the JPS Psychiatric Services overview, attached as Exhibit A-2."*

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.D.8 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the "Mental Health Expert's Fifth Round Report of Findings," dated August 12, 2025.

IOP deputies and supervisors continue to participate in daily and monthly multidisciplinary meetings with ACMH to review each patient's treatment plan. This coordination helps deputies make informed decisions, share observations on behavior and peer interactions, and support higher-quality clinical care. Additionally, SSO and ACMH supervisors hold supplemental consultations for patients experiencing difficulties, developing targeted strategies to enhance care and program outcomes.

ACMH continues to monitor the completion of treatment planning and MDT meetings across the APU, IOP, and EOP programs. An audit conducted for the October 2025 reporting period showed strong overall performance, with 94% (51/54) of charts documenting MDT completion and 98% (53/54) documenting completed treatment plans. Additionally, 94% (51/54) of cases showed treatment plans and MDTs completed on the same day, demonstrating consistent coordination of care. Timeliness to care for the completion of MDTs and treatment planning was met in 89% (48/54) of cases.

ACMH continues to address barriers that impact timely completion of MDTs and treatment planning and is actively collaborating with individual program areas to sustain compliance. Despite documented improvement across programs, there is still a need to scale EOP services to fully support the entire mental health caseload. The County remains in partial compliance with the requirements of this provision.

IV.E – Medication Administration and Monitoring

IV.E.1 - Partial Compliance

"The County shall develop and implement policies and procedures to ensure that all medications are appropriately prescribed, stored, controlled, dispensed, and administered in accordance with all applicable laws and through the following:

- a) The County shall ensure that initial doses of prescribed medications are delivered to inmates within 48 hours of the prescription, unless it is clinically required to deliver the medication sooner;*
- b) The County shall make best efforts to verify a patient's prescribed medications and current treatment needs at intake, including outreach to pharmacies and community providers to request prescriptions and other health care records relating to ongoing care needs. The policy shall ensure that any ongoing medication, or a clinically appropriate alternative, shall be provided within 48 hours of verification of the prescription or from a determination by a physician that the medication is medically necessary. Any orders that cannot be reconciled or verified, such as those with conflicting prescriptions from multiple prescribers, shall be referred to a health care provider for reconciliation or verification the next clinic day after booking.*
- c) The County shall ensure that medical staff who administer medications to inmates document in the inmate's Medical Administration Record (1) name and dosage of each dispensed medication, (2) each date and time medication is administered, and (3) the date and time for any refusal of medication."*

- **County Service Lines Involved:** ACH, ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.E.1 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the "Mental Health Expert's Fifth Round Report of Findings," dated August 12, 2025.

ACH Intake policy outlines that any ongoing medication, or a clinically appropriate alternative, shall be provided within 48 hours of verification of the prescription or from a determination by a physician that the medication is medically necessary. Any orders that cannot be reconciled or verified, such as those with conflicting prescriptions from multiple prescribers, shall be referred to a health care provider for reconciliation or verification the next clinic day after booking. ACH has determined that substantial compliance (above 90%) has been maintained since August 17, 2022 for IV.E.1.a, meeting timeliness standards for patients receiving initial medications.

ACMH has revised the medication verification workflow to streamline the triage and verification of community-prescribed medications. ACMH continues to audit the timeliness

of medication verification to ensure that patients receive their community medications within the required time frames. Audit results for the periods of March 2025-August 2025 and September 2025-October 2025 indicate that 100% of patients who reported taking community mental health medications had those medications verified by ACMH. Of these, 93% were verified within 48 hours during the March–August 2025 review period, and 100% were verified within 48 hours during the September–October 2025 period. With this, the County is substantially compliant with the requirements of IV.E.1.b.

Regarding IV.E.1.c, ACH medication administration practices ensure that all required information is documented in the patient’s Medication Administration Record (MAR), including the patient’s name, the medication and dosage administered, the date and time of administration, and the date and time of any medication refusal, supporting substantial compliance in this area.

During this reporting period, ACH completed the meet-and-confer process with the union to modify medication administration time frames. These changes are intended to ensure compliance with the required one-hour before or after medication administration window and to allow for appropriate spacing between medication doses.

The County remains in partial compliance with the requirements of this provision.

IV.E.2 - Substantial Compliance

“Qualified mental health professionals shall, for each individual patient, establish targets for treatment with respect to the use of psychotropic medication and shall assess and document progress toward those targets at each clinical visit.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.E.2 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Qualified Mental Health Professionals (QMHPs) establish treatment targets related to the use of psychotropic medications and assess and document progress toward those targets at each clinical encounter. Audit findings for June-August 2025 continued to demonstrate that prescribers achieved 100% compliance with this requirement. The County remains in substantial compliance with the requirements of this provision.

IV.E.3 - Partial Compliance

“Qualified mental health professionals shall, for each individual patient, monitor and document the following with respect to psychotropic medications: (1) levels of medications, (2) adverse impacts (including through renal and liver function tests where indicated), (3) side effects, and (4) efficacy.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.E.3 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

QMHPs monitor and document medication levels, adverse impacts, order laboratory testing, and record side effects and treatment efficacy, as clinically appropriate. ACMH continues to conduct peer reviews and report results through the Psychiatric Prescriber Audit. For the period of June-August 2025, the following areas were found to be in substantial compliance:

- 100% compliance with establishing treatment targets related to psychotropic medication and assessing/documenting progress toward those targets at each visit.
- 100% compliance with conducting an in-person meeting when changing medication and documenting a clinically appropriate rationale when an in-person visit was not required.
- 100% compliance with documentation of treatment efficacy monitoring.

Audit findings indicated that documentation related to consistent monitoring of side effects and efficacy fell below the 90% compliance threshold, and the compliance rating has been reduced. This area has been identified as an action item for quality improvement. The County is in partial compliance with the requirements of this provision.

IV.E.4 - Partial Compliance

“Qualified mental health professionals shall, for each individual patient, conduct and document baseline studies, including ECG, blood, urine, and other studies, as clinically appropriate, prior to the initiation of treatment.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME

- **Most Recent Monitor Rating:** IV.E.4 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Psychotropic treatment may be started prior to labs for a variety of reasons including emergency need, patient noncompliance, phlebotomist unavailability or other security issues within the facility. ACMH continues to monitor prescriber compliance through the Psychiatric Prescriber Audit. The County remains in partial compliance with the requirements of this provision.

IV.E.5 - Partial Compliance

“The County shall provide sufficient nursing and custody staffing to ensure timely delivery and administration of medication.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.E.5 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

SSO continues to staff medical escorts to assist medical with doctor and nurse sick-call, allowing floor custody staff more time for other responsibilities such as medication administration. It is the policy of SSO that regularly scheduled medication is administered to incarcerated person in a timely manner. Medication administration is scheduled as designated by ACH.

During this reporting period, ACH completed the meet-and-confer process with the union to modify medication administration time frames. These changes are intended to ensure compliance with the required one-hour before or after medication administration window and to allow for appropriate spacing between medication doses. As part of this meet-and-confer process, pill call nurse schedules will also change effective January 26, 2026, to ensure sufficient nursing coverage. These staffing adjustments are intended to support the timely delivery of medications in accordance with policy requirements.

As noted in the County’s response to II.A, on July 1, 2025, the County contracted with HMA to develop a Master Plan. The Master Plan requires an operational analysis of the current jail system, which will incorporate a staffing analysis of both the medical and mental health care staffing needs to meet the needs of the patient population and the custody staffing needs to meet the health care and safety needs of the inmate population.

The County remains in partial compliance with the requirements of this provision.

IV.E.6 - Substantial Compliance

“Medication adherence checks that serve a clinical function shall be conducted by nursing staff, not custody staff. Custody staff shall conduct mouth checks when necessary to ensure institutional safety and security.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.E.6 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACH pill call nurses have received extensive training on the importance of medication adherence checks as a critical component of the medication administration process. In-person audits have demonstrated strong compliance by both nursing and custody staff. This practice was observed to be occurring appropriately during the most recent Medical SME visit, confirming that established procedures are being implemented as intended. With these observations, the compliance rating is being increased. The County is now in substantial compliance with the requirements of this provision.

IV.E.7 - Substantial Compliance

“Psychiatric prescribers shall consider clinically indicated considerations and conduct an in-person consultation, with the patient prior to changing or initiating medications. In the event there is no in-person consultation before prescribing or changing medications the psychiatric prescriber shall note and document the reasons for why there was not an in-person consultation with the patient.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.E.7 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACMH continues to conduct peer reviews and report results through the Psychiatric Prescriber Audit. For the period of June-August 2025, ACMH demonstrated 100% compliance with conducting an in-person meeting when changing medication or

documenting a clinically appropriate rationale when an in-person visit was not required. The County remains in substantial compliance with the requirements of this provision.

IV.F – Placement Conditions, Privileges, and Programming

IV.F.1.a - Partial Compliance

"Placement:

- a) *It shall be the policy of the County to place and treat all prisoners on the mental health caseload in the least restrictive setting appropriate to their needs."*

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.F.1.a was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the "Mental Health Expert's Fifth Round Report of Findings," dated August 12, 2025.

The County seeks to place and treat all incarcerated persons on the mental health caseload in the least restrictive setting appropriate to their needs. The County is aware that it lacks sufficient APU and IOP beds to meet the needs of its current population and is actively working to remedy this. In addition to the IOP expansion completed in 2025, further expansion of IOP is planned in February 2026 with the addition of 32 male beds at RCCC and 10 female beds at Main Jail. This expansion will bring the total number of IOP beds to 167; 43 female and 124 male.

An expansion to the APU is also in development which will add 24 Lanterman-Petris-Short Act (LPS) beds and seven (7) step-down beds. This expansion of APU beds will bring the total number of LPS beds to 41. The APU expansion will be completed in June 2026. Pending additional IOP and APU beds, the County remains in partial compliance with the requirements of this provision.

IV.F.1.b - Substantial Compliance

- b) *"Placement in and discharge from Designated Mental Health Units shall be determined by qualified mental health professionals, with consultation with custody staff as appropriate."*

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME

- **Most Recent Monitor Rating:** IV.F.1.b was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Placement decisions for Mental Health Units are made by ACMH. Custody staff attempts to house individuals in the least restrictive environment possible, based on their individual circumstances and needs, so they can receive the care and support they need. Custody coordinates closely with ACMH to move people into and out of these units as individuals are admitted or discharged. If any safety concerns arise regarding placement, custody and ACMH staff will work together to find a reasonable solution. The County is in substantial compliance with the requirements of this provision.

IV.F.1.c - Substantial Compliance

- c) *“Absent emergency circumstances, the County shall obtain the assent of qualified mental health professionals before transferring prisoners with SMI into or out of Designated Mental Health Units.”*
- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.F.1.c was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

As described in IV.F.1.b, SSO custody staff coordinate closely with ACMH to move inmates into and out of Mental Health Units as individuals are admitted or discharged. The County is in substantial compliance with the requirements of this provision.

IV.F.1.d - Partial Compliance

- d) *“It shall be the policy of the County to place prisoners with SMI in appropriate settings that ensure provision of mental health services, patient safety, and the facilitation of appropriate programs, activities, and out of cell time. Co-housing with other populations shall be avoided to the extent that such a practice prevents or hinders any of the above.”*
- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME

- **Most Recent Monitor Rating:** IV.F.1.d was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

SSO procedure “Mental Health Services,” section “Programming and Privileges” (708.3, in the Sacramento County Sheriff’s Office Custody Procedure Manual, published October 31, 2025) ensures that incarcerated persons on the mental health case load, which would include those identified as having an SMI, have access and opportunity to participate in jail programming, work opportunities, and education programs, consistent with individual clinical input. It also details out of cell time requirements for incarcerated persons in designated Mental Health Units. The County is working to expand its IOP and EOP levels of care so that all incarcerated persons with an SMI are placed in the appropriate setting for their treatment needs, as described in the County’s response to IV.F.1.a. At this time, the County remains in partial compliance with the requirements of this provision.

IV.F.1.e - Partial Compliance

- e) *“All patients requiring placement in a Designated Mental Health Unit shall be provided access to such placement and care based on current clinical need and without any requirement for director-level approval.”*
- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.F.1.e was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Director-level approval is not required to support placement into a Designated Mental Health Unit. The County is working to expand its APU and IOP beds so that all patients requiring placement in a DMHU are provided access to such placement and care, as described in the County’s response to IV.F.1.a. At this time, the County remains in partial compliance with the requirements of this provision.

IV.F.2.a - Partial Compliance

“Programming and Privileges:

- a) *All Designated Mental Health Units shall offer a minimum of 7 hours of unstructured out of cell time per week and 10 hours of structured out of cell time per week for each prisoner. While out of cell hours per prisoner may vary from day to day, each prisoner will be offered some amount of out of cell time every day of the week. All*

treatment and out of cell time shall be documented for each prisoner, and reviewed as part of Quality Assurance procedures.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.F.2.a was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Out of cell time requirements are consistent with SSO policy “Mental Health Services,” section “Programming and Privileges” (708.3, in the Sacramento County Sheriff’s Office Custody Procedure Manual, published October 31, 2025). SSO conducts monthly audits to monitor out of cell time for inmates on 3 West and in the APU. A review of three (3) randomly selected months from 2025 showed that 3 West inmates were offered an average of 26 hours per week and chose to participate in an average of 20 hours. In the APU, inmates were offered an average of 18 hours per week and participated in an average of eight (8) hours.

In addition, monthly audits are conducted for inmates on suicide precautions. These audits have consistently confirmed that the suicide precautions sheet was posted outside the inmate’s door 100% of the time. The audits also verified that ACMH and SSO adhered fully to all privileges, items, and clothing allowances specified on each precautions sheet, ensuring compliance with established protocols.

ACMH continues to audit structured out of cell time and groups offered and canceled, to ensure ongoing monitoring of service delivery. Due to an increased number of group cancellations attributable to mental health staffing shortages during the most recent review period, the compliance rating for this provision has been reduced. ACMH has initiated a Corrective Action Plan (CAP) to address the frequency of group cancellations, which affects structured out of cell time, and to ensure adequate mental health staffing levels moving forward. In August 2025, ACMH established a swing shift for IOP clinicians at both facilities to expand evening group offerings and increase overall program capacity. This initiative was designed to provide greater flexibility for patients who require later-day services and to strengthen operational continuity by allowing clinicians to reschedule groups that previously would have been canceled due to staffing limitations. The addition of the swing shift not only enhances access to care but also supports improved program reliability, helping ensure that patients receive consistent therapeutic services aligned with their treatment needs. Ongoing monitoring will assess the impact of this change on timeliness, group completion rates, and overall patient engagement. In November 2025,

ACMH developed new group cancellation reason codes to improve tracking and trending of reasons for group cancellations.

The County is in partial compliance with the requirements of this provision.

IV.F.2.b – Substantial Compliance

b) *“The County shall ensure that prisoners on the mental health caseload have access and opportunity to participate in jail programming, work opportunities, and education programs, consistent with individual clinical input.”*

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.F.2.b was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

In Designated MH Units (APU, IOP, JBCT), structured (group treatment) out of cell time is scheduled by MH in conjunction with SSO. Work opportunities, work assignments are based on an individual’s ability to safely perform those functions given the appropriate level of supervision.

As with IV.F.2.a, this provision is reflected in SSO policy “Mental Health Services,” section “Programming and Privileges” (708.3, in the Sacramento County Sheriff’s Office Custody Procedure Manual, published October 31, 2025).

As of February 2, 2026, RCCC has 113 total inmate workers, including kitchen workers, facility maintenance workers, and laundry workers. 96 of the workers have an effective communication need, nine (9) have an SMI, 47 are on the mental health caseload, 16 have a vision impairment, two (2) have a hearing impairment, two (2) have hernias, three (3) have a physical mobility impairment and one (1) uses a cane. On the same day, there were 242 inmate workers at the Main Jail, with 143 of these workers having a disability or other condition that may require accommodation. 99 of the inmate workers at the Main Jail work in general population roles, and 43 are pod workers.

With proof of practice provided, the County is in substantial compliance with the requirements of this provision.

IV.F.2.c – Substantial Compliance

c) *“The County shall develop and implement, in the 2P inpatient unit and the IOP unit, a program for progressive privileges (including time out of cell, property allowances,*

etc.) for patients as they demonstrate behavioral progress. A patient's level of privileges and restrictions shall be based on both clinical and custody input regarding current individual needs. The County shall ensure a process to review custody classification factors when necessary, so that placement, privileges, and restrictions match current individual circumstances and needs."

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.F.2.c was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the "Mental Health Expert's Fifth Round Report of Findings," dated August 12, 2025.

ACMH determines the level of privileges and restrictions for patients in the APU. Any removal or reinstatement of privileges, property, or clothing must be ordered by a physician and must comply with LPS Denial and Restoration of Patient Rights requirements. Operationally, IOP and APU custody staff coordinate with ACMH to implement property and privilege decisions, and the IOP Sergeant is responsible for monitoring compliance.

IOP patients who are subject to restrictions related to property, privileges, or out of cell time are placed on an Alternative Treatment Plan (ATP). The multidisciplinary team meets daily to review each patient's progress and to plan for the patient's transition from ATP status back into general programming.

The County is in substantial compliance with the requirements of this provision.

IV.F.2.d - Substantial Compliance

- d) *"Individuals on a mental health caseload shall receive, at minimum, privileges consistent with their classification levels, absent specific, documented factors which necessitate the withholding of such privileges. Clinical staff shall be informed of the withholding of privileges and the reasons for the withdrawal shall be documented and regularly reviewed by clinical and custody staff. The restoration of privileges shall occur at the earliest time appropriate based on individual factors."*

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.F.2.d was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the "Mental Health Expert's Fifth Round Report of Findings," dated August 12, 2025.

This is partially addressed by the County's response to IV.F.2.c. ACMH conducts weekly audits to assess MH compliance in determining and documenting appropriate housing, observation levels, property allowances, privileges, and clothing restrictions for patients on suicide precautions. Audit findings are reported monthly to the Suicide Prevention Subcommittee.

As with IV.F.2.a, this provision is reflected in SSO policy "Mental Health Services," section "Programming and Privileges" (708.3, in the Sacramento County Sheriff's Office Custody Procedure Manual, published October 31, 2025).

In addition, a Custody Instructions form was created to provide SSO staff with clear guidance regarding housing, observation levels, property, privileges, and clothing restrictions for patients placed on suicide precautions. ACMH updated MH Policy and Procedure 04-07, "Acute Psychiatric Unit Precautions and Observations," to incorporate relevant directives from the Suicide Prevention Program policy; this revision was finalized in June 2022. Monthly audits of inmates on suicide precautions verified that ACMH and SSO adhered fully to all privileges, items, and clothing allowances specified on each inmate's precautions sheet, ensuring compliance with established protocols.

The County is in substantial compliance with the requirements of this provision.

IV.F.2.e – Substantial Compliance

e) *"Where a prisoner in a Designated Mental Health Unit is subject to any restrictions of property, privileges, or out of cell time, the mental health treatment provider and Multi-Disciplinary Treatment Team will, on a weekly basis, assess and discuss with the prisoner progress and compliance with the prisoner's individual case plan. This process will include clinical contact in a private, face-to-face, out of cell setting. The Multi-Disciplinary Treatment Team will provide input to classification staff regarding the prisoner's mental health and appropriateness for removal of imposed restrictions. Classification staff will follow the recommendation of the Multi-Disciplinary Treatment Team to remove restrictions unless there is a clear, documented security reason to maintain the restriction."*

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.F.2.e was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the "Mental Health Expert's Fifth Round Report of Findings," dated August 12, 2025.

ACMH determines the level of privileges and restrictions for patients in the APU. Any removal or reinstatement of privileges, property, or clothing must be ordered by a physician and must comply with LPS Denial and Restoration of Patient Rights requirements. Operationally, IOP and Acute Unit custody staff coordinate with ACMH to implement property and privilege decisions, and the IOP Sergeant is responsible for monitoring compliance.

IOP patients who are subject to restrictions related to property, privileges, or out-of-cell time are placed on an ATP. The multidisciplinary team meets daily to review each patient's progress and to plan for the patient's transition from ATP status back into general programming. The County is in substantial compliance with the requirements of this provision.

IV.F.3 - Substantial Compliance

"Conditions:

- a) Staff shall provide prisoners in Designated Mental Health Units with the opportunity to maintain cell cleanliness and the opportunity to meet their hygiene needs. Custody and clinical staff shall provide assistance to prisoners on these matters, as appropriate to individual patient needs.*
- b) The County shall ensure uniformity of practice with respect to cell searches, such that searches are not done for punitive or harassment reasons. The County shall monitor whether cell search practices may be serving as a disincentive for prisoners in Designated Mental Health Units to leave their cells for treatment or other out of cell activities, and shall take steps to address the issue as appropriate."*

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.F.3 was rated as being in partial compliance by Mary Perrien, Ph.D. in the "Mental Health Expert's Fifth Round Report of Findings," dated August 12, 2025.

ACMH and SSO custody staff assist patients in IOP and APU with maintaining cell cleanliness and promoting personal hygiene. Cell cleaning schedules are described in the 11th County Status Report.

SSO procedure "Suicide Prevention and Intervention," section "Housing" (713.4, in the Sacramento County Sheriff's Office Custody Procedure Manual, published October 31, 2025) details that deputies ensure any suicide resistant cell used for holding incarcerated

persons on suicide precautions is cleaned prior to the placement of a new incarcerated person, as well as cleaned on a normal cleaning schedule.

In practice, SITHU cells are cleaned by an inmate worker after every time an inmate is cleared and leaves the cell. The SITHU cell is also inspected by a deputy before a new inmate with suicide precautions enter the cell. Inmates that are in the SITHU for longer periods of time are offered opportunities to clean their cell.

Furthermore, in accordance with SSO policy “Incarcerated Person Hygiene,” section “Incarcerated Person Accountability” (804.6, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025), custody staff provide incarcerated persons with mental health, physical, cognitive, or other disabilities with appropriate assistance in maintaining cell cleanliness and hygiene. Incarcerated persons with mental health, physical, cognitive, or other disabilities are not punished for difficulties in maintaining adequate cleanliness or hygiene. Custody and health care staff identify individual needs for assistance on these matters, and accommodate those needs through implementation of an individualized treatment plan. Custody staff review individualized treatment plan components in ATIMS to ensure appropriate assistance is provided.

Cell searches are done randomly on a revolving basis to ensure the inmates do not have any contraband or weapons that can harm themselves, ACMH staff or SSO staff, and are not done for punitive or harassment reasons.

The County remains in substantial compliance with the requirements of this provision.

IV.F.4 - Partial Compliance

"Bed Planning:

- a) *The County shall provide a sufficient number of beds in Designated Mental Health Unit, at all necessary levels of clinical care and levels of security, to meet the needs of the population of prisoners with SMI.*
- b) *The County shall conduct a bed needs assessment, to be updated as appropriate, in order to determine demand for each category of Designated Mental Health Unit beds and shall ensure timely access to all levels of mental health care, consistent with individual treatment needs.*
- c) *The County shall establish mental health programming for women that ensures timely access to all levels of care and is equivalent to the range of services offered to men."*

- **County Service Lines Involved:** ACMH, DGS

- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.F.4 was rated as being in non-compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Regarding IV.F.4.a, the Main Jail currently operates a 17-bed LPS designated APU, serving individuals requiring both involuntary (5150 hold) and voluntary inpatient psychiatric care. Between the Main Jail and RCCC, there are currently 125 IOP beds. Expansions are underway for both APU and IOP; these are described in the County’s response to provision IV.F.1.a.

Regarding IV.F.4.b, the County is currently undergoing a Correctional Facility Master Planning process with a consultant, HMA. Part of this effort includes an operational analysis of the current jail system. This analysis requires many elements, including a mental health needs assessment of the jail population to determine population needs at each level of care (EOP, IOP, APU) and programming, capacity, space, and staffing needs at each level of care (EOP, IOP, APU) to adequately service the jail population including all classification groups (male/female, security levels, general population/protective custody, etc.). This analysis will fulfill the bed needs assessment requirement and assist the County in achieving compliance with the Remedial Plan and Consent Decree overall.

Regarding IV.F.4.c, ACMH provides mental health programming and access to all levels of care to female patients. ACMH recently increased female IOP beds from 23 to 33, and the IOP expansion that is currently underway will add an additional 10 female IOP beds. APU and EOP services are also provided to female patients.

Although IOP has significantly increased its bed capacity and there are plans to expand the APU, the County remains in partial compliance with the requirements of this provision.

IV.F.5 - Partial Compliance

“General Exclusion of Prisoners with Serious Mental Illness from Segregation

- a) Prisoners with Serious Mental Illness will not be housed in Segregation units, except in rare cases where the prisoner presents an immediate danger or significant disruption to the therapeutic setting, and there is no reasonable alternative, in which cases the provisions of Section VIII.D of the Segregation/Restrictive Housing Remedial Plan shall apply.*
- b) Where prisoners with a mental health condition meeting criteria for placement in a Designated Mental Health Unit are assessed a Disciplinary Segregation term, they*

will serve the term in a Designated Mental Health Unit, except in rare cases where the prisoner presents an immediate danger or significant disruption to the therapeutic setting, and shall receive structured out of cell time and programming as determined by the Multi-Disciplinary Treatment Team.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.F.5 was not evaluated by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Multidisciplinary Intervention Plans are utilized for patients served in the Outpatient Program and EOP to address significant or dangerous behaviors or significant disruptions to the therapeutic milieu. Patients housed in IOP or APU are not placed in disciplinary segregation. Patients unable to program or engaging in assaultive behaviors or posing a security concern will be placed on an ATP. Daily meetings are held with the treatment team to determine interventions and transition the patient back to general programming. The completed and planned IOP expansions have reduced the number of Administrative Segregation inmates on the SMI caseload. A description of the current capacity and planned expansions are outlined in provision IV.F.1.a.

Regarding IV.F.5.a, “Mental illness or any other disability” (including SMI) is taken into consideration as a mitigating factor when determining if a lesser restrictive medical or mental health housing assignment is appropriate to meet the individual’s medical or mental health needs. Custody staff has deferred Administrative Separation placement for individuals where ACMH has made a clinical determination that the individual should be admitted to a mental health program.

Regarding IV.F.5.b, if an individual is currently admitted to a mental health program and receives a Full Restriction (Disciplinary Segregation) sanction, current procedures have the term served in place, unless there is a new substantial safety risk or a significant disruption to the therapeutic setting. If an individual receives a Full Restriction sanction while housed elsewhere and is later admitted to a mental health program, current procedures have them moved to the appropriate mental health unit to serve the remainder of their disciplinary term. Based on feedback from Class Counsel, and pending completion of the IOP and APU expansions, the County remains in partial compliance with the requirements of this provision.

IV.F.6.a - Partial Compliance

“Access to Care:

a) *The County shall designate and make available custody escorts for mental health staff in order to facilitate timely completion of appointments and any other clinical contacts or treatment-related events.”*

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.F.6.a was rated as being in partial compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

As described in the 11th County Status Report, IOP and APU have designated custody support to facilitate clinical contacts and treatment-related activities. The JBCT/IOP and EASS programs at RCCC have 16 officers and one sergeant assigned to them. These officers are responsible for ensuring inmates receive what they need from a custody perspective. They act as escorts for the mental health staff. If the inmates need to be taken to an appointment off-site, that is facilitated by SSO’s medical escort team. This is also true for the Main Jail, where there are 20 deputies and a sergeant assigned to IOP.

SSO asserts that it maintains adequate staffing to meet professional standards of care and Remedial Plan requirements. In furtherance of the goal to maximize confidential clinical contacts, SSO is developing a confidential-space scheduling program that will be accessible to ACMH and ACH. This program will allow nurses and clinicians to reserve confidential space for client visits in advance. SSO is confident that implementation of this scheduling protocol will improve both the efficiency and confidentiality of ACH and ACMH clinical contacts. It will also provide SSO with a list of daily encounters where escorts are needed.

The County remains in partial compliance with the requirements of this provision and believe this will be moved to substantial compliance in the upcoming monitoring period once the space tracking system is utilized.

IV.F.6.b - Partial Compliance

b) *“The County shall ensure sufficient and suitable treatment and office space for mental health care services, including the Triage Navigator Program and other mental health-related services provided on site at the Jail.”*

- **County Service Lines Involved:** ACMH, DGS, SSO
- **Court-Appointed Monitor:** Mental Health SME

- **Most Recent Monitor Rating:** IV.F.6.b was rated as being in partial compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

At RCCC, office space for MH care providers and treatment is available and constantly being re-evaluated based on needs and advisement of ACMH administrators. Due to physical facility limitations, there is inadequate office and treatment space at the Main Jail. Despite this, SSO works collaboratively with ACMH to meet space-related needs to the extent feasible. The ongoing Correctional Facility Master Planning effort incorporates multiple studies, including (1) the inspection, assessment, inventory, and analysis of existing County facilities, (2) a population analysis, (3) an operations assessment with a focus on compliance with the Consent Decree requirements for ADA, mental health and health care of the inmate population, and (4) space planning and assessment. The information learned from these studies will assist the County in developing a facility remediation plan that will ensure sufficient and suitable treatment and office space for mental health care services is provided on site at the jail. The County remains in partial compliance with the requirements of this provision.

IV.F.6.c – Partial Compliance

c) *“Locations shall be arranged in advance for all scheduled clinical encounters.”*

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.F.6.c was rated as being in partial compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

As described in the County’s response to IV.F.6.a, SSO is developing a confidential-space scheduling program that will be accessible to ACMH and ACH. This program will allow nurses and clinicians to reserve confidential space for client visits in advance. SSO is confident that implementation of this scheduling protocol will improve both the efficiency and confidentiality of ACH and ACMH clinical contacts. It will also provide SSO with a list of daily encounters where escorts are needed. Until this is fully implemented, the County remains in partial compliance with the requirements of this provision.

IV.F.6.d – Partial Compliance

d) *“The County shall track and document all completed, delayed, and canceled mental health appointments, including reasons for delays and cancelations. Such documentation shall be reviewed as part of the Quality Assurance process.”*

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.F.6.d was rated as being in partial compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACMH actively monitors timelines to care. However, a reporting mechanism must still be developed to track completed, delayed, and cancelled mental health appointments, including the reasons for any delays. ACMH will need to collaborate with the Mental Health SMEs to identify and implement options that meet the reporting and compliance requirements of this provision. The County remains in partial compliance with the requirements of this provision.

IV.F.6.e - Partial Compliance

e) *“Referrals and triage:*

- The County shall maintain a staff referral process (custody and medical) and a kite system for prisoners to request mental health services. Referrals by staff or prisoners must be triaged within 24 hours.*
- Referrals and requests for mental health services shall be handled in accordance with the following timeframes, and based on the definitions and guidance in Exhibit A-2:*
 - *Prisoners with “Must See” (Emergent) mental health needs shall be seen for assessment or treatment by a qualified mental health professional as soon as possible, and within six (6) hours. Prisoners with emergent mental health needs shall be monitored through continuous observation until evaluated by a mental health professional.*
 - *Prisoners with Priority (Urgent) mental health needs shall be seen for assessment or treatment by a qualified mental health professional within 36 hours.*
 - *Prisoners with Routine mental health needs shall be seen for assessment or treatment by a qualified mental health professional within two (2) weeks;*

- *Prisoners whose requests do not require formal clinical assessment or intervention shall be issued a written response, with steps taken to ensure effective communication.”*
- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.F.6.e was rated as being in partial compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Patients may request mental health services through an HSR. SSO staff also make ACMH referrals based on personal observations or at the request of an incarcerated individual. All patients receive a written response following the submission of an HSR.

ACMH has completed audits of referrals and timelines to care and will continue to utilize these reports to monitor ongoing compliance. ACMH continues to experience a high volume of referrals for mental health services.

ACH and ACMH recently implemented a revised process for triaging MH HSRs. To ensure timely response, ACH RNs collect HSRs twice daily from the housing units. HSRs are reviewed at the time of retrieval, and emergent referrals are assessed by the RN immediately. Under the revised process, ACH RNs are responsible for triaging MH HSRs and routing them promptly to the MH team for follow-up and response.

Due to the high volume of referrals and ongoing ACMH staffing challenges, the County remains in partial compliance with the requirements of this provision.

IV.G – Medico-Legal Practices

IV.G.1 - Partial Compliance

“The County shall provide access to appropriate inpatient psychiatric beds to all patients who meet WIC § 5150 commitment criteria. At the time a patient’s need for inpatient care is identified, commitment paperwork shall be initiated immediately. Placement in an inpatient unit shall occur at the earliest possible time, and in all cases within 24 hours. For individual prisoners placed on a pre-admit or wait list for inpatient placement, affirmative steps to process and place them shall begin immediately.”

- **County Service Lines Involved:** ACMH, DGS
- **Court-Appointed Monitor:** Mental Health SME

- **Most Recent Monitor Rating:** IV.G was rated collectively as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACMH’s implementation of the CNAP program, which provides crisis intervention, enhanced observation and stabilization for patients in crisis who do not meet criteria for inpatient treatment, and the expansion of custody staffing to support APU operations at the Main Jail, are described in the 11th County Status Report. As remarked by the Mental Health SME, ACMH has “continued to maintain extensive and adequate policies and procedures to address this area of the Consent Decree.” She further noted “this area will remain only partially compliant until Defendants provide access to adequate psychiatric inpatient treatment services in appropriate facilities/units.” However, the Mental Health SME’s recommendation to seek outside facilities to provide this level of care goes beyond the requirements of the Consent Decree.

The County recognizes that it presently has insufficient APU beds, which prevents placing some patients on the mental health caseload in the least restrictive setting appropriate to their needs. The County is actively working to expand the APU to provide the necessary inpatient psychiatric care to meet the needs to the jail population. By June 12, 2026, the County will have a total of 41 APU patient beds, with seven (7) APU step-down beds.

At this time, the County remains in partial compliance with the requirements of this provision.

IV.G.2 - Substantial Compliance

“The County shall not discharge patients from the LPS unit and immediately readmit them for the purpose of circumventing LPS Act requirements. For patients with continuing need for LPS commitment, the County shall follow all required procedures under the LPS Act.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.G was rated collectively as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Despite rating all of section IV.G as being in partial compliance, the Mental Health SME’s assessment of section IV.G included no comments, recommendations, or references to any aspect of provision IV.G.2. ACMH has followed, and continues to follow, all LPS Act requirements regarding LPS commitments and does not discharge and readmit patients to

circumvent the LPS Act. The County remains in substantial compliance with the requirements of this provision.

IV.G.3 - Substantial Compliance

“The County shall review all County and JPS policies and procedures for PREA compliance, and revise them as necessary to address all mental health-related requirements.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.G was rated collectively as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

As with IV.G.2, despite rating all of section IV.G as being in partial compliance, the Mental Health SME’s assessment of section IV.G included no comments, recommendations, or references to any aspect of provision IV.G.3. ACH previously reviewed all County and ACMH (formerly, Jail Psychiatric Services [JPS]) policies and procedures for PREA compliance and revised them as necessary to address all mental health-related requirements. The County remains in substantial compliance with the requirements of this provision.

IV.H – Clinical Restraints and Seclusion

IV.H.1.a - Substantial Compliance

“Generally:

- a) It is the policy of the County to employ restraints and seclusion only when necessary and to remove restraints and seclusion as soon as possible.”*

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.H.1 was rated collectively as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

In the past, the County has discussed both custody and clinical restraints under this provision. After consultation with newly appointed Mental Health SMEs, it was determined that this provision only pertains to clinical restraints initiated on an LPS unit. ACMH Policy 09-09, “Clinical Restraint and Seclusion in the Acute Psychiatric Unit” outlines the guidelines for use of clinical restraints and seclusion. ACMH only employs restraints and

seclusion when clinically necessary and removes restraints and seclusion as soon as possible. SSO assists ACMH when restraints and seclusion are clinically indicated by ACMH. SSO policy “Use of Restraints,” section “Use of Restraints – Clinical” (511.4, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025) outlines SSO’s role in this process.

The County remains in substantial compliance with the requirements of this provision.

IV.H.1.b - Substantial Compliance

b) “It is the policy of the County to employ clinical restraints and seclusion only when less restrictive alternative methods are not sufficient to protect the inmate-patient or others from injury. Clinical restraint and seclusion shall not be used as punishment, in place of treatment, or for the convenience of staff.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.H.1 was rated collectively as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

This provision is addressed in ACMH Policy 09-09, “Clinical Restraint and Seclusion in the Acute Psychiatric Unit.” ACMH never uses clinical restraint or seclusion as a punishment, in place of treatment, or for the convenience of staff. Hourly documentation of clinical restraints and seclusion includes justification, time of application, monitoring of restraints, patient assessment and range of motion, opportunity for toileting, circulation checks, patient presentation, discussion with patient regarding behaviors necessary for release from restraints, rationale for not removing restraints and offering of food and fluids every two (2) hours.

The County remains in substantial compliance with the requirements of this provision.

IV.H.1.c - Substantial Compliance

c) “The placement of a prisoner in clinical restraint or seclusion shall trigger an “emergent” mental health referral, and a qualified mental health professional shall evaluate the prisoner to assess immediate and/or long-term mental health treatment needs.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME

- **Most Recent Monitor Rating:** IV.H.1 was rated collectively as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

MH Policy 09-09, “Clinical Restraint and Seclusion in the Acute Psychiatric Unit,” outlines the guidelines for the use of clinical restraints and the required notification of a physician when restraints are initiated on an emergency basis. The County automatically complies with this provision as the staff member who would initiate clinical restraints is a qualified mental health professional. Emergency initiation is permitted only when a patient’s behavior presents an immediate threat to the safety of the patient or others and other less restrictive methods have been unsuccessful. The County remains in substantial compliance with the requirements of this provision.

IV.H.1.d - Partial Compliance

- d) *“When clinical restraints or seclusion are used, Jail staff will document justification for their application and the times of application and removal of restraints.”*
- **County Service Lines Involved:** ACMH, SSO
 - **Court-Appointed Monitor:** Mental Health SME
 - **Most Recent Monitor Rating:** IV.H.1 was rated collectively as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

In this provision, jail staff relates to psychiatric nursing staff or ACMH. ACMH Policy 09-09, *Clinical Restraint and Seclusion in the Acute Psychiatric Unit*, outlines the guidelines for the use and monitoring of clinical restraints and seclusion. Nursing staff complete the Restraint Documentation Log to record restraint checks, patient status, interventions, and the patient's behavior during each check. In addition, documentation in the EHR is completed hourly. ACH monitors compliance with all restraint documentation requirements, and this provision remains in partial compliance due to ongoing variability in documentation timeliness and the need for continued improvement in consistent completion of required restraint records. From July to December 2025, clinical restraints were not utilized in the APU.

The County is in partial compliance with the requirements of this provision.

IV.H.1.e - Substantial Compliance

- e) *“There shall be no “as needed” or “standing” orders for clinical restraint or seclusion.”*

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.H.1 was rated collectively as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACMH does not utilize “as needed” or “standing” orders for clinical restraint and seclusion. ACMH actively utilizes de-escalation and less restrictive means prior to initiating clinical restraints and only when other interventions are not sufficient to protect the patient or others from injury. ACMH rarely employs clinical restraints on the APU. The County remains in substantial compliance with the requirements of this provision.

IV.H.1.f - Partial Compliance

- f) *“Individuals in clinical restraints or on seclusion shall be on constant watch, or on constant video monitoring with direct visualization every 15 minutes. All checks will be documented.”*

- **County Service Lines Involved:** ACH, ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.H.1 was rated collectively as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

From July to December 2025, clinical restraints were not utilized in the APU. As proof of practice was unable to be demonstrated during this period, the County is in partial compliance with the requirements of this provision.

IV.H.1.g - Partial Compliance

- g) *“Fluids shall be offered at least every four hours and at meal times.”*

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.H.1 was rated collectively as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACMH Policy 09-09, “Clinical Restraint and Seclusion in the Acute Psychiatric Unit,” addresses the requirements of this provision, with nursing staff offering food and fluids hourly. From July to December 2025, clinical restraints were not utilized in the APU. As proof of practice was unable to be demonstrated during this period, the County is in partial compliance with the requirements of this provision.

IV.H.2 - Partial Compliance

“Clinical Restraints:

- a) The opinion of a qualified health care professional or qualified mental health professional on placement and retention in restraints will be obtained within one hour from the time of placement.*
- b) A thorough clinical assessment shall be conducted by qualified health care professional or qualified mental health professional every four hours to determine the need for continued restraint.*
- c) Individuals in restraints shall be checked every two hours by a nurse for vital signs, neurovascular assessment, and limb range, and offered an opportunity for toileting.”*

- **County Service Lines Involved:** ACH, ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.H.2 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

From July to December 2025, clinical restraints were not utilized in the APU. As proof of practice was unable to be demonstrated during this period, the County is in partial compliance with the requirements of this provision.

IV.H.3 - Partial Compliance

“Reentry Services:

- a) The County shall provide a 30-day supply of current psychotropic medications to inmates on the mental health caseload, who have been sentenced and have a scheduled released date, immediately upon release.*
- b) Within 24 hours of release of any inmate who is on the mental health caseload and classified as pre-sentence, the County shall transmit to a designated County facility a prescription for a 30-day supply of the inmate’s current psychotropic medications.*

- c) *The County, in consultation with Plaintiffs' counsel, develop and implement a reentry services policy governing the provision of assistance to prisoners on the mental health caseload, including outpatient referrals and appointments, public benefits, medical insurance, housing, substance abuse treatment, parenting and family services, inpatient treatment, and other reentry services.*
- d) *The County agrees that, during the course of the implementation of the remedial plans contained in this agreement, it will consider Plaintiffs' input on measures to prevent unnecessary or avoidable incarceration of individuals with serious mental illness."*

- **County Service Lines Involved:** ACH, ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.H.3 was rated as being in Substantial Compliance by Mary Perrien, Ph.D. in the "Mental Health Expert's Fifth Round Report of Findings," dated August 12, 2025.

Staff provide sentenced patients with a 30-day supply of prescribed medications upon release. Discharge medications continue to be provided to approximately 90% of eligible sentenced patients and 95% of Court-ordered patients upon release. Sentenced status is now transmitted from ATIMs to Athena, providing a comprehensive view of patients' sentencing across all charges. This enhancement improves our ability to identify patients who are fully sentenced and potentially eligible for release.

A conditional release flag has been added to ATIMS to alert custody staff when a patient has discharge medications ready. A pharmacist delivers medications to the patient at release. Additionally, staff have been hired to support the implementation of a 24-hour pharmacy at Main Jail. Training is currently underway, with full implementation is scheduled before the end of the year.

ACH has changed the practice of sending prescriptions directly to the County's Primary Care Clinic due to less than a 5% patient pickup rate, high provider and staff workload, and a high amount of Court-ordered Medication in hand. This decision was approved by the medical directors.

If a patient arrives at Primary Care within two weeks of discharge, patients can still request a 30-day medication supply. ACH will fulfill the prescription through the County's Primary Care Pharmacy. Upon arrival at Primary Care, staff will coordinate with ACH Pharmacy or the 2nd Floor MD Office for prescriptions. Providers will call in a verbal order to the Primary

Care Pharmacy. Future enhancement to EHR Computerized Provider Order Entry (CPOE) allows for Electronic Prescribing to streamline delivery of prescriptions.

Many prerelease patients are being captured through Court-ordered medications, sometimes in excess of 30 days. For these, the Pharmacy receives daily email for patient that were granted Court-ordered discharge medications. Phone calls are received from SSO release deputies for last minute court-order medications. In these situations, the patient is held for release until the pharmacy can prepare medications. Medications are delivered to patients in the release area.

Meeting 1115 Waiver Requirements: The waiver mandates that all patients leaving custody must have a 30-day medication supply in-hand. ACH pharmacy are training staff for 24-hour pharmacy operations to meet this demand, including real-time monitoring of releases in partnership with SSO.

Interagency Communication Enhancements: ACH has created a monitored email inbox for public defenders, conflict attorneys, and district attorneys to share release info and medication needs. This has improved same-day release planning and care coordination.

The County remains in partial compliance with the requirements of this provision.

IV.I – Training

Note regarding IV.I.1 – The former Mental Health SME cited part of her justification for finding the County to be in partial compliance with the requirements of this provision, which she rated collectively, to be due to limitations in Adult Correctional Health’s reporting regarding mental health training for their employees. As this portion of the Consent Decree exclusively focuses on mental health and custody staff, and does not mention medical staff training at all, this should not be considered when evaluating the compliance rating for provisions IV.I.1.a, IV.I.1.b, and IV.I.1.c.

IV.I.1.a - Substantial Compliance

“The County shall develop and implement, in collaboration with Plaintiffs’ counsel, training curricula and schedules in accordance with the following:

- a) All jail custody staff shall receive formal training in mental health, which shall encompass mental health policies, critical incident response, crisis intervention techniques, recognizing different types of mental illness, interacting with prisoners with mental illness, appropriate referral practices, suicide and self-harm detection and preventions, relevant bias and cultural competency issues, and confidentiality standards. Training shall be received every two years, at minimum.”*

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.I.1 was rated collectively as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

The SSO Academy provides new graduates with 24 hours of CIT and an additional 20 hours of behavioral health instruction as part of final academy training, covering crisis intervention and de-escalation. All new employees also receive four hours of in-person suicide prevention training developed with the suicide prevention SME, and current staff, including sergeants, complete a two-hour refresher annually (implemented May 2021). IOP and JBCT deputies and sergeants receive an additional 24 hours of CIT regardless of hire date, and some custody staff have completed a two-hour negotiations course tailored to correctional settings.

All new custody staff are also required to complete eight hours of mental health training covering suicide prevention, recognition of mental health symptoms, crisis intervention, de-escalation, planned use-of-force mental health evaluations, and mental health adaptive supports.

In addition, through POST Advanced Officer Training, all sworn personnel complete a Strategic Communications course focused on de-escalation and effective communication with individuals with mental and intellectual disabilities as part of their continuing education.

A recent review of Custody staff training documentation revealed the following:

Four (4) Hour Suicide Prevention Training, as of 12/5/2025

- RCCC: 100% of sergeants; 100% of deputies
- Main Jail: 70% of sergeants; 93% of deputies (Remaining scheduled to attend within the next 90 days)

Two (2) Hour Suicide Prevention Training, as of 12/5/2025

- RCCC: 100% of sergeants; 99% of deputies
- Main Jail: RCCC: 100% of sergeants; 99% of deputies

The SME report specifically states that both ACMH and SSO are substantially compliant pending verification that sergeants have received the appropriate training, which is

addressed above. With this verification provided, the County is in substantial compliance with the requirements of this provision.

IV.I.1.b - Partial Compliance

b) *“Custody staff working in Designated Mental Health Units shall receive additional training, including additional information on mental illness, special medico-legal considerations, de-escalation techniques, working with individuals with mental health needs, relevant bias and cultural competency issues, and the jail’s mental health treatment programs.”*

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.I.1 was rated collectively as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

In addition to the training outlined in IV.I.1.a, all custody staff, including those working in Designated Mental Health Units receive training from ACMH on Suicide Prevention, Brain Development, Understanding MH symptoms, Adaptive Support Plans, and Planned Use of Force. In March of 2025, the Mental Health SME approved all training needed to comply with the requirements of this provision.

SSO is reviewing which personnel need to complete training and which SSO positions are considered custody staff for the purposes of this provision. The County is working to produce records to demonstrate completion rates of the required training. The County is in partial compliance with the requirements of this provision.

IV.I.1.c - Substantial Compliance

c) *“Mental health staff shall receive training on the correctional mental health system, correctional mental health policies, suicide assessment and intervention, relevant bias and cultural competency issues, and treatment modalities to be offered in the jails.”*

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IV.I.1 was rated collectively as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

As of December 2025, 95% of ACMH staff have completed Cultural Intelligence in Healthcare: The Impact of Unconscious/Implicit Bias in Healthcare.

As of December 2025, 97% of ACMH staff are compliant with the two (2) hour Suicide Prevention Training and 100% are compliant with the four (4) hour Suicide Prevention Training.

ACMH developed a Diagnosing Serious Mental Illness in Jail Populations training curriculum, which includes a review of DSM-5-TR diagnostic criteria and Mental Status Examination (MSE) competencies. This training is designed to enhance clinical consistency, strengthen diagnostic rationale, and ensure that all clinicians are equipped with current best practices. The first training cohort is scheduled for January 2026.

ACMH has developed an ASP and Montreal Cognitive Assessment (MoCA) refresher training, which all clinical staff are required to complete on a biennial basis. As of December 2025, 99% of ACMH clinical staff are current with the ASP and MoCA refresher training within the required two (2) year interval.

The County is in substantial compliance with the requirements of this provision.

V. Disciplinary Measures and Use of Force for Prisoners with Mental Health or Intellectual Disabilities

V.A – Role of Mental Health Staff in Disciplinary Process

V.A.1 - Substantial Compliance

“The County’s policies and procedures shall require meaningful consideration of the relationship of a prisoner’s behavior to any mental health or intellectual disability, the efficacy of disciplinary measures versus alternative interventions, and the impact of disciplinary measures on the health and well-being of prisoners with disabilities.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

ACMH policies and procedures contain meaningful consideration of the relationship of a patient’s behavior to any mental health or intellectual disability, the efficacy of disciplinary measures versus alternative interventions, and the impact of disciplinary measures on the health and well-being of patients with disabilities, and are drafted in collaboration and

coordination with ACMH, ACH, and the Court-appointed expert(s). All SSO policies related to the Consent Decree are drafted by the Lexipol project team, and in coordination with ACH/ACMH and County Counsel's office. A full description of these policies and procedures is included in the 11th County Status Report.

SSO's CDHO serves as the primary authority for issuing sanctions at both jail facilities to ensure this provision is followed. In accordance with the CDHO Post Order that was approved by Class Counsel, SSO's CDHO works in coordination with ACMH to ensure disciplinary decisions meaningfully consider whether an inmate's behavior is related to a mental health condition or intellectual disability, the appropriateness of discipline versus alternative interventions, and the potential impact on the inmate's health and well-being. When appropriate, sanctions are adjusted to reflect these considerations. When an incarcerated individual who has received disciplinary sanctions is identified by ACMH as experiencing mental health decompensation, ACMH notifies the CDHO. Upon such notification, the CDHO modifies the disciplinary sanctions to ensure they do not further compromise the individual's mental health and, in many instances, removes the sanctions entirely.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

V.A.2 - Substantial Compliance

"Prisoners who are alleged to have committed a rules violation shall be reviewed by a qualified mental health professional if any of the following apply:

- a) Prisoner is housed in any Designated Mental Health Unit;*
- b) Jail staff have reason to believe the prisoner's behavior was unusual, uncharacteristic, or a possible manifestation of mental illness;*
- c) Prisoner is on the mental health caseload and may lose good time credit as a consequence of the disciplinary infraction with which he or she is charged."*

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME

- **Most Recent Monitor Rating:** V.A.2 was rated as being in Substantial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Historical activities describing the development of the Rule Violation Review (RVR) form, related training, and staffing increases are documented in the 11TH County Status Report. The County has integrated the Class Counsel–approved RVR form into ATIMS, ensuring that any rule violation involving an incarcerated person with a mental health condition or intellectual disability is automatically referred to ACMH before sanctions are imposed. This process is now automated, replacing the prior paper-based referral system and improving timely notification to ACMH. RVRs are generated for all inmates identified as SMI, CNAP, or with intellectual or developmental disabilities, as well as those with a MH designation or housed in specialized MH units.

ACMH’s assessment is considered in every applicable case. The CDHO reviews the incident and hearing reports, the ACMH RVR assessment, privilege and incident history, and ATIMS flags to determine whether to reduce, modify, or decline sanctions. This process promotes consistency across both facilities. If the CDHO deviates from ACMH’s recommendations, the rationale is documented in ATIMS using the approved sanction narrative process.

During this rating period, SSO updated the process so that the deputy completing the write-up determines whether there is reason to believe the inmate’s behavior was unusual, uncharacteristic, or a possible manifestation of mental illness. Previously, this determination was made by a reviewing sergeant, but the process was revised to rely on the deputy’s direct and routine contact with the inmate.

During the July–September 2025 reporting period, the Main Jail received 409 RVR referrals, of which 38 were excluded for failure to meet criteria for an RVR assessment, due to restrictions already in place prior to MH review, transfer to another facility, or release from custody. Main Jail achieved full compliance, completing 100% (409/409) of the RVR referrals received. Among individuals with RVRs, 2% (10/409) were identified as having an Intellectual Disability, and 90% (367/409) met criteria for SMI.

RCCC received 98 RVR referrals during the same reporting period, with 37 excluded for the reasons described above. ACMH completed 99% (97/98) of the referrals received. Of the RCCC patients with RVRs who were evaluated, 2% (2/97) were identified as having an Intellectual Disability, and 84% (81/97) had an SMI.

With the processes in place by SSO for RVRs, including the recent enhancements, and ACMH’s audits demonstrating sustained compliance with completing over 90% of all MH

RVR referrals since January 2024, the County remains in substantial compliance with the requirements of this provision.

V.A.3 - Substantial Compliance

“If any of the above criteria is met, the qualified mental health professional shall complete the form attached as Exhibit A-3 (JPS-Rules Violation Mental Health Review) and indicate:

- a) Whether or not the reported behavior was related to mental illness, adaptive functioning deficits, or other disability;*
 - b) Whether the prisoner’s behavior is, or may be, connected to any of the following circumstances:*
 - i. An act of self-harm or attempted suicide*
 - ii. A cell extraction related to transfer to a medical/mental health unit or provision of involuntary treatment*
 - iii. Placement in clinical restraints or seclusion.*
 - c) Any other mitigating factors regarding the prisoner’s behavior, disability, and/or circumstances that should be considered and whether certain sanctions should be avoided in light of the prisoner’s mental health disability or intellectual disability, treatment plan, or adaptive support needs.”*
- **County Service Lines Involved:** ACMH
 - **Court-Appointed Monitor:** Mental Health SME
 - **Most Recent Monitor Rating:** V.A.3 was rated as being in Substantial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACMH completes the MH RVR form for every patient assessed for a rule violation. The review form was developed in consultation with Class Counsel and the Mental Health SME and incorporates all the required assessment factors. The review forms and processes, as well as ACMH’s audit results for RVR referrals and assessments, are described in the County’s response to provision V.A.2. The County remains in substantial compliance with the requirements of this provision.

V.B – Consideration of Mental Health Input and Other Disability Information in Disciplinary Process

V.B.1 - Substantial Compliance

The County shall designate one Chief Disciplinary Hearing Officer for each jail facility, who shall be responsible for ensuring consistency in disciplinary practices and procedures.

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.B.1 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

There is one primary CDHO for corrections who monitors both facilities and one auxiliary. This role is filled by two Sheriff’s Records Officers, whose responsibility is to act as the final reviewing authority and impose all discipline sanctions resulting from a guilty finding conducted by the shift sergeants. This is an added safeguard to ensure consistency in disciplinary practices and procedures. The CDHO role is as follows:

1. The Disciplinary Hearing Officer shall ensure that prisoners are not disciplined for conduct that is related to their mental health or intellectual disability.
2. The Disciplinary Hearing Officer shall consider the qualified mental health professional’s findings and any other available disability information when deciding what, if any, disciplinary action should be imposed.
3. The Disciplinary Hearing Officer shall 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.
4. If the Disciplinary Hearing Officer does not follow the mental health staff’s 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, the Disciplinary Hearing Officer shall explain in writing why it was not followed.
5. Prisoners will not be subjected to discipline that prevents the delivery of mental health treatment or adaptive support needs, unless necessary for institutional safety.
6. Prisoners 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 County remains in substantial compliance with the requirements of this provision.

V.B.2 - Substantial Compliance

“The Disciplinary Hearing Officer shall ensure that prisoners are not disciplined for conduct that is related to their mental health or intellectual disability.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.B.2 was not evaluated by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

To adhere to the requirements of this provision, SSO’s process requires that any rule violation involving an inmate with a mental health condition or intellectual disability is automatically reviewed by ACMH before discipline is imposed. The CDHO considers this clinical assessment, along with the incident and hearing reports, when deciding whether to impose, reduce, modify, or decline sanctions. If ACMH is not present when required, no sanctions are imposed. Any decision that differs from ACMH’s recommendations must be documented, and the process is audited for compliance.

Together, these steps ensure inmates are not disciplined for behavior related to a mental health condition or intellectual disability. The County remains in substantial compliance with the requirements of this provision.

V.B.3 - Substantial Compliance

“The Disciplinary Hearing Officer shall consider the qualified mental health professional’s findings and any other available disability information when deciding what, if any, disciplinary action should be imposed.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.B.3 was rated as being in Non-Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

The CDHO conducts a comprehensive review of each case, including the incident report, hearing report, ACMH RVR, privilege history, ATIMS flags, and prior incidents, to determine whether sanctions should be imposed, reduced, modified, or not imposed at all. This process promotes consistent and equitable discipline across both facilities.

The CDHO also closely monitors ACMH communications, including ADSEP reports, and regularly modifies or removes sanctions based on clinical recommendations. If signs of

decompensation appear during a disciplinary period, sanctions may be reduced or terminated altogether before the modification is documented in ATIMS.

In 2025, there were 64 records of decompensation, with only three occurring while on restriction since the CDHO position began administering all sanctions, a 95% reduction. The CDHO reviews approximately 200 RVRs per month. Since November 17, 2025, ATIMS has tracked whether ACMH recommendations are followed and whether a clinical nexus exists. Between November 17 and December 31, 2025, the CDHO reviewed over 390 RVRs, fully followed ACMH recommendations in nearly all cases, and partially followed only six (6), with all deviations documented and communicated to ACMH and with ongoing monitoring for decompensation.

With proof of practice established, the compliance rating has increased. The County is now in substantial compliance with the requirements of this provision.

V.B.4 - Substantial Compliance

“The Disciplinary Hearing Officer shall 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 Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.B.4 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

The CDHO gives significant weight to ACMH’s clinical input when determining or reviewing disciplinary sanctions to minimize any negative impact on an inmate’s mental health or adaptive support needs. When ACMH identifies that an individual is decompensating, ACMH notifies the CDHO, who then modifies or removes sanctions as appropriate to avoid further harm. This clinical input and any resulting changes are documented in ATIMS, including a Mental Health Decompensation flag and supporting ACMH documentation in the incident record.

ATIMS also includes Involved Party Flags indicating whether ACMH disciplinary recommendations were followed, partially followed, or not followed, and whether a clinical nexus was identified. These tools support consistent consideration of clinical guidance and provide clear tracking and accountability.

With proof of practice established, the compliance rating has increased. The County is now in substantial compliance with the requirements of this provision.

V.B.5 - Substantial Compliance

“If the Disciplinary Hearing Officer does not follow the mental health staff’s 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, the Disciplinary Hearing Officer shall explain in writing why it was not followed.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.B.5 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

When the CDHO does not fully follow ACMH’s RVR recommendations, the rationale is documented in ATIMS using the CDHO Sanction Narrative Report. This provides case-specific details, including the justification for any deviations from ACMH guidance.

The CDHO tracks all incident reports, disciplinary outcomes, RVR data, and compliance with ACMH recommendations. The review process considers the custody file, prior disciplinary history, health factors, and safety concerns. Documentation in ATIMS includes the CDHO review notes, ACMH RVR flags (followed, partially followed, not followed), and Nexus determinations.

As described in V.B.3, the County has improved tracking to monitor CDHO adherence to ACMH recommendations on RVRs. In a review of 390 RVRs from November 17, 2025 – December 31, 2025, no RVRs were not followed and six (6) were partially followed, representing 98% compliance with ACMH’s recommendations. In all partially followed cases, the CDHO documented the rationale in ATIMS and communicated with ACMH regarding sanctions imposed.

With proof of practice established, the compliance rating has increased. The County is now in substantial compliance with the requirements of this provision.

V.B.6 - Substantial Compliance

“Prisoners will not be subjected to discipline which prevents the delivery of mental health treatment or adaptive support needs, unless necessary for institutional safety.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.B.6 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Disciplinary sanctions do not disrupt access to mental health care or adaptive support services. ACMH treatment continues regardless of sanctions or location, and inmates typically remain in structured programs without interruption. The CDHO applies sanctions in such a way as to minimize impacts on programming and housing, except when safety concerns require a change.

Tablet restrictions are implemented without limiting access to educational or rehabilitative applications. Any housing or program changes are documented in the incident report, and the CDHO reviews all intellectual and developmental flags in ATIMS to ensure compliance. Immediate action is taken if ACMH or custody determines an inmate is decompensating.

Revisions to the County’s discipline plan have significantly reduced Full Restrictions, from an average of 86 per month to nine (9) or fewer. As of December 31, 2025, only three inmates were on Full Restriction, none with SMI or requiring an ACMH RVR. With the significant progress made in this area, the compliance rating has increased. The County is now in substantial compliance with the requirements of this provision.

V.B.7 - Substantial Compliance

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

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.B.7 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

SSO’s Discipline Policy ensures that inmates with suicidal ideation or self-injurious behavior are not subject to disciplinary action. Inmates may refuse medications unless Court-ordered, with ACMH and ACH providing oversight. With the CDHO as the sole authority for sanctions, disciplinary measures related to this provision are never imposed

even if a write-up is inadvertently submitted. The County is in substantial compliance with the requirements of this provision.

V.C – Accommodations for Prisoners with Mental Health or Intellectual Disabilities During the Disciplinary Process

V.C.1 - Partial Compliance

“The County shall provide reasonable accommodations during the hearing process for prisoners with mental health or intellectual disabilities.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.C.1 was not evaluated by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Custody sergeants review ATIMS flags for mental health or intellectual disability designations before conducting disciplinary hearings. Hearings for DMHU inmates are typically led by the IOP Sergeant, with accommodations provided as needed.

ATIMS also flags inmates requiring ACMH presence, and the CDHO confirms ACMH attendance before imposing any sanctions; if ACMH is not present, no sanctions are applied. SSO is exploring an ATIMS enhancement to pause the disciplinary process when a RVR is submitted, allowing ACMH review and ensuring hearings include the appropriate representative to provide necessary accommodations. As SSO continues to explore these enhancements, the County remains in partial compliance with the requirements of this provision.

V.C.2 - Partial Compliance

“The County shall take reasonable steps to ensure the provision of effective communication and necessary assistance to prisoners with disabilities at all stages of the disciplinary process.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.C.2 was not evaluated by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

As described in the 11th County Status Report, a Mental Health RVR form is completed and reviewed by ACMH to identify necessary assistance to inmates with intellectual disabilities

for all inmates who are written up for a rule violation; this assistance needs related to effective communication. Additionally, SSO's Discipline policy states "For those individuals with limited literacy, unable to read English, and for persons with disabilities, provisions shall be made for staff to instruct them verbally or provide them with material in an understandable form."

ATIMS includes a flag/designation system to identify individuals with effective communication needs. SSO is actively evaluating enhancements to ATIMS to improve the capture and documentation of effective communication and required assistance for prisoners with disabilities at every stage of the disciplinary process. These potential updates would ensure that notifications, hearings, and sanctions are tracked in a manner that verifies accommodations are provided consistently. Until such documentation can reliably demonstrate that effective communication and necessary assistance are applied throughout all stages, the County remains in partial compliance with the requirements of this provision.

V.D – Use of Force for Prisoners with Mental Health or Intellectual Disabilities

V.D.1 - Substantial Compliance

"The County's Correctional Services Operations Orders shall include language that ensures meaningful consideration of whether a prisoner's behavior is a manifestation of mental health or intellectual disability. "

The Sacramento County Sheriff's Office Custody Policy and Procedure Manuals have been updated to ensure that prisoners' behavior is meaningfully evaluated for mental health or intellectual disability factors. Procedures such as "Custody Emergency Response Team (CERT) and Force Application on Incarcerated Persons" (510.1.2, in the Sheriff's Office Custody Procedure Manual, published October 31, 2025) prior to a coordinated planned use of force event involving an incarcerated person with a known mental health or intellectual disability ACMH is to be notified. The policy requires, under planned use of force events with someone known to have a mental health or intellectual disability, a coordination between custody and ACMH to de-escalate the situation, try to reach a resolution without the use of force, a cooling down period, and a reasonable amount of time to reach this desired de-escalation outcome.

The "Special Management Incarcerated Persons" policy (505, in the Sheriff's Office Custody Procedure Manual, published October 30, 2025) mandates that restrictive housing or separation decisions include input from a qualified mental health professional, who must consider mental health history, needs, age, and cognitive functioning.

Use-of-force and restraint procedures include strong protections for individuals with mental illness or intellectual disabilities. CERT operations require mental health notification, a cooling-off period, and attempts at clinical resolution before force. Restraints require clinical evaluation, with mental health review within six hours if behavior is linked to mental illness. Together, these policies ensure that behavioral, force, and housing decisions account for psychiatric and cognitive considerations. The County is in substantial compliance with the requirements of this provision.

V.D.2 - Substantial Compliance

“For prisoners with a known mental health or intellectual disability, and absent an imminent threat to safety, staff shall employ de-escalation methods that take into account the individual’s mental health or adaptive support needs.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.D.3 was rated as being in Non-Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

SSO Procedure “Custody Emergency Response Team (CERT) and Force Application on Incarcerated Persons” (510, in the Sheriff’s Office Custody Procedure Manual, published October 31, 2025) identifies the protocols for engaging with incarcerated persons with a known mental health condition or intellectual disability in CERT and use of force scenarios. Pursuant to this procedure, custody staff must allow ACMH clinicians to attempt de-escalation and evaluation before force is used, when safety permits. Immediate threats to safety do not delay necessary response.

The procedure further requires that ACMH clinicians and other appropriate staff be given sufficient time to evaluate and engage with the incarcerated individual. “Reasonable time” is not a fixed limit; it is based on the person’s behavior, mental health or intellectual disability, responsiveness to de-escalation, and overall safety, unless there is an immediate threat.

Supervisors review CERT and use of force incidents when they occur to ensure de-escalation efforts and documentation align with the procedure, supported by video and written reports. The County remains in substantial compliance with the requirements of this provision.

V.D.3 - Substantial Compliance

“The County’s Correctional Services Use of Force policies shall include a definition and a protocol for a planned Use of Force that provides appropriate guidance for a planned Use of Force that involves a prisoner with mental health or intellectual disability.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.D.3 was rated as being in Non-Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

The Sheriff’s Office Policy and Procedure “Custody Emergency Response Team (CERT) and Force Application on Incarcerated Persons” address the requirements of this provision. In the Procedure “Custody Emergency Response Team (CERT) and Force Application on Incarcerated Persons”, section “Mental Health or Intellectually Disabled Incarcerated Person” (510.1.2 in the Sheriff’s Office Custody Procedure Manual, published October 30, 2025) provides appropriate guidance for a Planned Use of Force (PUOF) that involves a prisoner with mental health or intellectual disability. The County remains in substantial compliance with the requirements of this provision.

V.D.4 - Partial Compliance

“Prior to any planned Use of Force, such as a cell extraction, against a prisoner with mental health or intellectual disabilities, there will be a “cooling down period,” consistent with safety and security needs. This period includes a structured attempt by mental health staff (and other staff if appropriate), to de-escalate the situation and to reach a resolution without Use of Force. Such efforts, including the use of adaptive supports, will be documented in writing. Medical and/or mental health staff should be consulted if the purpose of the cell extraction is related to the delivery of treatment.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.D.4 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

In addition to the historical information documented in the 10th County Status Report, audit results for the June-December 2025 reporting period continue to demonstrate compliance with nearly all requirements of this provision.

During this period, a total of 62 PUOF incidents occurred across Main Jail and RCCC. All PUOF incidents (100%, 62/62) involved patients on the mental health caseload. Among the patients involved in PUOF incidents, 92% (57/62) were diagnosed with an SMI. No PUOF incidents involved patients diagnosed with an Intellectual Disability. Of the patients with an SMI diagnosis, 11% (6/57) were diagnosed with Bipolar Disorder and 89% (51/57) with Schizophrenia. Notably, 21% (13/62) of PUOF incidents were successfully averted through clinical intervention and de-escalation efforts. Overall, 73% (42/62) of PUOF incidents involved patients who required the administration of court ordered involuntary medication. In December 2025, a patient on the MH caseload was involved in a cell extraction. ACMH was notified of the incident.

While ACMH audits monitor most of the requirements of this provision, they do not track the percentage of PUOF where a “cooling down period” was used. Until this is tracked, the compliance rating will be reduced. The County is in partial compliance with the requirements of this provision.

V.D.5 - Substantial Compliance

“The County shall require video documentation for any planned Use of Force, absent exigent circumstances. Jail staff shall endeavor to record the specific actions, behavior, or threats leading to the need for Use of Force, as well as efforts to resolve the situation without Use of Force.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.D.5 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

As noted in the 11th County Status Report, SSO Policy “Custody Emergency Response Team (CERT) and Force Application on Incarcerated Persons” (510, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025) requires video documentation consistent with the requirements of this provision. The supervisor review process is further described in V.D.6. As this practice has not changed, the County remains in substantial compliance with the requirements of this provision.

V.D.6 - Substantial Compliance

“The County shall ensure the completion of supervisory review of Use of Force incidents, including video (for any planned Use of Force), interviews, and written incident

documentation, in order to ensure appropriateness of Use of Force practices including de-escalation efforts. The County shall take corrective action when necessary.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.D.6 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

As described in the 11th County Status Report, pursuant to SSO’s Use of Force Policy, use of force incidents involves numerous levels of review, including reviews from a supervisor (sergeant), watch commander (lieutenant), and jail commander (captain) or their designee. Should violations of policy be recognized, corrective action is taken when necessary. The specific procedure for documenting a use of force incident is as follows:

1. When a use of force incident occurs, it undergoes multiple levels of review. Typically, two written reports are created—one in the Sheriff’s Office report-writing system and another in ATIMS. A supervisor reviews and approves both reports in full.
2. Key evidence is also uploaded to a third-party software system called Blue Team. This system serves as an internal tracking and evaluation tool, containing all relevant data for the incident. At a minimum, this includes written reports, photographic evidence (if applicable), body-worn camera footage, and closed-circuit television (CCTV) footage. The Blue Team report also records specific details such as the location where force was used, any injuries sustained, and other relevant factors.
3. Once completed, the Blue Team report is forwarded by the supervisor (sergeant) to the watch commander (lieutenant). Both the supervisor and the watch commander are responsible for ensuring the use of force was appropriate, legal, and in compliance with departmental policy. After the watch commander’s review, the report goes to the jail commander (captain) or their designee for a third level of review. If the jail commander delegates this step, it is handled by an executive-level lieutenant.
4. If there are concerns that a policy violation may have occurred, the Blue Team report can be sent to SSO’s Internal Affairs for a potential use-of-force investigation. Before this step is taken, the chief of corrections is notified.

As this procedure remains unchanged, the County remains in substantial compliance with the requirements of this provision.

V.D.7 - Substantial Compliance

“The County shall review and amend as appropriate its policies on Use of Force, including its policies on Custody Emergency Response Team (CERT) and Cell Extraction Procedures.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.D.7 was rated as being in Non-Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

As described in the 11th County Status Report, SSO is constantly reviewing and updating use of force policies based on a multitude of factors. Changes may be made in response to relevant changes in law, case law, and training standards. SSO regularly receives legal updates from Lexipol. SSO reviews and researches these updates to determine if it is appropriate to create or revise a policy or procedure to reflect the changes. Proposed revisions to policies based on legal updates are shared with Class Counsel and approved by SSO’s executive leadership prior to publication.

The Mental Health SME indicated that substantial compliance cannot be reached until SSO updates its Use of Force–related policies, implements them, and provides training to all custody staff on all relevant aspects of the Consent Decree and Use of Force (UOF).

It is the County’s position that, as it states, provision V.D.7 requires the County to review and amend, as appropriate, its Use of Force policies, including those related to the CERT and Cell Extraction Procedures. The County has done this. Changes to policies and procedures are communicated directly to custody staff via email in an Inter-Departmental Correspondence (IDC) from the Commander of the Legal & Policy Sustainment Bureau. The IDC notifies all Sheriff’s Office personnel of any policies or procedures that were created or amended and then summarizes the changes. Employees are also reminded that they are responsible for reviewing the relevant Sheriff’s Office Manuals on the Lexipol Knowledge Management System (KMS) and for following the revised policies and procedures. In addition, in our custody facilities any significant modification of existing policies or the creation of new policies are then communicated to managers, supervisors and line level staff by corrections leadership at various shift briefings and watch commander meetings. Supervisors are then instructed to discuss these changes with their

staff in person and ensure adherence. Under the Standards of Conduct Policy, violation of, or ordering or instructing a subordinate to violate any policy, procedure, rule, order, directive, requirement, or failure to follow instructions contained in Sheriff's Office or County manuals can be a cause for disciplinary action.

While SSO does provide training on Use of Force, and have developed, in conjunction with ACMH, a training for all custody on planned UOF, the County asserts that it does not need to conduct additional, specific training after each policy update in order to comply with the requirements of this provision. Elsewhere in the Consent Decree, obligations to provide training and obligations to update policies and procedures are clearly identified as separate provisions. In fact, provision V.E.1, from the section on "Training and Quality Assurance" specifies, "All custody staff, and mental health staff, shall be trained on the policies and procedures outlined herein that are relevant to their job and classification requirements."

To prevent provision V.D.7 from advancing to substantial compliance, solely on the SME's assessment of SSO's training related to a policy, unjustly expands the scope of this provision by arbitrarily adding requirements that are already accounted for elsewhere in the same remedial plan. Based on the language of the provision as written, the County remains in substantial compliance with all requirements of this provision.

The County would like to note that the author of the "Mental Health Expert's Fifth Round Report of Findings" is no longer serving as the Mental Health SME for the Consent Decree; two new Mental Health SME's, Dr. Brian Main, and Brett Johnson, M.D., have been appointed by the Federal Court for the Eastern District of California to conduct the Sixth Round Report and provide their expertise moving forward.

V.E – Training and Quality Assurance

V.E.1 - Partial Compliance

"All custody staff, and mental health staff, shall be trained on the policies and procedures outlined herein that are relevant to their job and classification requirements. Custody staff will receive periodic training on identifying behaviors that may be manifestations of mental illness and other situations warranting a referral to mental health staff, including for a Rules Violation Mental Health Review or other mental health assessment."

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME

- **Most Recent Monitor Rating:** V.E.1 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

All ACMH staff have been trained on the policies and procedures relevant to their job and classification requirements.

All staff assigned to corrections (sworn staff and records officers) have received Consent Decree training since September of 2021. As new hires are onboarded, they are assigned the training and must attest to the completion of the training. SSO provides comprehensive ongoing training to custody staff to ensure they can identify behaviors that may indicate mental illness and make appropriate referrals, including for Rules Violation Mental Health Reviews and other assessments.

All new custody staff complete extensive pre-employment training at the SSO Academy, including 24 hours of Crisis Intervention Training, 20 hours of behavioral health instruction, and eight (8) hours of mental health training covering suicide prevention, symptom recognition, crisis intervention, de-escalation, mental health evaluations for planned use of force, and adaptive supports.

All newly assigned custody staff receive formal training through the Sheriff’s Training Officer program which minimally consists of an eight (8) week program. All relevant policies and procedures are discussed and checked off by each respective training officer to ensure the trainees understand all topics covered in the program.

New corrections staff also receive four (4) hours of in-person suicide prevention training, with all current employees, including sergeants, completing a two (2) hour refresher annually, addressing mental illness and the appropriate responses. Specialized unit staff, including IOP and JBCT deputies and sergeants, receive 24 hours of CIT training, and select staff have completed a two (2) hour custody-specific negotiations course.

ACMH provides additional training for staff in Designated Mental Health Units, covering treatment planning, MDT participation, brain development, intellectual disability, effective communication, ADA requirements, consent decree compliance, 5150 certification, PREA, WPATH standards, suicide prevention and assessment, planned use of force and de-escalation, safety planning, mental health RVRs, segregation assessments, and cultural competence.

The County is in partial compliance with the requirements of this provision.

V.E.2 - Partial Compliance

“All custody staff shall be trained on the identification of symptoms of mental illness, the provision of adaptive supports, and the use of de-escalation methods appropriate for prisoners with mental health or intellectual disabilities.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.E.2 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

As described in the 11th County Status Report, ACMH added a training module for all staff, including SSO deputies, to follow the four (4) hour Suicide Prevention Training. This will ensure all new employees receive training on understanding and working with patients who have a mental health disorder. Many aspects of this training are already covered during in-service and pre-service training for SSO. Every year, sworn and professional staff receive a two (2) hour course provided by mental health. A comprehensive review of current training offerings, compared against the needs of this element was reviewed.

In November 2024, ACMH and SSO developed a training plan to ensure all new deputies complete the following training over one day: Understanding Mental Health Symptoms in a Correctional Setting, Mental Health Evaluations in Planned Use of Force, and Effects of Brain Development in Forensic Settings & Mental Health Adaptive Supports.

Presently, most custody staff have completed extensive training through the SSO Academy, ongoing in-service sessions, ACMH-led instruction, Lexipol coursework, suicide prevention modules, and specialized CIT and behavioral health courses. The curriculum covers the topics outlined in the Remedial Plan and is consistently implemented and tracked. For those that have not completed some of the training, SSO is exploring options to provide it to all personnel assigned to the jails.

Compliance for this provision is based on staff having received the required training on identification of symptoms of mental illness, provision of adaptive supports, and use of de-escalation methods appropriate for prisoners with mental health or intellectual disabilities. While operational practices such as post-use-of-force referrals and documentation are important, they fall outside the scope of the training requirement as defined in this provision.

Until proof of practice is established, the County remains in partial compliance with the requirements of this provision.

V.E.3 - Substantial Compliance

“The County shall track the outcomes of all disciplinary hearings for prisoners who are on the mental health caseload or who have intellectual disabilities, including whether the recommendation of the mental health professional was followed.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.E.3 was rated as being in Non-Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Disciplinary hearing outcomes are tracked by the CDHO at each facility and documented in a comprehensive ATIMS report. The CDHO also records whether recommendations provided by ACMH in the RVR return are followed, partially followed, or not followed. In the rare cases when ACMH’s recommendations are not followed, the CDHO documents a narrative justification explaining SSO’s rationale. This information is also maintained on SSO’s shared drive, creating a secondary record that supports internal audits and helps ensure accurate reporting.

ACMH and SSO continue to meet regularly to discuss the MH RVR process. Since September of 2024, a MH clinician has been attending disciplinary hearings for patients diagnosed with intellectual disability to provide support and advocacy.

The County remains in substantial compliance with the requirements of this provision.

V.E.4 - Partial Compliance

“The County shall track all Uses of Force (planned and reactive) involving prisoners who are on the mental health caseload or who have intellectual disabilities, including the number of Uses of Force and the number of cell extractions by facility.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.E.4 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

SSO provides ACMH with monthly reports on Use of Force, Planned Use of Force, and WRAP incidents, including incident counts, for review and monitoring purposes. This

reporting includes all incidents involving individuals with known intellectual or developmental disabilities and individuals on the mental health caseload. SSO's tracking system includes all elements required under this provision except when an incident involves a cell extraction. SSO is currently modifying the tracking system to include tracking of cell extractions. Until the tracking system is modified to include cell extraction data, the County remains in partial compliance with the requirements of this provision.

V.E.5 - Substantial Compliance

“The County shall implement a continuous quality assurance/quality improvement plan to periodically audit disciplinary and Use of Force practices as they apply to prisoners who are on the mental health caseload or who have intellectual disabilities.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** V.E.5 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

As described in the 11th County Status Report, ACMH has been auditing PUOF and UOF incidents utilizing data from both MH and SSO since 2024. All use of force incidents are reviewed by SSO at a supervisory and management level for quality assurance. In April 2024, per the MH SME recommendation, MH included ID as a component of the RVR and UOF review/QI.

As ACMH and SSO are auditing UOF/Wrap Restraint System (WRAP)/PUOF and disciplinary incidents and reporting findings to the Mental Health Quality Improvement Subcommittee, the County remains in substantial compliance with the requirements of this provision.

VI. Medical Care

VI.A – Staffing

VI.A.1 - Partial Compliance

“The County shall maintain sufficient medical, mental health and custody staffing to meet professional standards of care to execute the requirements of this remedial plan, including clinical staff, office and technological support, QA/QI units and custody staff for escorts and transportation.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Medical SME

- **Most Recent Monitor Rating:** VI.A.1 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

SSO asserts that it maintains adequate staffing to meet professional standards of care and Remedial Plan requirements, including custody support for medical escorts and transportation. At the Main Jail, an average of 10 deputies cover medical escorts Monday–Friday day shifts, with night and weekend shifts providing full coverage. For ACMH “blitz” initiatives to reduce mental health service backlogs, two dedicated deputies are assigned to support these efforts. At RCCC, six (6) deputies cover day-shift medical escorts, with five hours of additional daily coverage four (4) days per week. Three deputies are available after hours to provide escort support as needed, ensuring timely and efficient delivery of inmate medical care.

As noted in II.A, on July 1, 2025, the County contracted with HMA to develop a Master Plan. The Master Plan requires an operational analysis of the current jail system, which will incorporate a staffing analysis of both the medical and mental health care staffing needs to meet the needs of the patient population and the custody staffing needs to meet the health care and safety needs of the inmate population. Pending completion of the Master Plan and staffing analysis, the County cannot confirm whether custody staffing is sufficient to meet all transportation and medical escort needs.

During this reporting period, ACH’s new medical director, who began in June, made significant contributions to organizational goals and to the improvement of healthcare services provided to patients. With his leadership and clinical input, ACH restructured several processes to enhance patient care and to more effectively address elements outlined in the Consent Decree.

In addition, ACH implemented targeted leadership realignments to strengthen operational and quality oversight. The former QI director transitioned into the role of director of administration, where they now directly support the health services administrator. Additionally, a second nursing director was reassigned to the QI director position, further strengthening ACH’s focus on quality monitoring and continuous improvement. ACH is encouraged by these leadership changes and believes that placing individuals in roles aligned with their strengths positions the organization for improved performance and greater compliance moving forward.

In an effort to address the provider backlog, ACH undertook a targeted recruitment initiative by engaging multiple medical registries to onboard and train additional nurse

practitioners and physicians. These efforts were intended to increase provider capacity, reduce the existing backlog, and meet the clinical needs of the organization.

A full description of staffing levels for ACH, ACMH, and SSO is included with provision II.A. While SSO provides sufficient staffing for medical escorts and transportation, due to the reliance of medical registry staff to meet the needs of the organization, the compliance rating for this provision has been reduced. The County is in partial compliance with the requirements of this provision.

VI.A.2 - Partial Compliance

“Provider quality shall be evaluated regularly to ensure that relevant quality of care standards is maintained. This review shall be in addition to peer review and quality improvement processes described in this plan. The parties shall meet and confer regarding any deficiencies identified in the evaluation. Should the parties disagree regarding matters of provider quality, the Court Expert shall evaluate the quality of provider care and to complete a written report.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.A.2 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

In alignment with recommendations from the Medical SME, ACH developed a Peer and Supervisory Review Policy that includes a defined workflow and standardized peer review tools for both dental staff and medical providers. The policy and accompanying tools have been submitted to SMEs for review and approval. In addition, ACH has piloted the peer review tool with a small number of providers to assess its effectiveness and usability. Upon SME approval, ACH will finalize and publish the policy, provide training to applicable staff, and fully implement the peer review process in accordance with established timelines.

ACH recognizes the critical importance of this provision and the role that ongoing peer review and quality improvement processes play in monitoring provider performance, ensuring quality of care, and identifying opportunities for improvement. ACH remains committed to regularly monitoring provider quality and using peer review findings to inform continuous quality improvement efforts. Until the Peer and Supervisory Review Policy is approved and its process is fully implemented, the County remains in partial compliance with the requirements of this provision.

VI.B – Intake

VI.B.1 - Substantial Compliance

“All prisoners who are to be housed shall be screened upon arrival in custody by Registered Nurses (RNs). RN screening shall take place prior to placement in jail housing.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

All patients booked into Sacramento County’s correctional facilities are screened upon arrival by a Registered Nurse prior to placement in jail housing. ACH worked closely with the Medical SMEs to create a two-phased nurse intake format and streamline the questions for better flow and reduce redundancy. A full description of the intake process is included in the 11th County Status Report.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VI.B.2 - Substantial Compliance

“Health Care intake screening shall take place in a setting that ensures confidentiality of communications between nurses and individual patients. Custody staff may maintain visual communication, unless security concerns based upon an individualized determination of risk that includes a consideration of requests by the health care staff that custody staff be closer at hand. There shall be visual and auditory privacy from other prisoners.”

- **County Service Lines Involved:** ACH, DGS, SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.B.2 was rated as being in Substantial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

Beginning August 2024, ACH now has four (4) private nurse intake rooms at the Main Jail, meeting all privacy requirements. Each room has a door with a large window that allows the arresting officer to stand by for safety. This allows for auditory privacy from both officers and other arrestees. Arrestees who are combative have their intake completed in an open nurse station, ensuring their safety. Rooms are equipped with alarms, restraint points and lights that indicate when the nurse is ready for the next arrestee.

A trailer was added at RCCC; the trailer is designated for intakes, reducing the impact at the Main Jail. The trailer was made ADA compliant with the addition of a bathroom installation; this work was completed in October 2025.

The County remains in substantial compliance with the requirements of this provision.

VI.B.3 - Partial Compliance

“The County shall, in consultation with Plaintiffs, revise the content of its intake screening, medical intake screening, and special needs documentation to reflect community standards and ensure proper identification of medical and disability related concerns.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.B.3 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

During the prior reporting period, review of intake documentation showed that ADA identification forms were completed in 84% of cases. In response, ACH medical leadership initiated a review of the ADA and effective communication documentation process. As a result, the disability-related questions were revised and integrated into the primary intake assessment, eliminating the use of a separate form that was frequently missed.

The revised intake form is currently under development, with anticipated rollout and staff training scheduled for early February 2026. These changes are intended to ensure that disability-related needs are consistently identified, documented, and addressed through appropriate referrals and accommodations. With implementation of the revised process, the program’s goal is to achieve 100% completion of ADA documentation. The County remains in partial compliance with the requirements of this provision.

VI.B.4 - Partial Compliance

“Nurses who perform intake screening shall consult any available electronic health care records from prior incarcerations or other county agencies. The form shall include a check box to confirm that such a review was done.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.B.4 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

Although nurses performing intake screening are required to review and consult all available EHR records from prior incarcerations and document completion by selecting the check box for confirmation, this provision will not reach substantial compliance until QI audits demonstrate compliance at a 90% rate or higher. The County remains in partial compliance with the requirements of this provision.

VI.B.5 - Partial Compliance

“The County shall make best efforts to verify a patient’s prescribed medications and current treatment needs at intake, including outreach to pharmacies and community providers to request prescriptions and other health records related to ongoing care needs. The policy shall ensure that any ongoing medication, or clinically appropriate alternative, shall be provided within 48 hours of verification or from a determination by a physician that the medication is medically necessary. Any orders that cannot be reconciled or verified, such as those with conflicting prescriptions from multiple providers, shall be referred to a health care provider for reconciliation or verification the next clinic day after booking.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.B.5 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

ACH Intake policy outlines that any ongoing medication, or a clinically appropriate alternative, shall be provided within 48 hours of verification of the prescription or from a determination by a physician that the medication is medically necessary. Any orders that cannot be reconciled or verified, such as those with conflicting prescriptions from multiple

prescribers, shall be referred to a health care provider for reconciliation or verification the next clinic day after booking. ACH has determined that substantial compliance (above 90%) has been maintained since August 17, 2022 for meeting timeliness standards for patients receiving initial medications.

Despite this, medications are not consistently verified at intake. Direct communication with community providers and pharmacies rarely occurs due to the volume and churn rate of intakes. Instead, Release of Information (ROI) forms are typically sent and patients are prescribed their stated medications as part of the essential medications process which occurs before the 48-hour timeframe.

This workflow will become significantly more accurate and efficient with the implementation of the new EHR system. The integration of SureScripts will enable real-time access to prescription data from community providers and pharmacies, reducing reliance on manual processes and improving medication reconciliation. This new version of the EHR is expected to go live in the next reporting period. Until this has been implemented and medications are more consistently verified at intake, the compliance rating for VI.B.5 has been reduced. The County is in partial compliance with the requirements of this provision.

VI.B.6 - Partial Compliance

“The County shall follow a triage process in which intake nurses schedule patients for follow-up appointments based upon their medical needs and acuity at intake and shall not rely solely on patients to submit Health Services Requests once housed. The policy shall, in consultation with Plaintiff’s counsel, establish clear protocols that include appropriate intervals of care based on clinical guidelines, and that intake nurses shall schedule follow-up appointments at the time of intake based upon those protocols.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.B.6 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

ACH policies are consistent with this requirement and were implemented with approval of the Court-appointed experts. The nurse intake encounter has been configured to have automatic orders placed based on responses to intake questions. Each order has a priority level dependent upon the response to all service lines. Orders can be easily made by clicking the button within the nurse intake encounter.

Until QI audits demonstrate substantial compliance in necessary orders being created and followed from intake, the County remains in partial compliance with the requirements of this provision.

VI.B.7 - Partial Compliance

“All nurses who perform intake screenings will be trained annually on how to perform that function.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.B.7 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

During a previous reporting period, the ACH Training Coordinator developed and implemented a new nurse intake training program. He continues to provide regular training to intake nurses, including annual sessions as well as ad hoc trainings whenever policies or the EHR are updated, or when opportunities for improvement are identified through quality improvement efforts. The County recognizes the subject matter experts incorporate a competency element to this provision; however, the County would like to discuss the interpretation of this provision with the Medical SMEs. Until an agreement is reached, the County has reduced its compliance rating. At this time, the County is in partial compliance with the requirements of this provision.

VI.C – Access to Care

VI.C.1 - Substantial Compliance

“The County shall ensure that Health Service Requests (HSRs) are readily available to all prisoners, including those in segregation housing, from nurses and custody officers.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.C.1 was rated as being in Substantial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

As of September 14, 2025, the procedures at all jail facilities are as follows: HSRs are available in all housing pods at all times. SSO Compliance officers restock these forms twice weekly, or whenever notified that supplies are low or depleted. Inmates may also request HSRs directly from floor officers or medical staff. Additionally, all inmates are provided with one HSR form by property officers prior to being housed on the floors. The County remains substantially compliant with the requirements of this provision.

VI.C.2 - Substantial Compliance

“The County shall provide patients with a mechanism for submitting HSRs that does not require them to share confidential information with custody staff. The county shall install lockboxes or other secure physical or electronic mechanism for the submission of HSRs (as well as health care grievances) in every housing unit. Designated staff shall collect (if submitted physically) or review (if submitted electronically) HSRs at least two times per day in order to ensure that CHS receives critical health information in a timely manner. Designated health care staff shall also collect HSRs during pill call and go door to door in all restricted housing units at least once a day to collect HSRs. HSRs and health care grievances will be promptly date- and time-stamped. The county may implement an accessible electronic solution for secure and confidential submission of HSRs and grievances.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.C.2 was rated as being in Substantial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

Confidential locked boxes labeled “Health Service Requests” are installed in multiple locations at both jail facilities for patients to submit HSRs to protect confidentiality. Locked boxes are also throughout both facilities’ housing units to submit grievances. Designated staff collect HSRs at least two times per day as well as during medication administration and door-to-door in all restricted housing units at least once a day. QI completes in-person observations as well as chart audits to ensure that HSR collection and time-stamping processes are occurring accordingly.

ACH has created an HSR and Grievance collection form for staff to fill out each time they make rounds to collect both forms in the housing units. This provides supervisors and QI a

mechanism to ensure HSRs and Grievances are being collected regularly and timely. Use and tracking of this form was implemented this reporting period.

HSRs are turned in directly to nursing staff during pill call twice a day, seven (7) days a week. Nursing staff promptly date and time stamp all HSRs within two (2) hours of receipt.

There have also been significant changes made to the “HSR and Grievance process,” now called “Flex Nurse.” This program enhances rapid identification of urgent conditions, more same-day appointments and fewer unnecessary ER or urgent care visits, cost and resource containment, better chronic care and follow-up, enhance collaboration with custody staff and helps prevent sick call, HSR, and grievance backlog.

ACH has assigned two dedicated Flex Nurses, 24 hours a day, seven (7) days a week. These nurses are responsible for responding to all medical notifications on every floor upon receipt of a message via the Microsoft Teams channel titled “2M Nursing Medical Response.”

This process enables real-time monitoring of nursing response times and ensures timely assessment and management of patient-generated medical needs. Early identification of life-threatening conditions (e.g. chest pain, withdrawal, suicide risk), reduces morbidity and mortality which improves patient safety and prevents medical escalation. Appropriate triage and prioritization lead to improved patient perception of care, resulting in fewer sick-call requests and grievances.

The County remains in substantial compliance with the requirements with this provision.

VI.C.3.a - Partial Compliance

“The County shall establish clear time frames to respond to HSRs:

- a) All patients whose HSRs raise emergent concerns shall be seen by the RN immediately upon receipt of the HSR. For all others, a triage RN shall, within 24 hours of receipt of the form (for urgent concerns) or 72 hours of receipt of the form (for routine concerns).*
 - i. Conduct a brief face-to-face visit with the patient in a confidential clinical setting.*
 - ii. Take a full set of vital signs, if appropriate.*
 - iii. Conduct a physical exam, if appropriate.*
 - iv. Assign a triage level for a provider appointment of emergent, urgent, routine, or written response only.*

- v. *Inform the patient of his or her triage level and response time frames.*
- vi. *Provide over-the-counter medications pursuant to protocols; and*
- vii. *Consult with providers regarding patient care pursuant to protocols, as appropriate.”*

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.C.3.a was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

All patients are seen within required time frames the large majority of the time; therefore, ACH does not have a nurse sick-call backlog. During this reporting period, ACH nursing has implemented a process to triage all HSRs, including medical, mental health and dental, to ensure timely assessment and compliance with established time frames as per NCCHC and the consent decree.

As noted in VI.C.2, to expedite inmate access to medical care, SSO implemented a shared Microsoft Teams channel with ACH, enabling rapid communication for emergent concerns reported via cell emergency buttons or directly to staff. ACH provides dedicated 24/7 triage nurses who monitor channels in real time, with supervisory oversight. SSO deputies or records officers submit brief messages in the chat including the inmate’s name, X-Ref, location, and concern. Triage nurses acknowledge the message within minutes and respond in person, often within 15-30 minutes; if no response is received, the issue is escalated to a supervising nurse. This program has drastically reduced response times and is extensively utilized at both facilities.

Until QI audits can demonstrate compliance with this provision at a 90% rate or higher, the County remains in partial compliance with the requirements of provision VI.C.3.a.

VI.C.3.b - Non-Compliance

- b) *“If the triage nurse determines that the patient should be seen by a provider:*
 - i. *Patients with emergent conditions shall be treated or sent out for emergency treatment immediately.*
 - ii. *Patients with urgent conditions shall be seen within 24 hours of the RN face-to-face; and*

iii. *Patients with only routine concerns shall be seen within two weeks of the RN face-to-face.*

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.C.3.b was rated as being in Non-Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

During this reporting period, ACH continues to experience a provider backlog, resulting in patients being seen outside of required timeframes. The new medical director has prioritized efforts to reduce this backlog by reevaluating provider schedules. A three-part meet-and-confer process with the union has been completed to transition provider schedules to a 9/8/80 model, which increases on-site provider presence, allows for additional clinic days per month, and ensures continuity of care on weekends through shared provider coverage. The new schedule is set to roll out in February.

Providers are now assigned to specific clinics and defined patient populations, enhancing accountability, ownership, and continuity of care. This structure supports proactive chronic disease management, improved follow-up, and clearer responsibility for treatment planning and outcomes.

In addition, several registry providers were onboarded during this reporting period to support backlog reduction efforts. At RCCC, focused collaboration with providers has resulted in the backlog being nearly eliminated. At the Main Jail, however, the high volume of daily sick calls—driven by multiple contributing factors—will require a multi-pronged approach. Planned strategies include targeted “blitz” clinics, temporary additional staffing support, retraining nursing staff to avoid generating duplicate sick call orders when one already exists, and reinforcing provider responsibility to address and close all open orders during patient encounters. While ACH anticipates measurable progress in next reporting period, the County is not compliant with the requirements of this provision.

VI.C.3.c - Substantial Compliance

- c) *“Patients whose requests do not require formal clinical assessment or intervention shall be issued a written response, with steps taken to ensure effective communication, within two weeks of receipt of the form.”*

- **County Service Lines Involved:** ACH

- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.C.3.c was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

Patients whose concerns do not require a formal clinical assessment or intervention receive a letter in response, within the required time frame. The EHR includes numerous letter templates to support consistent communication for common requests. The County remains in substantial compliance with the requirements of this provision.

VI.C.3.d - Substantial Compliance

- d) *“The County shall permit patients, including those who are illiterate, non-English speaking, or otherwise unable to submit written or electronic HSRs, to verbally request care. Such verbal requests shall immediately be documented by the staff member who receives the request on an appropriate form and transmitted to a qualified medical professional for response in the same priority as those HSRs received in writing.”*

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.C.3.d was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

Patients who are illiterate, non-English speaking, or otherwise unable to submit written or electronic HSRs are permitted to verbally request care. Requests are transmitted in the same priority as HSRs received in writing.

As noted in the County’s response to VI.C.2, the County has introduced the “Flex Nurse” program, which enables all verbal requests for medical care to be documented by staff through a Microsoft Teams message; these requests are then triaged and documented in the EHR. With the established practices and the recent enhancements, the County remains in substantial compliance with the requirements of this provision.

VI.C.4 - Partial Compliance

“The County shall designate and make available custody escorts for medical staff in order to facilitate timely and confidential clinical contacts or treatment-related events.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.C.4 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

Custody provides designated medical escort deputies assigned across the shifts in order to facilitate timely and confidential clinical contacts or treatment-related events. Dedicated medical escort deputies remain within the jail facilities and are not reassigned to external medical transports or other duties. Once a medical escort deputy is assigned to a provider or nursing staff, the deputy remains with that assignment for the duration of the shift. This consistent staffing approach ensures coordinated movement, supports efficiency in patient access to medical services, and maintains a timely and orderly flow for all scheduled medical encounters.

As noted in II.A, on July 1, 2025, the County contracted with HMA to develop a Master Plan. The Master Plan requires an operational analysis of the current jail system, which will incorporate a staffing analysis of both the medical and mental health care staffing needs to meet the needs of the patient population and the custody staffing needs to meet the health care and safety needs of the inmate population.

Until the staffing analysis is completed, the County is unable to determine whether the level of custody escorts is sufficient to consistently facilitate timely and confidential clinical contacts and treatment-related events. The County remains in partial compliance with the requirements of this provision.

VI.C.5 - Partial Compliance

“The County shall track and regularly review response times to ensure that the above timelines are met.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.C.5 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in

the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

During the last reporting period, Sacramento County’s Department of Technology went live with the "Timelines to Care Report" that captures all the data indicators to determine if required time frames are met for the entire patient population rather than a small sample size that occurs with audits. In August 2025, the QI team completed the first audit using this new report. The audit shows that about 96% of all HSRs are seen within the required timeframe. However, when broken down by priority level, only 76% of emergent, 76% of urgent, and 99% of routine HSRs are seen within the required timeframe. This information helps QI and the ACH management team strategize on ways to improve timelines to care for emergent and urgent HSRs. The QI Team is actively working on conducting a new audit using the report.

As ACH now has the reporting capability to track and regularly review response times, the compliance rating for this provision has increased. The County is in partial compliance with the requirements of this provision.

VI.C.6 - Substantial Compliance

“The County shall discontinue its policy of prohibiting patients from reporting or inquiring about multiple medical needs in the same appointment.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

ACH discontinued prohibiting patients from reporting or inquiring about multiple medical needs in the same appointment shortly after execution of the Consent Decree. Patients are permitted to report or inquire about multiple medical needs on a single HSR or during a single appointment.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VI.C.7.a - Partial Compliance

“When a patient refuses a medical evaluation or appointment, such refusal will not indicate a waiver of subsequent health care.

- a) *When a patient refuses a service that was ordered by medical staff based on an identified clinical need, medical staff will follow-up to ensure that the patient understands any adverse health consequences and to address individual issues that caused the patient to refuse a service.”*

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.C.7.a was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the Eighth Monitoring Report of the Mays Medical Consent Decree, dated January 2, 2026.

Ongoing healthcare services are offered and provided as medically indicated, regardless of prior refusals of care. In accordance with policy, ACH staff are required to follow up with patients who refuse services to ensure they understand potential adverse health consequences and to address individual concerns contributing to the refusal. These follow-up discussions are documented in the EHR.

Review of documentation demonstrates that nurses and providers are consistently following up with patients who refuse to come out of their cell, refuse encounters, or otherwise decline care. However, based on feedback from the SME, the County remains in partial compliance with the requirements of this provision.

VI.C.7.b - Partial Compliance

- b) *“Any such refusal will be documented by medical staff and must include: (1) a description of the nature of the service being refused, (2) confirmation that the patient was made aware of and understands any adverse health consequences by medical staff, and (3) the signature of the patient, and (4) the signature of the medical staff. In the event the signature of the patient is not possible, the staff will document the circumstances.”*

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.C.7.b was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in

the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

As noted in VI.C.7.a, review of documentation demonstrates that nurses and providers are consistently following up with patients who refuse to come out of their cell, refuse encounters, or otherwise decline care.

In most cases, refusal forms are appropriately completed and filed in the patient’s medical record. However, there continue to be instances where refusals are documented in progress notes without a corresponding signed refusal form. ACH leadership will continue to reinforce the importance of patient education and proper completion of refusal forms during the upcoming reporting period and will prioritize a quality improvement audit focused on refusal documentation. As a result, the County remains in partial compliance with the requirements of this provision.

VI.D – Chronic Care

VI.D.1 - Partial Compliance

“Within three months of the date the Remedial plan is issued by the Court, the County shall, in consultation with Plaintiffs’ counsel, develop and implement a chronic disease management program that is consistent with national clinical practice guidelines. The chronic disease program will include procedure for the identification and monitoring of such patients and the establishment and implementation of individualized treatment plans consistent with national clinical practice guidelines.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.D.1 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

ACH is still in the process of implementing a chronic disease management program aligned with the Veterans Administration (VA) Chronic Care Guidelines.

During this reporting period, the ACH leadership team developed two-page quick reference guides for each of the 11 posted VA provider treatment guidelines related to chronic disease management. These guides summarize the overall treatment guidelines and are intended to support providers in clinical decision-making. Providers now have intranet access to both the full treatment guidelines and the corresponding quick reference guides.

A training calendar is also being created for 2026 to ensure staff are trained on all treatment guidelines and quick reference guides throughout the year. A policy is in development for the chronic disease management program to consistently identify chronic care patients, measure timeliness of monitoring and testing, target treatment metrics and ensure follow up visits occur. Dot phrases (preformed blocks of text, typically inserted using keyboard shortcuts) are being created to standardize minimum documentation standards for the most common chronic conditions. The County has also developed Chronic Disease Management Audits, including those for Diabetes and HIV, and are working to develop a Diabetes Dashboard.

ACH's medical director has implemented a "Care Team" model that will in part, address the chronic disease management program. Key elements of this care team development include establishing a primary provider, nurse, Licensed Vocational Nurse (LVN), and MA to a particular floor to ensure continuity of care for patients. Greater communication and daily huddles are in development in an effort to capture the needs of the patient population and elevate concerns quickly to the appropriate medical personnel. This structure supports proactive chronic disease management, improved follow-up, and clearer responsibility for treatment planning and outcomes.

During this reporting period, the implementation of the "Care Team" has resulted in positive patient outcomes where ACH was able to improve the overall health of chronic care patients. Most of these patients came into Sacramento County's correctional facilities without any outside medical care resulting in untreated diabetes, mobility decompensation, and untreated wounds among other chronic care issues. Advancements in the County's chronic care model has resulted in patients with previous untreated chronic medical conditions becoming medically stable and on the road to improvement in their overall health.

The County remains in partial compliance with the requirements of this provision.

VI.D.1.a - Partial Compliance

"a) The chronic disease management program shall ensure that patients with chronic illness shall be identified and seen after intake based upon acuity (on the day of arrival for patients with high acuity and not to exceed 30 days for all others). The County will timely provide clinically indicated diagnostic testing and treatment, including prior to this post-intake appointment. Follow-up appointments will be provided in intervals that do not exceed 90 days unless patients are clinically stable on at least two consecutive encounters, in which case, follow-up appointment intervals will not exceed 365 days (and sooner if clinically indicated), subject to a chart review every 6 months."

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.D.1.a was rated as being in Non-Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

The chronic disease management program includes a process to ensure chronic care patients are referred for a History and Physical (H&P) based upon acuity.

Chronic disease patients are identified at intake; if they are deemed to be a chronic care patient during previous incarcerations, they will always be identified as a chronic care patient on subsequent intakes. The Intake nurse places an order for a History and Physical (H&P) exam for anyone identified as having a chronic disease. At this initial H&P, the provider will assess the level of disease control and schedule chronic care follow-up appointments based on medical acuity and level of disease control.

Monitoring adherence to this process is included in the Chronic Disease Management Audits for Diabetes and HIV.

As described in the County’s response to VI.D.1, a policy is in development for the chronic disease management program to consistently identify chronic care patients, measure timeliness of monitoring and testing, target treatment metrics and ensure follow up visits occur. The County remains in partial compliance with the requirements of this provision.

VI.D.1.b - Substantial Compliance

“b) The chronic disease management program shall ensure patients are screened for hepatitis C at intake. If medical staff recommend Hepatitis testing based upon screening results, such testing shall be offered on an “opt-out” basis for those individuals who remain in custody long enough to receive a housing assignment. If the patient declines testing the refusal shall be documented in the health record. Patients found to have hepatitis C shall be offered immunizations against hepatitis A and B.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.D.1.b was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in

the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

The chronic disease management program ensures patients are screened for Hepatitis C, HIV, syphilis, and GC/CT at Intake and offered testing on an “opt-out” basis for those individuals who remain in custody long enough to receive a housing assignment. If the patient declines testing, the refusal is documented in the patient’s health record. At the request of the Medical SMEs, in addition to the check mark documenting the refusal, as of January 2026, arrestees now sign to indicate refusal, as well. Patients found to have hepatitis C are offered immunizations against hepatitis A and B. A specialist provides on-site Gastroenterology and Hepatology clinics every other week, and has done so since October 2021. The County remains in substantial compliance with the requirements of provision VI.D.1.b.

VI.D.1.c - Partial Compliance

“c) The chronic disease management program shall include a comprehensive diabetic management program consistent with the American Diabetes Association (ADA) Diabetes Management in Correctional Institutions. The protocol shall be developed in coordination with custody administration to address normal circadian rhythms, food consumption times and insulin dosing times.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.D.1.c was rated as being in Non-Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

A Chronic Disease Management Audit has been developed to monitor adherence to diabetes management protocols. Detailed diabetes-related metrics have been defined and delivered to DTech for the programing of a Diabetes Dashboard. The County remains in partial compliance with the requirements of this provision.

VI.D.1.d - Partial Compliance

“d) The chronic disease management program shall ensure that patients who take medications for their chronic conditions shall have the medications automatically renewed unless the provider determines that it is necessary to see the patient before renewing the

medication. In that case, the patient shall be scheduled to be seen in a reasonable time period to ensure medication continuity.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.D.1.d was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

Medications are prescribed for one year. Prior to expiration, the pharmacy sends an EHR alert for the providers to renew. The medical director is working with the pharmacy director to ensure providers respond to alerts. The new Fusion EHR will make automate the alerts when a prescription approaches renewal; this is pending rollout in early 2026. The County remains in partial compliance with the requirements of this provision.

VI.D.2 - Partial Compliance

“The County shall track compliance with the chronic disease management program requirements for timely provision of appointments, procedures, and medications. The County shall ensure that its electronic medical record system is adequate to support these critical functions.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.D.2 was rated as being in Non-Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

ACH is working with DTech to develop requirements for a Diabetes Registry Report which will extract pertinent data points and include functionality useful to the daily operational protocols for managing chronic conditions. The Diabetes Registry will serve as a template for developing similar reports for other chronic conditions. The County remains in partial compliance with the requirements of this provision.

VI.D.3 - Substantial Compliance

“The County shall review its infection control policies and procedures for dialysis treatment to ensure that appropriate precautions are taken to minimize the risk of transmission of

blood-borne pathogens, given the proximity of HCV+ and HCV- patients receiving dialysis in the same room.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

ACH has assumed responsibility in the delivery of dialysis treatment for patients within the jails; a function has historically been contracted out. During this reporting period, ACH has implemented comprehensive infection prevention, screening, and identification protocols in the dialysis unit for both staff and patients. These measures ensure that all standard precautions are observed and followed to minimize the transmission of blood-borne pathogens, including HIV, Hepatitis B, Hepatitis C, and syphilis.

Prevention efforts include routine blood and water testing; communicable disease screening upon intake and annually thereafter; the use of dedicated supplies and equipment for patients who are positive or of unknown status; thorough disinfection of dialysis machines; mandatory audits; and continuous education and training for dialysis staff. All confirmed blood-borne pathogens will be documented and reported to the nephrologist, MD in charge, and the medical director in accordance with policy.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VI.E – Specialty Services

VI.E.1 - Substantial Compliance

“The County shall develop and implement policies regarding specialty referrals using an algorithm with evidence-based referral criteria and guidelines.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.E.1 was rated as being in Substantial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in

the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

During this reporting period, the County continued to make demonstrable progress toward meeting Consent Decree requirement VI.E.1, which requires the development and implementation of policies governing specialty referrals using an algorithm with evidence-based referral criteria and guidelines.

Previously approved Specialty Care and Utilization Management (UM) policies reviewed by Medical SMEs and Class Counsel remain in effect. To further operationalize evidence-based referral decision-making, ACH Utilization Management continued the phased implementation of Utilization Review (UR) Standardized Nursing Protocols (SNPs) which function as structured, algorithm-informed guidance for the review of on-site Specialty Care Referrals (SCRs).

During this reporting period, two additional UR SNPs—for Gastroenterology and Ophthalmology/Optomety referrals—were implemented. These SNPs, designed by ACH's previous Utilization Review Provider Advisor added to previously implemented SNPs for Physical Therapy and Podiatry Toenail Clinic and further support consistent specialty referral review.

In parallel, the County advanced system-level implementation of InterQual, a nationally recognized, evidence-based clinical decision support and utilization review platform, which was acquired in mid-October 2025. InterQual is being used to apply algorithm-driven referral criteria at the point of specialty referral when InterQual criteria is available. When InterQual criteria are not available for a specific specialty, referrals undergo secondary provider-level utilization review to ensure continued adherence to evidence-based standards.

Although Specialty Care and Utilization Management policies were undergoing revision during this reporting period, final policy updates were temporarily placed on hold to ensure alignment with InterQual implementation and associated practice changes following the onboarding of a new medical director in June 2025 and the transition of Case Management/Specialty Care and Utilization Management, which are now overseen by the nursing director and medical director as of December 2025.

Collectively, these actions render the County substantially compliant with the requirements of provision VI.E.1.

VI.E.2 - Partial Compliance

“Within 3 months of the date the Remedial plan is issued by the Court, the County shall develop and implement policies and procedures to ensure that emergency consultations and diagnostic treatment procedures, as determined by the medical provider; are provided immediately; high priority consultations and procedures, as determined by the medical provider are seen within 14 days of the date of the referral; and routine consultations and procedures, as determined by the provider are seen within 90 days of the date of the referral.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.E.2 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

During the previous reporting period, the County increased Case Management (CM) staffing to improve the speed with which specialty care referrals were reviewed and processed and to address an identified backlog. Additionally, a second on-call Utilization Review provider was added. As a result of these staffing enhancements, the specialty referral backlog was successfully cleared as of May 2025.

During this reporting period, ACH continued to advance compliance with Consent Decree requirement VI.E.2, which requires policies and procedures designed to support immediate provision of emergency consultations and diagnostic procedures, scheduling of urgent referrals within 14 days, and scheduling of routine consultations and procedures within 90 days of the date of referral.

Existing Specialty Care and Utilization Management policies establishing referral priority levels, utilization review timeframes, and required scheduling standards remain in effect, including defined timeframes for specialty referral review. The development and use of UR SNPs enabled Case Management nurses to assist with utilization review of on-site specialty care referrals, improving referral throughput and reducing delays in scheduling.

With the backlog cleared and increased staffing in place, Case Management is able to review and process requests for service in a timely manner and make good-faith efforts to schedule patients to be seen within required timeframes. Urgent referrals are scheduled with the goal of being seen within 14 days of the date of request after undergoing provider utilization review to corroborate urgent medical necessity, and routine consultations and procedures are scheduled with the goal of being seen within the 90-day timeframe. In some

instances, external factors beyond the County’s control—such as the lack of available accepting specialty care providers or extended community-standard wait times to which ACH patients are subject, consistent with the general public—may affect appointment availability. When these instances occur, Case Management nurses schedule patients to be evaluated by in-house providers to assess clinical stability, determine whether it is safe to wait for the specialty appointment, or evaluate the need for an emergency department transfer in lieu of waiting. Referral timeliness continues to be monitored through Case Management tracking and utilization review oversight.

In addition, the County procured InterQual, a nationally recognized, evidence-based clinical decision support and utilization review system, effective October 2025, with staff implementation education initiated in November 2025. InterQual is utilized to support timely determination of referral priority and medical necessity. When InterQual criteria are not available for a specific specialty service, referrals undergo secondary provider-level utilization review to support clinical appropriateness and timely access to care. The County will continue to review and revise specialty care referral policies, in collaboration with Court-appointed monitors, to ensure that utilization review workflows accurately reflect InterQual implementation and continue to promote compliance with required timeliness standards.

Collectively, these actions demonstrate that the County has established and is implementing effective systems and processes to ensure immediate access to emergency specialty care, timely scheduling of urgent referrals within 14 days, and routine specialty care within 90 days. However, due to the lack of available providers accepting specialty care patients and extended community-standard wait times to which ACH patients are subject, it can be a challenge to meet the timelines to care at a compliance rate of 90% or higher. As such, the County remains in partial compliance with the requirements of this provision.

VI.E.3 - Substantial Compliance

“Patients whose routine specialty consultation or procedure do not take place within 90 calendar days from the date of the referral shall be examined by a clinician monthly and evaluated to determine if urgent specialty care is indicated.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.E.3 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in

the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

ACH Case Management established a system to monitor patients whose routine specialty consultation or procedure has not occurred within 90 calendar days, ensuring that these patients are referred for evaluation by a clinician. Case Management nurses maintain a manual tracking log of referrals and meet weekly with UR providers to review and discuss any referrals exceeding 90 days. These meetings address barriers, support adherence to required timeframes, and, in cases where timeframes are not met, ensure patients are seen by an in-house provider to assess whether an emergency department referral is necessary if waiting for the specialty appointment is no longer safe.

A report has also been created to track all specialty service requests, and a quarterly “timelines-to-care” audit is performed. With the backlog cleared, effective utilization review, and increased coordination among Case Management nurses, UR providers, and in-house providers, instances of routine specialty consultations or procedures exceeding 90 days have significantly decreased compared to prior years, with many weeks having no such cases.

During this reporting period, an influx of hand-surgery referrals occurred where no accepting hand surgeons were initially available. Case Management nurses diligently searched all healthcare systems and private providers for accepting specialists, expanded the search radius to 120 miles to successfully identify providers for all patients on the list, and coordinated with the Case Management health program manager, Contracts division, Accounting, and leadership to establish letters of authorization when necessary. This required a coordinated team effort to ensure all patients received timely care.

For patients whose specialty consultation or procedure has not occurred within 90 days, Case Management schedules monthly follow-up appointments with a provider to evaluate clinical status and determine whether urgent specialty care is indicated. When a referral occurs outside the required timeframe—a now uncommon occurrence—the Case Management RN notifies the ordering provider by routing the SCR for co-signature and initiates an urgent Provider Sick Call, allowing the patient to be assessed for clinical stability and, if appropriate, an alternative treatment plan to be implemented. These cases are also reviewed during weekly meetings between CM staff and UR providers to ensure oversight and timely intervention.

Through these processes, the County maintains active monitoring of patients awaiting delayed specialty care and facilitates timely clinical evaluation, demonstrating substantial compliance with the requirements of this provision.

VI.E.4 - Partial Compliance

“Within 5 days of the completion of a high priority specialty consultation or procedure, or within 14 days of a routine specialty consultation or procedure, patients returning to the Sacramento County Jail shall have their specialty reports and follow-up recommendations reviewed by a jail nurse practitioner, physician assistant or physician.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.E.4 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

ACH Case Management makes every effort to ensure that patients returning from specialty appointments are seen within five (5) days of the completion of an urgent specialty consultation or procedure, or within 14 days of a routine specialty consultation or procedure. Medical records and specialty reports are obtained whenever possible to support continuity of care and ensure that follow-up recommendations are reviewed by a jail provider.

All patients returning from an off-site specialty appointment are seen by a jail nurse, during which returned documents are reviewed and a follow-up provider visit is ordered within policy timeframes. A CM RN tasked with follow-ups reviews all specialty appointment returns to confirm that the patient was seen by a nurse, a follow-up provider visit was ordered, and medical documentation or medical care forms with specialty provider recommendations were returned with the patient. When documentation is not immediately available, the CM nurse follows up by uploading provider documentation through the hospital portal if accessible or by requesting records directly from the specialty provider.

CM nurses have access to the Cerner medical records portal as well as HospitalConnect, although recent technical issues have limited access to some records. During this reporting period, with the assistance of ACH's previous Utilization Review Provider Advisor, CM nurses received expanded access to the SutterLink portal. Available records are imported into the EHR by CM nurses. Because each health system has different timelines for providers to complete medical documentation, delays in record availability for jail providers sometimes occur. ACH has made efforts to link provider payment to timely submission of records, though enforcing this requirement can be challenging. When records are not immediately available, the CM nurse or CM office assistant follows up with

the specialty provider’s clinic manager or submits a records request to ensure timely upload into the EHR once received.

These processes allow ACH to make a good-faith effort to ensure that specialty reports, follow-up records, and recommendations are available to jail providers for review within required timeframes, supporting continuity of care for patients returning from specialty consultations or procedures. Due to the delays in record availability and challenges enforcing timeliness with external providers, the County remains in partial compliance with the requirements of this provision.

VI.E.5 - Partial Compliance

“Specialty care consultations and outside diagnostic and treatment procedures shall be tracked in a log that identifies the referral request date, the date the referral was sent to the specialty care provider, the appointment date for the consultation or procedure is scheduled, the date the appointment takes place, and, if the appointment is rescheduled or cancelled, the reason it was rescheduled or canceled.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.E.5 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

ACH continues to advance compliance with Consent Decree requirement VI.E.5, which requires specialty care consultations and outside diagnostic and treatment procedures to be tracked in a log that identifies the referral request date, the date the referral was sent to the specialty care provider, the scheduled appointment date, the date the appointment occurred, and, when applicable, the reason for any appointment cancellation or rescheduling.

The Case Management Timelines to Care tracking report tracks both on-site and off-site specialty care referrals and includes all required elements. In June 2025, the CM supervising registered nurse (SRN)—now serving as the QI director—provided a demonstration of the tracking system to the Medical SMEs. The Timelines to Care tracking report is utilized for quarterly audit reporting.

The associated report has limitations related to data extraction, as the EHR encounter from which data are pulled is appended over time while a referral progresses through multiple

stages of processing. As a result, Case Management RNs also maintain individual tracking logs reflecting the work they perform and use these logs for day-to-day tracking of referrals from initiation through completion. Medical SMEs noted that the tracking logs capture all required components for specialty requests, but lack consistency in completion and maintenance. Based on this feedback from the SME, the County remains in partial compliance with the requirements of this provision.

VI.E.6 - Partial Compliance

“Requests for specialty consultations and outside diagnostic and treatment procedures shall also be tracked to determine the length of time it takes to grant or deny the requests and the circumstances and reasons for denials.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.E.6 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

ACH tracks specialty care requests to meet Consent Decree requirement VI.E.6, which requires that specialty consultations and outside diagnostic and treatment procedures be tracked to determine the time required to grant or deny requests, as well as the circumstances and reasons for any denials.

Requests undergo UR per Specialty Care and Utilization Management policies. UR determinations—including referral request date, date of review, approval or denial, and clinical rationale for any denial—are documented in the EHR, routed to the ordering provider for awareness and signature, and tracked through both the Case Management SCR Timelines to Care report and CM RN manual follow-up trackers.

Case Management nurses meet weekly with UR providers to review referral status and denials. These tracking tools, together with a Case Management RN dedicated to referral follow-up, ensure requests are fully tracked, UR decisions are clearly documented, and the rationale for any denials is recorded and communicated to ordering providers.

These systems support ongoing tracking to determine the time required to grant or deny requests, as well as the circumstances and reasons for any denials. Medical SMEs noted that ACH’s specialty services tracking logs lack consistency in completion and

maintenance. Based on this feedback from the SME, the County remains in partial compliance with the requirements of this provision.

VI.E.7 - Partial Compliance

“At least twice a year, the County shall conduct an audit of specialty care referral logs described in subsections (5) and (6), above, and complete a report as to whether each category of specialty care is provided in a reasonable timeframe, consistent with established timeframes. If any specialty care area has a record of untimely appointments as determined by the Correctional Health Service Continuous Quality Improvement Committee, the County shall report to Plaintiffs and the parties shall meet and confer to take prompt steps to address the issue. The County will provide Plaintiffs access to the specialty care referral logs and audit reports periodically and upon written request. The parties will work to resolve issues with untimely specialty care in individual patient cases and with respect to systemic trends, including through the dispute resolution process.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.E.7 was rated as being in Non-Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

ACH tracks and audits specialty care requests to meet Consent Decree requirement VI.E.7, which requires at least biannual audits of specialty care referral logs to assess timeliness and identify systemic or individual delays. ACH established auditing capabilities and produced two Specialty Services and Timelines-to-Care audit reports during the past year. These audits support ongoing evaluation of specialty care timeliness and identification of areas requiring corrective action.

Although challenges with data extraction currently exist—due to new staff, updated workflows, and modifications to the EHR CM SCR encounter—additional changes during this reporting period, including implementation of InterQual, require further updates to the EHR encounter and the CM Timelines to Care report. Staff are actively becoming familiar with InterQual, and once these process changes are fully implemented, standardized, and staff are trained to consistently document on the appropriate forms, audit reports are expected to become more reliable, comprehensive, and robust.

These audits support ongoing evaluation of specialty care timeliness and help identify any areas requiring corrective action, consistent with Consent Decree requirement VI.E.7.

Since ACH now has auditing capabilities and have been able to produce a report for Specialty Services and timelines to care, the compliance rating for this provision has increased. The County is in partial compliance with the requirements of this provision.

VI.E.8 - Substantial Compliance

“The County shall consider implementing an e-referral system to reduce delays and facilitate communication between specialists and primary care providers, as well as reducing unnecessary transportation costs and unnecessary specialist appointments by ensuring that the specialist has all the information he or she needs before an appointment takes place.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

As described in the 11th County Status Report, the Rubicon MD e-consult platform has been made available to all ACH providers. Although it is not a formal, face-to-face specialty consultation, ACH providers utilize the specialist's consult to advance patient care in-house. At times, this negates the need for off-site consultation, other times it helps expedite care while arranging the off-site consultation.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VI.E.9 - Partial Compliance

“The County shall ensure that utilization management and/or scheduling staff provides notification of whether a patient’s specialty care appointment is scheduled to occur within the timeline pursuant to the referral and/or clinical recommendation, including as follows:

- a) Medical staff may request and obtain information as to whether any patient’s specialty care appointment is scheduled, and as to the general timing of the appointment (e.g. within a one-week’s date range).*

- b) *If a specialty care appointment is denied or is not scheduled to occur within the timeline pursuant to the referral and/or clinical recommendation, such information will be affirmatively provided to the treatment team and to the patient.*
- c) *If a previously scheduled specialty care appointment is postponed to a date that is outside the timeline pursuant to the referral and/or clinical recommendation, such information will be affirmatively provided to the treatment team and to the patient.”*
- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.E.9 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

The County ensures that utilization management and/or Case Management staff notify ordering providers whether a patient’s specialty care appointment is scheduled within the timeline indicated by the referral or clinical recommendation by routing the CM SCR encounter in the EHR for provider awareness, review, and confirmatory signature. Similarly, the UR provider routes their Provider Utilization Review encounter to the ordering provider.

As noted in the 10th County Status Report, all ACH medical providers have access to view the private CM SCR encounter, which now includes the date the appointment was secured. For security reasons, the actual appointment date is not documented. An entry has also been added to indicate when appointments are scheduled outside of the ordered priority time frames, alerting the ordering provider to re-evaluate the patient as appropriate.

CM staff, UR providers, and jail providers communicate regularly via phone, email, and Teams. The previous UR Provider Advisor regularly attended provider meetings to relay specialty care updates and provide training on documentation, including reviewing UR notes and the routing process for signature of the CM SCR encounter.

ACH submits referrals to specialty clinics and the SSO scheduler with the anticipated appointment timeframe. The SSO scheduler schedules the appointment and confirms the date and time with ACH. If a referral is denied or an appointment cannot be scheduled, ACH CM is notified.

If an inmate refuses an appointment, ACH is alerted to re-engage the individual. SSO retains scheduling responsibilities to ensure adequate staffing and inmate transport, as ACH does not manage custody resources.

Medical information continues to be handled securely. SSO receives the medical information in sealed envelopes, and all transport staff, including the scheduler, have completed multiple HIPAA trainings during this reporting period.

The County remains in partial compliance with the requirements of this provision.

VI.E.10 - Substantial Compliance

“The County shall consider creating a physical therapy clinic at the jail to more efficiently meet the significant demand for this service.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.E.10 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

Physical Therapy (PT) clinics are held at each correctional facility at least once every two weeks, with urgent cases—including post-operative orthopedic patients, post-stroke patients, and those recently discharged from the hospital with PT recommendations—scheduled to be seen within two (2) weeks or sooner. The appropriate use of RubiconMD eConsults, along with changes to the PT referral system—shifting from provider-directed PT session orders to an initial PT consult in which the PT provider evaluates patients to determine if multiple sessions are necessary or provides patient-directed exercise handouts and instruction as appropriate—has significantly contributed to resolving the PT referral backlog, allowing urgent referrals to be prioritized.

The previous Case Management SRN, and now the Case Management RNs, regularly collaborate with the Contracts division, the specialty physical therapy provider, and the UR provider to ensure patients are scheduled and seen appropriately.

Since the PT backlog has been cleared, and with low-acuity chronic patients managed via eConsults and self-directed exercise programs, the number of patients requiring in-person PT is often limited, further enabling prioritization of urgent referrals. In instances where patient demand exceeds the capacity of a single PT clinic at one site, the Case Management team works with the contracts unit, UR provider, and specialty PT provider to add additional clinics when needed. Existing clinics may also be relocated from a site with low demand to the Main Jail site where need is higher, ensuring timely and efficient delivery of care.

These processes support ongoing access to physical therapy services, flexibility in scheduling to meet patient needs, and efficient use of clinic resources, demonstrating that the County remains substantially compliant with the requirements of this provision.

VI.F – Medication Administration and Monitoring

VI.F.1.a - Substantial Compliance

“The County shall develop and implement policies and procedures to ensure that all medications are appropriately prescribed, stored, controlled, dispensed, and administered in accordance with all applicable laws through the following:

- a) Ensuring that initial doses of prescribed medications are delivered to patients within 48 hours of the prescription, unless it is clinically required to deliver the medication sooner.*
- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

ACH has implemented policies regarding medication administration in collaboration and agreement with Court-appointed experts in accordance with all applicable laws. ACH policy outlines that any ongoing medication, or a clinically appropriate alternative, shall be provided within 48 hours of verification of the prescription or from a determination by a physician that the medication is medically necessary. Any orders that cannot be reconciled or verified, such as those with conflicting prescriptions from multiple prescribers, shall be referred to a health care provider for reconciliation or verification the next clinic day after booking. ACH has determined that substantial compliance (above 90%) has been maintained since August 17, 2022 for meeting timeliness standards for patients receiving initial medications.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VI.F.1.b - Substantial Compliance

b) *Ensure that medical staff who administer medications to patients document in the patient's Medication Administration Record (1) name and dosage of each dispensed medication, (2) each date and time medication is administered, (3) the date and time for any refusal of medication, and (4) in the event of patient refusal, documentation that the prisoner was made aware of and understands any adverse health consequences by medical staff."*

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.F.1.b was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the "Eighth Monitoring Report of the Mays Medical Consent Decree," dated January 2, 2026.

ACH pill call nurses are trained to document real-time during the medication administration process. They have the patient's MAR on a hand-held tablet and they are required to mark whether the medication was administered or not administered. If not administered, there is a drop-down list of reasons that includes patient refusal and education provided. The name and dosage are automatically populated in the Medication Administration Record (MAR) as they indicate which medications were administered and which were not. There are times when ACH has connectivity issues and that impedes the ability for the nurses to document in real-time. When this occurs, nurses are required to document within one hour of pill call administration. Based on these improvements, the compliance rating for this provision has increased. The County is in substantial compliance with the requirements of this provision.

VI.F.2 - Partial Compliance

"The County shall provide sufficient nursing and custody staffing to ensure timely delivery and administration of medication."

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.F.5 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the "Eighth Monitoring Report of the Mays Medical Consent Decree," dated January 2, 2026.

ACH leadership continues to closely evaluate nursing staffing levels and the timeliness of medication administration. As a result of this ongoing assessment, the organization has entered into and completed the meet-and-confer process to transition pill call nurse schedules to 10-hour shifts. This change aligns with a revised medication administration model that reduces the number of daily pill calls from three (3) to two (2) primary pill calls. Effective January 26, 2026, pill call timeframes will be standardized to 8:30 a.m. and 8:30 p.m. These adjustments are designed to ensure appropriate staffing coverage for both daytime and nighttime medication administration and to reduce the risk of delays. Based on these improvements, ACH anticipates this provision will move into substantial compliance.

Whether a custody escort officer assists ACH with pill call, or that function is fulfilled by a deputy assigned to the applicable housing location, SSO ensures staffing is provided to ensure the timely delivery and administration of medication.

As noted in II.A, on July 1, 2025, the County contracted with HMA to develop a Master Plan. The Master Plan requires an operational analysis of the current jail system, which will incorporate a staffing analysis of both the medical and mental health care staffing needs to meet the needs of the patient population and the custody staffing needs to meet the health care and safety needs of the inmate population.

The County remains in partial compliance with the requirements of this provision.

VI.F.3 - Partial Compliance

“The County shall provide pill call twice a day in each housing unit, at regular times that are consistent from day to day, except as may be required by non-routine facility security concerns. The County shall develop and implement policies and procedures to ensure that prescribed medications are provided at therapeutically appropriate times as determined by the ordering physician. Any patient who requires administration of medications at times outside the regular pill call shall be provided that medication at the times determined by the ordering physician.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.F.3 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

ACH Medication Administration policy outlines that prescribed medications are provided at therapeutically appropriate times as determined by the ordering physician and that any patient who requires administration of medications at times outside the regular pill call shall be provided that medication at the times determined by the ordering physician.

As noted in the County's response to VI.F.2, ACH leadership continues to closely evaluate nursing staffing levels and the timeliness of medication administration. As a result of this ongoing assessment, the organization has entered into and completed the meet-and-confer process to transition pill call nurse schedules to 10-hour shifts. This change aligns with a revised medication administration model that reduces the number of daily pill calls from three to two primary pill calls. Effective January 26, 2026, pill call timeframes will be standardized to 8:30 a.m. and 8:30 p.m. These adjustments are designed to ensure appropriate staffing coverage for both daytime and nighttime medication administration and to reduce the risk of delays. Based on these improvements, ACH anticipates the compliance rating will soon increase; however, the County remains in partial compliance with the requirements of this provision at this time.

VI.F.4 - Partial Compliance

"The County shall develop and implement policies and procedures to ensure that patients are provided medications at therapeutically appropriate times when out to court, in transit to and from any outside appointment, or being transferred between facilities. If administration times occurs when a patient is in court, in transit, or at an outside appointment, medication will be administered as close as possible to the regular administration time."

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.F.4 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the "Eighth Monitoring Report of the Mays Medical Consent Decree," dated January 2, 2026.

The ACH/ATIMS project team created "turn on" and "turn off" flags and alerts accordingly depending on the patient's current condition(s). This includes sending an alert when a patient is on medication so that SSO custody staff can be readily aware.

With close collaboration between custody, pharmacy and nursing, ACH uses a method of daily court notification, medication preparation and administration prior to patients leaving for court in the morning. This process ensures there are no issues with medications that

would prevent the Court process from occurring. The County remains in partial compliance with the requirements of this provision.

VI.F.5 - Partial Compliance

“The County shall develop policies and procedures to ensure that medication efficacy and side effects are monitored by staff and reviewed by appropriate clinicians at appropriate intervals.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.F.5 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

As described in the 11th County Status Report, ACH developed policies and procedures listed above with approval from medical experts to ensure that medication efficacy and side effects are monitored by staff and reviewed by appropriate clinicians at appropriate levels. However, ACH does not currently have a formal system in place to monitor or track medication side effects or efficacy. Providers are expected to document this information within the medical record. If side effects occur, medication adjustments are made accordingly. The County remains in partial compliance with the requirements of this provision.

VI.F.6 - Substantial Compliance

“The County shall explore the expansion of its Keep-on-Person medication program, (especially for inhalers and medications that are available over-the-counter in the community) and to facilitate provision of medications for people who are out to court, in transit, or at an outside appointment.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

As described in the 11th County Status Report, Keep-on-Person (KOP) medications were expanded to include inhalers, chronic disease medications, over-the-counter medications,

and others. It has also expanded KOP eligibility. Staff developed a Patient Medication Guide handout to inform patients of the KOP and discharge medication programs. Pharmacy staff monitors compliance upon dispensing refilled medications and educates patients on proper use, use of the EHR to document participants' compliance, and use the Pharmacy Information System for data management. Historical actions related to this provision are described in the 10th County Status Report.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VI.G – Clinical Space and Medical Placements

VI.G.1 - Partial Compliance

“The County shall provide adequate space in every facility to support clinical operations while also securing appropriate privacy for patients. Adequate clinical space includes visual and auditory privacy from prisoners, and auditory privacy from staff, the space needed reasonably to perform clinical functions as well as an examination table, sink, proper lighting, proper equipment, and access to health records.”

- **County Service Lines Involved:** ACH, DGS, SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.G.1 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

At RCCC, each facility has their own confidential medical space. ACH determines the schedule to ensure confidential space is available.

On each floor of the Main Jail's East and West housing units, the County has installed two confidential privacy booths. These booths were installed through significant coordination and collaboration among ACH, SSO, and DGS, and have substantially improved the ability to conduct confidential clinical contacts with incarcerated individuals. When a confidential booth is unavailable, nursing staff utilize the classroom located on the housing floor or an examination room down the hall to complete their evaluations, transporting their medical carts and necessary supplies as needed. During this reporting period,

curtains were installed in the confidential booths to further enhance privacy when required.

ACH has explored multiple types of exam beds to enhance the functionality of the confidential booths to make them true clinical exam spaces. An exam bed was found that with only slight modifications, fit the room and was approved by SSO's Compliance Unit. Six exam beds were purchased and installed in the most medically active floors at the Main Jail. The remaining beds are scheduled for purchase in the next fiscal year.

Several challenges have been identified related to the installation of handwashing stations and are currently being addressed. The primary challenge is identifying a handwashing station that meets SSO Compliance and inspection requirements.

Staff continue to actively evaluate compliant options, and until these and other issues are resolved, the County remains in partial compliance with the requirements of this provision.

VI.G.2 - Non-Compliance

"The County shall ensure that any negative pressure isolation rooms meet community standards, including an antechamber to ensure that the room remains airtight, appropriate pressure gauges, and regular documented checks of the pressure gauges."

- **County Service Lines Involved:** DGS
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.G.2 was rated as being in Non-Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the "Eighth Monitoring Report of the Mays Medical Consent Decree," dated January 2, 2026.

The Main Jail's four negative-pressure rooms are inspected daily by DGS to ensure compliance with the required operational standards. Due to existing facility limitations, the addition of an anteroom is not feasible at this time.

The County has contracted with a consultant to develop a Master Plan by October 30, 2026. Future facility improvements resulting from the Master Plan may include construction projects that would enable full compliance with this requirement.

The Medical SME reports indicate that, without an antechamber, they will continue to rate the County as being wholly non-compliant with the requirements of this provision. It is not possible within the current footprint of the Main Jail to install an anteroom at this time

however, the pressure levels in these cells are monitored and verified daily to ensure proper operation.

As part of the Master Plan process, the current jail facilities are being evaluated. Any future improvements recommended through this planning effort may include construction enhancements that would allow for full compliance with this provision. The County will be in non-compliance with the requirements of this provision until a construction project is concluded to address this facility limitation.

VI.G.3 - Partial Compliance

“The County shall ensure that absent individualized, documented safety and security concerns, patients in acute medical or quarantine placements shall be allowed property and privileges equivalent to what they would receive in general population based upon their classification levels.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.G.3 was rated as being in Non-Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

SSO makes every attempt to allow an inmate’s property and privileges based on medical recommendations who are in acute medical or quarantine placement. With facility restrictions and limited space on the medical floor, the diverse classifications of incarcerated individuals, and the unpredictable nature of their medical needs, there are challenges to ensuring ongoing compliance with this provision. However, following a recent collaborative meeting with Class Counsel, several potential strategies were discussed to enhance access to privileges comparable to those available on a general population floor.

SSO continues to make active and ongoing efforts to address inequitable conditions, particularly for individuals experiencing the most severe medical or mental health needs. Notably, all inmates housed in medical, or quarantine units are permitted to retain their personal property and participate in programs that do not compromise their health, safety or security. The County remains in partial compliance with the requirements of this provision and will continue to work towards gaining full compliance within the constraints of the County’s existing correctional facilities.

VI.G.4 - Substantial Compliance

“The County shall ensure that patients in medical placements are not forced to sleep on the floor, including providing beds with rails or other features appropriate for patients’ clinical needs and any risk of falling.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.G.4 was rated as being in Substantial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

At both jail facilities, inmates housed on medical floors are never forced to sleep on the floor. Medical Housing Units are equipped with beds that include safety rails. All cells designated for medical housing are required to be furnished with medical beds. In addition to ensuring that medical floors and housing areas are consistently furnished with appropriate medical beds, damaged beds are replaced promptly as needed. If a bed is removed from service for repair, a temporary replacement is provided, or the cell is taken out of service until the issue is resolved. Furthermore, outdated and damaged medical beds have been replaced at both facilities.

The medical area has also been expanded to include a medical observation cell in booking. This space allows patients designated for medical observation to be placed in “boats” with thick mattresses, ensuring they are not sleeping on the floor and can be safely medically monitored until they are either housed or released. With these improvements, the compliance rating for this provision has increased. The County is in substantial compliance with the requirements of this provision.

VI.G.5 - Substantial Compliance

“The County shall not discriminate against patients in medical placements solely because of their need for C-Pap machines, but instead shall provide access to programs and services in accordance with their classification level, as set forth in the ADA remedial plan.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

Battery-powered Continuous Positive Airway Pressure (CPAP) machines are available at both correctional facilities resulting in the ability for inmates to be housed according to their classification and are no longer limited to Medical Housing Units or 2 Medical. The availability of battery-powered CPAP machines allows inmates who require them to participate in programs and services available to the rest of the inmate population.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VI.H – Patient Privacy

VI.H.1 - Partial Compliance

“The County shall develop and implement policies and procedures to ensure that appropriate confidentiality is maintained for health care services. The policies shall ensure confidentiality for clinical encounters, including health care intake screening, pill call, nursing and provider sick call, specialty appointments, and mental health treatment. The policies shall also ensure confidentiality for written health care documents, such as health care needs requests and grievances raising medical care or mental health concerns, which shall not be collected by custody staff.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.H.1 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

Historical activities related to this provision, such as the development of policies and procedures, are detailed in the 10th County Status Report. SSO’s Privacy of Care policy outlines procedures for confidential clinical encounters, including requirements that medical escorts maintain a distance sufficient to allow for visual supervision while ensuring that communications cannot be overheard, while considering the safety and security of the inmate and staff.

The Medical SME recognizes that the County has established policies and procedures that guide the appropriate confidentiality during patient care encounters, but there continue to be challenges related to full implementation. ACH QI conducted a Confidential Medical

Encounters Audit in August 2025 and found that about 74% of all encounters in the sample were confidential visits. Efforts are underway to revise the drop-down options that document reasons why a visit was not confidential to improve clarity and accuracy. These audits will continue on a bi-annual basis at minimum to help improve compliance in this area. The County remains in partial compliance with the requirements of this provision.

VI.H.2 - Partial Compliance

“The County shall provide adequate clinical space in each jail to support clinical operations while also securing appropriate privacy for patients, including visual and auditory privacy from prisoners and auditory privacy from staff.”

- **County Service Lines Involved:** ACH, DGS, SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.H.2 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

Attorney booths and examination rooms at both facilities provide confidentiality for medical and mental health encounters. Transparent cubicles were installed at the Main Jail to further enhance opportunities for confidentiality. To support visual privacy, curtains are available for use during clinical visits conducted in these transparent cubicles throughout the facility.

ACH has explored multiple types of exam beds to enhance the functionality of the confidential booths. One was found that, with only slight modifications, fit the room and was approved by SSO’s Compliance Unit. Six exam beds were purchased and installed in the most medically active floors at the Main Jail. The remaining beds are scheduled for purchase in the next fiscal year.

Several challenges have been identified related to the installation of handwashing stations and are currently being addressed. The primary challenge is identifying a handwashing station that meets safety and security inspection requirements. All exam rooms must have a handwashing station. Staff continue to actively evaluate options, and until these and other issues are resolved, the County will remain in partial compliance with the requirements of this provision.

VI.H.3 - Partial Compliance

“All clinical interactions shall be private and confidential absent a specific, current risk that necessitates the presence of custody staff. In making such a determination, custody and clinical staff shall confer and review individual case factors, including the patient’s current behavior and functioning and any other security concerns necessary to ensure the safety of medical staff. Such determinations shall not be made based on housing placement or custodial classification. The issuance of pills does not constitute a clinical interaction.

- a) For any determination that a clinical interaction with a patient requires the presence of custody staff, staff shall document the specific reasons for the determination. Such decisions shall be reviewed through the Quality Assurance process.*
- b) If the presence of a correctional officer is determined to be necessary to ensure the safety of staff for any clinical encounter, steps shall be taken to ensure auditory privacy of the encounter.*
- c) The County’s patient privacy policies, as described in this section, shall apply to contacts between patients and all staff who provide health-related services on site at the jail.”*

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.H.3 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

As noted in VI.H.1, ACH QI conducted a Confidential Medical Encounters Audit in August 2025 and found that about 74% of all encounters in the sample were confidential visits. Efforts are underway to revise the drop-down options that document reasons why a visit was not confidential to improve clarity and accuracy. These audits will continue on a bi-annual basis at minimum to help improve compliance in this area.

Per SSO’s Privacy of Care policy and current practice, deputies remain nearby while medical staff conduct clinical evaluations, while still affording inmates appropriate visual and auditory privacy. When SSO is aware of an inmate presenting safety concerns and requiring medical evaluation, medical staff are advised in advance, and deputies may position themselves closer to the interaction as warranted by the inmate’s demeanor and behavior.

The County remains in partial compliance with the requirements of this provision.

VI.H.4 - Substantial Compliance

“Jail policies that mandate custody staff to be present for any medical treatment in such a way that disrupts confidentiality shall be revised to reflect the individualized process set forth above. Custody and medical staff shall be trained accordingly.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

No jail policy mandates custody staff to be present for any medical treatment.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VI.I – Health Care Records

VI.I.1 - Partial Compliance

“The County shall develop and implement a fully integrated electronic health care record system that includes medical, psychiatric, and dental records and allows mental health and medical staff to view the medical and mental health information about each patient in a single record. This shall be accomplished within 12 months of the date the Remedial plan is issued by the Court.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.I.1 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

All EHR integration and enhancements as described in the 11th County Status Report response continue to be in place and are utilized on a daily basis by ACH staff.

Medical/Mental Health EHR Updates for this reporting period:

- Updated and New EHR forms/functionality:
 - ER send out form updated to remove “Other” for Incident Type – more detailed/specific options added
 - Assessment & Plan Form updated to remove “Other” for Degree of Control
 - Provider MAT HPI form updated to add Drug Test Results
 - H&P Form updated to include checkbox "Contraceptive Counseling Offered"
 - Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA) and Clinical Opiate Withdrawal Scale (COWS) Score links added to Global Banner
 - Added new HSR response for Methadone
 - New Encounter Details form added to MH Treatment Plan
 - Suicide Risk Assessment Update
 - HSR Form- Non-Mental Health Option Update
 - CIWA - Alcohol, CIWA - Benzodiazepines, COWS
 - Revised MH Suicide Safety Plan
 - Revised Mental Health Assessment
 - Revised Nurse Intake Phase 1
 - CIWA-AR Form Updated
 - Discharge Medication Prescriptions Form Updated
 - Discharge Planning Form Updated
 - Updated Auto – Order Trigger and Order Instructions at Intake
 - Created and HIV New Patient H&P Template
 - Created Flex Nurse Triage encounter
- New/Updated EHR Orders:
 - Prop 47 referral order added
 - Shaving Waiver order removed
 - MH PRN added to JPS Problem Codes

- Nurse Follow Up order added
- Palliative Care Off-Site Request for Services order added
- MH Release of Information (ROI) Order Added
- New lab order for Gastrointestinal (GI) and Peripheral Blood Smear
- New/Updated Reports into Production:
 - Update Encounters report to include Confidentiality status for medical encounters and select by provider
 - Case Management – Timelines to Care
 - Health Service Request Tracking
 - Nurse Intake Two Phase Tracking and Timelines to Care
 - Mental Health Cases – add MH PRN code type
- Reports/Dashboards in Development/Testing:
 - Nurse Intake Real-Time dashboard
 - Mental Health Workload Management dashboard
 - Withdrawal Monitoring dashboard
 - Diabetes Registry
 - Mental Health Encounters – Add counts and averages for specified timeframes

As of November 1, 2025, ACH and Fusion have entered into a new contract with a Scope of Work that addresses many of these recommendations above with upgrades and/or enhancements to the applications that integrate with Fusion EHR:

- Correctional Inpatient Pharmacy Software (CIPS)
- Electronic Medication Administration Record (eMAR)
- Order Manager/Scheduler
- BedBoard
- eDental
- GroupNotes

- Compliance Manager
- Care Plans
- Reporting Dashboard
- Non-Formulary Manager
- Formulary Manager
- Lab Requisition Manager
- CPOE, includes ePrescribe, Electronic Prescribing of Controlled Substances [EPCS] and Surescripts functionality)
- Document Manager
- Form Editor

Once completed, these upgrades and enhancements are expected to address the Medical SME's concerns. Additionally, requests have been submitted to DTech to create network folders for scan-to-file capabilities from devices at both jail facilities so that staff on site are able to scan high priority documents. The Medical Records Unit provides training on proper document indexing to the patient chart so staff can upload documents to the chart immediately once received from the outside source. The County remains in partial compliance with the requirements of this provision.

VI.I.2 - Partial Compliance

“Until such a system is implemented, the County shall develop and implement policies and procedures to ensure that medical staff have access to mental health information and mental health staff have access to medical information, as needed to perform their clinical duties. This information shall include all intake records. Medical and mental health staff shall be trained in these policies and procedures within one month of the date the Remedial plan is issued by the Court.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.I.2 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

The EHR provides access and contains information regarding medical, mental health, and intake records. Until the upgrades and enhancements identified in VI.I.1 are implemented the County will be in partial compliance with the requirements of this provision.

VI.I.3 - Substantial Compliance

“The County shall develop and implement policies and procedures to monitor the deployment of the CHS Electronic Health Record (EHR) to ensure the records system is modified, maintained, and improved as needed on an ongoing basis, including ongoing information technology support for the network infrastructure and end users.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

All ongoing information technology support mechanisms as described in the 11th County Status Report continue to be in place and are utilized daily by ACH staff. As noted in VI.I.1, there are ongoing enhancements and improvements to the EHR that will continue to support the success of this service.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VI.J – Utilization Management

VI.J.1 - Partial Compliance

“The County shall revise its utilization management (UM) system to ensure that critical health decisions about patients’ access to care are made with sufficient input from providers and a thorough review of health care records.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.J.1 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in

the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

The County advanced system-level implementation of InterQual, a nationally recognized, evidence-based clinical decision support and utilization review platform, effective October 2025, with staff implementation education initiated in November 2025. InterQual supports timely determination of referral priority and medical necessity. When InterQual criteria are not available for a specific specialty service, referrals undergo secondary provider-level UR to ensure clinical appropriateness and timely access to care. While policies are being revised to formally incorporate InterQual and updated workflows, algorithm-based, evidence-guided specialty referral review is actively occurring through existing approved policies, CM RN InterQual utilization review, and secondary provider utilization review.

All UR determinations—including referral request date, date of review, approval or denial outcome, and clinical rationale for any denial—are documented in the EHR, routed to ordering providers for awareness and signature, and tracked through the CM SCR Timelines to Care report and CM RN manual follow-up trackers. Ordering and treating providers may also communicate directly with CM nurses and UR reviewers via phone, email, or Teams to provide additional clinical input.

Existing Specialty Care and Utilization Management policies, which establish referral priority levels, utilization review timeframes, and required scheduling standards, were applied throughout this reporting period. Additionally, until the completion of InterQual implementation, the development and use of UR SNPs, designed by the County’s previous UR Provider Advisor, enabled CM nurses to assist with utilization review of on-site specialty care referrals. This support improved referral throughput and reduced delays in scheduling. With the backlog cleared and increased staffing in place, CM is now able to review and process requests in a timely manner and make good-faith efforts to schedule patients within required timeframes.

Collectively, these processes ensure that critical health decisions are made with sufficient provider input and a thorough review of available health records, support structured and evidence-based specialty care referral decisions, and reflect active implementation of utilization management policies and tools, consistent with Consent Decree requirement VI.J.1. Upon full integration of InterQual into the specialty referral workflow, this provision is anticipated to reach substantial compliance. InterQual requires providers to thoroughly review the patient’s health record to support documentation and appropriately substantiate referrals. The County remains in partial compliance with the requirements of this provision.

VI.J.2 - Substantial Compliance

“The County shall ensure that decisions about a patient’s access to, timing of or need for health care are made by a physician, with documented reference to the patient’s medical record. Nurses may gather information and coordinate the UM process, so long as it does not interfere with that requirement. All decisions by the UM committee shall be documented, including the clinical justification for the decision.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.J.2 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

As described in VI.J.1, the County advanced system-level implementation of InterQual, a nationally recognized, evidence-based clinical decision support and utilization review platform, effective October 2025, with staff education beginning in November 2025. InterQual supports timely determination of referral priority and medical necessity. For specialties without InterQual criteria, referrals undergo secondary provider-level utilization review to ensure clinical appropriateness and timely access to care. While policies are being revised to formally incorporate InterQual and updated workflows, evidence-based specialty referral review is actively occurring through existing policies, CM RN InterQual utilization review, and secondary provider utilization review.

All UR determinations—including referral request date, date of review, approval or denial outcome, and clinical rationale—are made by qualified physicians, documented in the EHR, routed to the ordering provider for awareness and signature, and tracked via the CM SCR Timelines to Care report and CM RN follow-up logs. Ordering and treating providers may also communicate directly with CM nurses and UR reviewers to provide additional clinical input.

Until full InterQual implementation, existing Specialty Care and Utilization Management policies—which define referral priorities, UR timeframes, and scheduling standards—were applied. Additionally, UR SNPs, designed by the previous UR Provider Advisor, enabled CM nurses to assist with on-site specialty care review, improving referral throughput and reducing scheduling delays.

These processes ensure that all decisions about a patient’s access to, timing of, or need for care are made by physicians with documented reference to the medical record, while

nurses coordinate and support the UM process without substituting for clinical decision-making, consistent with Consent Decree requirement VI.J.2. As such, the compliance rating for this provision is being increased. The County is in substantial compliance with the requirements of this provision.

VI.J.3 - Partial Compliance

“The UM system shall ensure that providers and patients are promptly informed about decisions made by the UM committee, including denial of a specialist referral request.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.J.3 was rated as being in Non-Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

All SCRs undergo UR per Specialty Care and Utilization Management policies. As described in VI.J.1, UR determinations—including referral request date, date of review, approval or denial, and clinical rationale for any denial—are documented in the EHR, routed to the ordering provider for awareness and signature, and tracked through both the CM SCR Timelines to Care report and CM RN manual follow-up logs. Ordering and treating providers may also communicate directly with CM nurses and UR reviewers via phone, email, or Teams to provide additional clinical input and receive updates on referral status.

CM nurses meet weekly with UR providers to review referral status and denials. A dedicated CM RN monitors referral follow-up to ensure requests are fully tracked, UR decisions are clearly documented, and the rationale for any denials is communicated promptly to ordering providers.

These processes ensure that ordering providers are informed in a timely manner of all UM decisions, including denials or scheduling delays, supporting transparency, continuity of care, and appropriate follow-up, consistent with Consent Decree requirement VI.J.3. The County will continue to enhance its processes to ensure that providers are effectively informed of UM decisions and that the ordering provider consistently follows through with the order. The County remains in partial compliance with the requirements of this provision.

VI.J.4 - Partial Compliance

“The UM system shall include an appeal process to enable patients and providers to appeal a decision denying a referral request.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.J.4 was not evaluated by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

The County ensures a formal appeals process is available, allowing ordering providers to request an appeal meeting. These meetings involve a collaborative case review with the ordering provider, the UR provider, and the medical director. During the meeting, the patient’s chart is thoroughly reviewed, and the case is discussed before a final determination is made. All appeal determinations, including clinical rationale, are documented in the EHR and communicated to the ordering provider. Ordering providers were educated on the availability of this process by our previous UR Provider Advisor during provider meetings.

These processes ensure that providers and patients have access to a structured appeal mechanism and that all UM decisions are appropriately reviewed and communicated, consistent with Consent Decree requirement VI.J.4. The County remains in partial compliance with the requirements of this provision.

VI.K – Sanitation

VI.K.1 - Substantial Compliance

“The County shall consult with an Environment of Care expert to evaluate facilities where patients are housed and/or receive clinical treatment, and to make written recommendations to address issues of cleanliness and sanitation that may adversely impact health.”

- **County Service Lines Involved:** ACH, DGS
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

As described in the 11th County Status Report, the County consulted with an Environment of Care expert to evaluate facilities where patients are housed in medical and mental

health units and in medical clinic areas to address consistency with environmental cleaning and sanitation standards. An action item tool was developed to follow up on the recommendations from the Environment of Care Report and was sent to the SMEs.

ACH/DGS continues to have a contract with Olympic Cleaning Service (formally known as Bissel Brothers) for environmental cleaning services requested in the Environment of Care Report. The contract was first executed in February 2024. They are on-site daily and ensure cells and other areas that need deep cleaning are conducted promptly. The use of the contracted cleaner vendor continues to provide the desired results.

The County has updated the Infection Prevention and Control Manual to include policies and procedures with guidelines on proper cleaning and disinfecting approved by the California Department of Public Health for the medical and mental health areas.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VI.L – Reproductive and Pregnancy-Related Care

VI.L.1 - Partial Compliance

“The County shall ensure that pregnant patients receive timely and appropriate prenatal care, specialized obstetrical services when indicated, and postpartum care (including mental health services).”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.L.1 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

As described in the 11th County Status Report, ACH maintains a weekly Obstetrics and Gynecology (OB/GYN) clinic at the Main Jail. Pregnant patients are identified and followed by UC Davis OB on site consistent with policy and federal and state regulations.

When acute issues arise, on-site providers evaluate the patient and consult with UCD OB/GYNs via phone as needed. ACH QI developed audit indicators to review reproductive and pregnancy-related care. ACH QI completed their first official audit on Women’s Health

Screening at intake, with a focus on reproductive care, in June 2025; the findings of the audit are included in the 11th County Status Report. A new audit is currently underway. The County remains in partial compliance with the requirements of this provision.

VI.L.2 - Substantial Compliance

“The County will provide pregnant patients with comprehensive counseling and timely assistance in accordance with their expressed desires regarding their pregnancies, whether they elect to keep the child, use adoptive services, or have an abortion.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

As described in the 11th County Status Report, ACH provides pregnant patients with comprehensive counseling and timely assistance in accordance with their expressed desires regarding their pregnancies, whether they elect to keep the child, use adoptive services, or terminate the pregnancy. If patients elect for termination, coordination with UCD occurs immediately and their team prioritizes patients to be scheduled based on their gestational age, as is done in the community.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VI.L.3 - Substantial Compliance

“The County will provide non-directive counseling about contraception to female prisoners, shall allow female prisoners to continue an appropriate method of birth control while incarcerated (with consideration given to the patient’s preference and/or current method of birth control), and shall provide access to emergency or other contraception when appropriate.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME

- **Most Recent Monitor Rating:** VI.L.3 was rated as being in Substantial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

As noted in the 11th County Status Report, ACH provides non-directive counseling about contraception to female prisoners, allows female patients to continue an appropriate method of birth control, provides access to emergency or other contraception when appropriate. All forms of contraception including Depo-Provera, combined oral contraceptives, Progesterone only pill, and intrauterine devices are offered.

Based on feedback from the Medical SME, following a review of records in which birth control was addressed in 100% of cases reviewed, the compliance rating for this provision is being increased. The County is in substantial compliance with the requirements of this provision.

VI.M – Transgender and Gender Non-Conforming Healthcare

VI.M.1 - Substantial Compliance

“The County shall implement policies and procedures to provide transgender and intersex prisoners with care based upon an individualized assessment of the patient’s medical needs in accordance with accepted standards of care and prevailing legal and constitutional requirements, including, as appropriate:

- a) Hormone Therapy*
- b) Surgical Care*
- c) Access to gender-affirming clothing*
- d) Access to gender affirming commissary items, make-up, and other property items”*

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

As described in the 11th County Status Report, ACH has implemented policies and procedures to provide transgender and intersex patients with care based upon an individualized assessment of the patient’s medical needs in accordance with accepted standards of care and prevailing legal and constitutional requirements, including, as

appropriate, hormone therapy, surgical care, access to gender-affirming clothing, and access to gender affirming commissary items, make-up, and other property items.

For continuity of care, patients who are identified as receiving hormone treatment from a community licensed provider continue the medication while incarcerated. A provider will assess the patient and include the medication as part of the patient's treatment plan. This provision will be in substantial compliance when all patients who qualify are referred and seen in a timely manner at the gender-affirming clinic.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VI.M.2 - Substantial Compliance

"The County shall ensure that medical and mental health staff have specific knowledge of and training on the WPATH Standards of Care."

- **County Service Lines Involved:** ACH, ACMH
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

As described in the 11th County Status Report, ACMH staff worked with a consultant to develop training on the WPATH Standards of Care, Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual (LGBTQIA), and Health Equity. Feedback from Medical, Mental Health and Suicide Prevention SMEs were incorporated. In consideration of the prior Medical SME's recommendation, ACH created additional slides regarding the WPATH standards in relation to ACH policy that were included in the training. The training was approved, and training began in March 2023.

As part of the approved ACH onboarding curriculum, all ACH staff must complete LGBTQ+ WPATH training within their first three months of employment. ACH's nurse educator tracks and monitors compliance in this provision.

As of December 2025, 99% of ACMH staff have completed LGBTQ+ WPATH Training.

The training structure below is used to ensure substantial compliance is maintained.

- WPATH transgender training by an SME from UC Davis Mental Health has been recorded with a study guide and test.
- Staffing will notify Registry Agencies: WPATH transgender care training completion within 30 days will be a condition of employment. Registry staff will need to complete a quiz at the end of the training to demonstrate understanding. The quiz will also be used as an attestation of completion.
- WPATH training remains part of the core onboarding for new employees.
- Biennial training may be integrated into annual Policy and Procedure training. This is because WPATH provides general transgender guidelines, while the ACH Policy & Procedure offers specific medical care protocols health staff need to manage care effectively.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VI.N – Detoxification Protocols

VI.N.1 - Partial Compliance

“Within three months of the date the Remedial plan is issued by the Court, the County shall develop and implement protocols for assessment, treatment, and medication interventions for alcohol, opiate, and benzodiazepine withdrawal that are consistent with community standards.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.N.1 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

Historical activities related to this provision are included in the 10th and 11th County Status Reports. As part of ACH’s ongoing commitment to quality care and operational excellence, the detoxification process and associated procedures have been updated at the operational level. Wellness rounds are now conducted routinely every three (3) to four

(4) hours to ensure patient safety and early identification of clinical changes. Any abnormal findings are promptly escalated to a registered nurse (RN), who then adjusts monitoring frequency and collaborates with the medical provider as clinically indicated.

The corresponding policy revisions are currently in progress and will be finalized shortly to reflect these enhancements. Additionally, a population health management dashboard is under development to support data-driven decision-making, while the detox-specific dashboard is being redesigned to align with updated workflows.

At present, ACH has dedicated nursing resources assigned to detox, intake, sick call/wellness rounds, and discharge processes to maintain continuity and quality of care. Furthermore, withdrawal and detox policies, SNPs, and Medication-Assisted Treatment (MAT) induction guidelines are being comprehensively revised with input from addiction medicine-trained physicians and nursing staff to ensure evidence-based practice and regulatory compliance.

Fixed dose treatment regimens for alcohol withdrawal as well as benzodiazepine withdrawal have been in place and part of the protocol. For opioid withdrawal, all medications are fixed dose, with the exception of Loperamide, which is currently used as needed for diarrhea.

As part of ACH's continued efforts to strengthen detox operations and patient safety, the County has implemented several key updates since the initial process revision. Detox intake screening has been enhanced to improve clarity regarding substance use history, withdrawal history, and time of last use. Intake forms have been modified accordingly, and nursing staff are being trained to identify patients who require urgent evaluation by an addiction provider within 24 hours. In addition, ACH has updated its detox intake screening and ongoing scoring tools (COWS/CIWA) to improve accuracy and reliability in assessing withdrawal severity. These tools will support more consistent clinical decision-making and timely interventions.

To strengthen clinical oversight and operational excellence within ACH's detox program, ACH has established a monthly committee meeting led by an addiction medicine-trained physician. This committee is focused on reviewing process improvement initiatives, identifying opportunities for enhanced clinical application of treatment on the detox unit, and fine-tuning operational practices as it works toward finalizing SNPs and policies. Additionally, the committee plays a key role in defining quality metrics and ensuring alignment with best practices.

Training has been successfully provided to nursing staff on the updated detox intake process. This training included comprehensive instruction on the revised intake screening

protocols as well as the proper application of COWS and CIWA. These sessions were designed to ensure accurate assessment, consistent documentation, and timely escalation of care in alignment with updated policies and SNPs.

ACH continues to operate a full MAT induction program to manage patients in withdrawal from opioids. Due to the MAT/detox program, ACH has helped thousands of patients that would otherwise experience withdrawal for an extended period and face potentially negative outcomes.

In alignment with the Consent Decree requirements for centralized medical oversight and improved continuity of care, all MAT and detox patients are now housed on 6 East Medical. Female withdrawal patients are assigned to Pod 100, while male withdrawal patients are assigned to Pods 200 and 300. This restructuring fulfills the Consent Decree's directive to ensure appropriate housing for individuals with serious medical needs and substance use disorders.

Coordination and collaboration with SSO were essential to relocating these units, including the transition of female withdrawal patients from 7 East, Pod 100 to 6 East on May 17, 2025. Centralizing these services enhances compliance with Consent Decree provisions by streamlining medical oversight, improving access to specialized care, and supporting timely monitoring and intervention for patients experiencing withdrawal.

This approach directly addresses consent decree elements related to:

- Medical and mental health care delivery – ensuring patients with withdrawal and MAT needs are housed in medically appropriate settings.
- Operational efficiency and quality improvement – consolidating detox services to improve monitoring, reduce delays in care, and support evidence-based treatment protocols.
- Policy and SNP implementation – aligning housing and clinical workflows with finalized detox policies and Standard Nursing Protocols.

6 East Medical is staffed by one MAT RN, two detox RNs, one MAT/detox provider, and three medical assistants. Patient assessments are conducted by registered nurses every six hours, or twice daily per the medical provider's order. During this reporting period, ACH assigned medical assistants to complete wellness rounds on everyone in the detox unit every two to three hours.

Frequent rounding by multiple staff members enhances the safety and quality of care for patients experiencing withdrawal by allowing for early identification of symptom escalation

and clinical deterioration. Regular assessments and wellness checks support timely communication with providers, promote intervention, and accurate withdrawal scoring, while reducing the risk of complications such as falls, seizures, or the need for higher levels of care. This multidisciplinary approach also improves patient reassurance, continuity of care, and overall effectiveness of withdrawal monitoring and management.

Recent updates to ACH's detox treatment process demonstrate significant progress toward meeting the requirements outlined in the Consent Decree, while some elements remain in development for full compliance. As such, the County remains in partial compliance with the requirements of this provision.

VI.N.2 - Partial Compliance

“The protocols shall include the requirements that

- (i) nursing assessments of people experiencing detoxification shall be done at least twice times a day for five days and reviewed by a physician;*
- (ii) nursing assessments shall include both physical findings, including a full set of vital signs, as well as psychiatric findings;*
- (iii) medication interventions to treat withdrawal syndromes shall be updated to provide evidence-based medication in sufficient doses to be efficacious;*
- (iv) the County shall provide specific guidelines to the nurses for intervention and escalation of care when patients do not respond to initial therapy; and*
- (v) patients experiencing severe, life-threatening intoxication (an overdose) or withdrawal shall be immediately transferred under appropriate security conditions to a facility where specialized care is available.”*

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.N.2 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

ACH's detox protocol is structured, evidence-based, clinically accepted guidelines used to safely assess, monitor, and manage patients experiencing substance withdrawal. These protocols typically include intake screening, use of standardized withdrawal assessment tools (such as CIWA or COWS), standardized nursing assessments, frequent wellness

checks, timely medication administration per provider orders, including MAT when appropriate. Emphasis is placed on early identification of symptom escalation, prevention of complications such as seizures or delirium, timely provider notification, and clear escalation procedures. Adhering to detox protocol promotes patient safety, consistent care delivery, early intervention, and alignment with National Commission on Correctional Health Care (NCCHC), American Correctional Association (ACA), and community medical standards.

During intake screening, nurses identify patients experiencing life-threatening intoxication and declare them medically unfit, arranging immediate transfer to the emergency department for appropriate treatment. For patients who develop life-threatening withdrawal after intake, the nurse conducting monitoring will promptly notify SSO and the provider team to facilitate transport to the emergency department. The criteria for “medically unfit” status were updated, and all nursing staff received training from the nurse educator on the revised guidelines.

The minimum requirement for withdrawal monitoring is twice daily for the prescribed duration of the designated medication. This area is staffed seven days per week, with continuous oversight by nursing and medical personnel. Emphasis is placed on ensuring withdrawal monitoring nurses conduct assessments timely and in accordance with provider orders.

Intoxicated patients are housed in medical observation cells, where nursing staff conduct face-to-face assessments every two hours and wellness checks every 30 minutes. These regular encounters allow staff to closely monitor the patient, ensuring safety during this potentially high-risk period.

During this reporting period:

- ACH revised the nursing rounding process. Previously, two nurses were rounding together, with one documenting while the other conducted the medical encounter. This practice has been eliminated. Now, a single nurse conducts the encounter and completes the documentation.
- In addition, supervising registered nurses are now completing daily chart reviews for all patients on six-hour withdrawal monitoring and randomly for the twice daily monitoring, with a specific focus on accuracy, timeliness, and escalation when indicated.
- ACH also updated the COWS and CIWA monitoring tools within the EHR. Each symptom now includes an automatic scoring definition that clearly outlines the

severity levels tied to each score. This change supports consistency across staff and ensures nurses are validating scores based on objective symptom criteria rather than subjective interpretation.

- Similarly, ACH is in the final stages of implementing a withdrawal monitoring dashboard, which is expected to go live with detox in the next few weeks. This dashboard will provide real-time visibility into patients on withdrawal monitoring, their current scores, who is due for an assessment, and who may be overdue. This will significantly strengthen ACH's ability to monitor and respond proactively.
- Lastly, all nursing staff have received additional training focused specifically on withdrawal monitoring, including proper scoring, documentation expectations, and escalation pathways.

The County remains in partial compliance with the requirements of this provision.

VI.O – Nursing Protocols

VI.O.1 - Partial Compliance

“Nurses shall not act outside their scope of practice.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.O.1 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

The description of this provision remains unchanged from the 10th County Status Report. The County remains in partial compliance with the requirements of this provision.

VI.O.2 - Partial Compliance

“To that end, the County shall revise its nursing standardized protocols to include assessment protocols that are sorted, based on symptoms, into low, medium, and high risk categories.

- a) Low-risk protocols would allow RNs to manage straightforward symptoms with over-the-counter medications;*
- b) Medium-risk protocols would require a consultation with a provider prior to treatment; and*

c) *High-risk protocols would facilitate emergency stabilization while awaiting transfer to higher level of care.*

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.O.2 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

During this reporting period, medical leadership met on several occasions with SMEs to review multiple versions and proposed formats for updated SNPs. Medical leadership continues to evaluate and incorporate SME feedback and is actively working toward a final version that best meets the operational needs of the organization and the requirements necessary to move this provision into substantial compliance.

In the interim, nursing staff have been reminded of the importance of adhering to the SNPs as they currently exist and are published on the intranet. During the next reporting period, QI will conduct an audit of nursing adherence to the SNPs during nurse sick call. The County remains in partial compliance with the requirements of this provision.

VI.P – Review of In-Custody Deaths

VI.P.1 - Substantial Compliance

“Preliminary reviews of in-custody deaths shall take place within 30 days of the death and shall include a written report of the circumstances of the events leading to the death, with the goal to identify and remedy preventable causes of death and any other potentially systemic problems.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.P.1 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

SSO policy “Reporting In-Custody Deaths,” section “In-Custody Death Review Guidelines” (514.4.1, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025) requires that in-custody death reviews be initiated as soon as

practicable and within 30 days of the incident. These reviews include a discussion of a written report of the circumstances and events leading to the death, with a goal to identify and remedy preventable causes of death and any other potentially systematic problems.

An interdisciplinary meeting includes an analysis of the appropriateness of clinical care, determines whether changes to policies, procedures, or practices are warranted, and identifies issues that require further study (15 CCR 1046). Reviews are required by SSO policy to be conducted with the active participation of custody, medical, and mental health staff.

For in-custody deaths that occurred during this monitoring period, all requirements set forth in this policy have been met or exceeded, including a written report of the circumstances and events leading to the death. SSO initiates the first level review almost immediately (at the shift level) to determine if there is an imminent situation that requires a rapid response to prevent further harm to life or inmate welfare. The multi-disciplinary analysis and discussion of the incident always begin within the prescribed 30 days, often sooner, and is an ongoing collaborative process that reconvenes whenever additional informative data, such as the coroner's report, becomes available.

During this reporting period, ACH confirmed that an in-custody death review was conducted within 30 days of the death, including a written report detailing the circumstances and events leading to the death. Overall, these reviews are aimed at identifying and mitigating potentially preventable causes of death.

The compliance rating for this provision is being increased as both ACH and SSO are meeting the required timelines and details. The County is now in substantial compliance with the requirements of this provision.

VI.P.2 - Partial Compliance

“Mortality reviews shall include an investigation of the events occurring prior to the death, an analysis of any acts or omissions by any staff or prisoners which might have contributed to the death, and the identification of problems for which corrective action should be undertaken.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.P.2 was rated as being in Non-Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in

the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

Mortality reviews include a comprehensive investigation of the events occurring prior to death, an analysis of acts or omissions by staff or incarcerated persons that may have contributed to the death, and the identification of problems for which corrective action should be undertaken, consistent with SSO policy (“Reporting In-Custody Deaths,” section “In-Custody Death Review Guidelines” (514.4.1, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025) and 15 CCR §1046.

For in-custody deaths that occurred during this monitoring period, all requirements set forth in this policy have been met or exceeded, including a written mortality review. When indicated and practical, corrective action is taken immediately to prevent further harm to life or inmate welfare.

Each ACH mortality review now and moving forward will incorporate a structured Root Cause Analysis (RCA) component, which systematically examines the circumstances preceding the death and evaluates potential contributing acts or omissions using a non-punitive, system-focused methodology. The RCA explicitly assesses clinical care, operational processes, communication pathways, policy adherence, and escalation mechanisms, and distinguishes between individual actions and underlying system factors. This approach ensures that acts or omissions are analyzed in context, with emphasis on identifying preventable or modifiable system-level contributors rather than assigning individual blame.

ACH has continued to strengthen its Corrective Action Plan (CAP) process to ensure that identified problems result in actionable, measurable improvement. In response to prior SME feedback that mortality-related CAPs had become overly complex and difficult to track, ACH implemented targeted refinements, including:

- Updating the CAP form to require explicit identification of root causes linked to RCA findings
- Defining specific goals and action steps for each CAP item
- Assigning responsible individuals, clear timelines, and monitoring mechanisms for completion
- Streamlining CAPs to focus on systemic issues, particularly acts of commission or omission with the greatest potential to improve future outcomes

Through these enhancements, mortality reviews now consistently result in clearly defined corrective actions that are proportional, trackable, and aligned with identified system vulnerabilities. CAP implementation and effectiveness are monitored through Quality Management processes to ensure follow-through and continuous improvement. Until consistent proof of practice can be demonstrated, the County remains in partial compliance with the requirements of this provision.

VI.Q – Reentry Services

VI.Q.1 - Partial Compliance

“The County shall provide a 30-day supply of current medications to patients who have been sentenced and have a scheduled release date, immediately upon release.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.Q.1 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

ACH provides sentenced patients with a 30-day supply of prescribed medications upon release. Sentenced status is now transmitted from ATIMS to Athena, providing a comprehensive view of patients’ sentencing across all charges. This enhancement improves SSO’s ability to identify patients who are fully sentenced and potentially eligible for release.

A conditional release flag has been added to ATIMS to alert custody staff when a patient has discharge medications ready. A pharmacist delivers medications to the patient at release. Additionally, staff have been hired to support the implementation of a 24-hour pharmacy at Main Jail. Training is currently underway, with full implementation is scheduled before the end of the year.

On average, discharge medications continue to be provided to approximately 90% of eligible sentenced patients and 95% of Court-ordered patients upon release. However, as the County is not yet able to demonstrate that it is consistently meeting 90% compliance levels or higher every month, the compliance rating has been reduced. The County is in partial compliance with the requirements of this provision.

VI.Q.2 - Partial Compliance

“Within 24 hours of release of any patient who receives prescription medications while in custody and is classified as pre-sentence, the County shall transmit to a designated County facility a prescription for a 30-day supply of the patient’s current prescription medications.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.Q.2 was rated as being in Non-Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

During this reporting period, ACH prioritized providing specific medications to all unsentenced individuals upon release. These medications included all antibiotics (including tuberculosis treatment), antivirals (HIV and hepatitis C), and buprenorphine for patients receiving medication-assisted treatment. This effort is in preparation for the planned rollout of comprehensive discharge medications in October 2026 under California Advancing and Innovating Medi-Cal (CalAIM).

In addition, approximately 95% of all Court-ordered medications to accompany non-sentenced individuals upon release —many of which are time-sensitive and occur daily— are currently being dispensed. The implementation of a 24-hour pharmacy in November has further supported timely medication delivery, regardless of release timing.

Based on these improvements, the compliance rating is being increased. The County is in partial compliance with the requirements of this provision.

VI.Q.3 - Partial Compliance

“The County, in consultation with Plaintiffs, shall develop and implement a reentry services policy governing the provision of assistance to chronic care patients, including outpatient referrals and appointments, public benefits, inpatient treatment, and other appropriate reentry services.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.Q.3 was rated as being in Non-Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in

the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

As noted in prior County Status Reports, ACH developed and implemented a discharge planning for reentry services policy governing the provision of assistance to chronic care patients, including outpatient referrals and appointments, public benefits, inpatient treatment, and other appropriate reentry services. The discharge planning policy was revised to become a joint policy with mental health and incorporates expert feedback and is followed for the sentenced population.

ACH meets internally and participates in county-wide meetings to address obstacles to improve discharge planning and successful linkage to ongoing care. Collaboration between ACH medical and mental health, SSO custody, the Courts, community partners and County Behavioral Health Services (BHS) for individuals with SMI is necessary for successful discharge planning.

Since the last reporting period, progress has been made in readiness for the rollout of the CalAIM program, which remains slated to go live in October 2026. CalAIM provides enhanced care management (ECM) and coordination for patients with intensive health/mental health needs. Updates to the EHR have been implemented to capture required Health Risk Assessment (HRA) data for all individuals entering the jail, and a pilot of the HRA process is planned for early February 2026.

The ACH team continues to meet regularly to assess remaining work within current staffing capacity and is collaborating with leadership to develop a phased approach to funding new positions.

Additionally, significant progress has been achieved following the launch of the Re-entry Opportunities and Access to Resources (ROAR) program in July 2025. This initiative has enabled the use of 70 dedicated beds at a local shelter with 24/7 access for individuals transitioning out of custody and has been highly utilized. Staff from the care coordination contractor have been embedded within the jail to support screening of eligible individuals and to coordinate transportation and additional re-entry supports.

A Community Resource Guide is provided by SSO’s Reentry Services and is available to inmates through ACMH, SSO’s Reentry Services, and SSO Release Officers, when needed. It has also been added to the inmate tablets. Community Resource Guides are also available to all released inmates as they exit the jail. The guide includes contact information for a wide range of services, such as:

- Government assistance programs

- Medication services
- Property information
- Parole and probation services
- Courts information
- Child Protective Services
- Mental health support services
- Health clinics
- Medical assistance
- Dental care services
- Support groups
- Residential treatment programs
- Transitional living services
- Outpatient services
- Detoxification services
- Emergency shelters and housing resources
- Local food banks
- Clothing assistance services
- Education resources
- Employment services
- Regional transit information and maps

ACMH collaborated with SSO to develop an Inmate Release Details printout that assists released individuals in accessing essential community resources that require identity verification. This document supports individuals in obtaining or reinstating a driver's license, applying for Supplemental Security Income (SSI), and accessing other community-based services that rely on verified identification. This enhancement strengthens re-entry support, reduces barriers to needed services, and promotes smoother transitions back into the community.

ACMH established a coordinated process with County Behavioral Health Services (BHS) to prepare and submit CARE Court referrals, ensuring the timely identification of eligible individuals and the consistent submission of all required documentation. This collaborative workflow strengthens continuity of care for patients who may meet criteria for CARE Court and supports more efficient linkage to services. The County remains in partial compliance with the requirements of this provision.

VI.R – Training

VI.R.1 - Partial Compliance

“The County shall develop and implement, in collaboration with Plaintiffs’ counsel, training curricula and schedules in accordance with the following:

- a) All jail custody staff shall receive formal training in medical needs, which shall encompass medical treatment, critical incident response, crisis intervention techniques, recognizing different types of medical emergencies, and acute medical needs, appropriate referral practices, relevant bias and cultural competency issues, and confidentiality standards. Training shall be received every two years, at minimum.”*
- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** VI.R.1 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

Sworn staff complete 21 hours of First Aid and CPR training (LD 34) as part of a POST-approved academy. In addition, every two years, sworn staff participate in Advanced Officer Training (AOT), which includes nine (9) hours of instruction in First Aid, CPR, and emergency response.

Sworn staff also receive 16 hours of Cultural Diversity and Discrimination training (LD 42) during the POST-approved academy. Furthermore, they are required to complete POST-approved training on Bias, Racial, and Identity Profiling every two years.

Newly assigned custody staff complete an eight (8) hour Suicide Prevention and Crisis Intervention course. Following this initial training, custody staff are required to complete a two (2) hour suicide prevention refresher course annually.

All custody staff with access to confidential information are required to complete confidentiality-related training, successfully pass a certification test addressing “right-to-know” versus “need-to-know” access to confidential data, and sign a user agreement regarding privileged and confidential information every two years. SSO has identified HIPAA training specifically tailored for law enforcement.

To address training in medical needs—including medical treatment, critical incident response, recognition of different types of medical emergencies, and acute medical needs—these topics are covered during the First Aid and CPR AOT cycle, which is provided every two years to sworn staff, as noted above. Crisis intervention training is addressed through a POST-approved 24-hour CIT course. All SSO academy graduates attend this training prior to being assigned to corrections. Additionally, any newly assigned sworn staff lateraling from another law enforcement agency or coming from an outside academy are required to attend the 24-hour CIT course if their training records indicate they have not previously completed equivalent crisis intervention training. The compliance team is actively seeking additional methods to ensure the remainder of personnel who have not previously attended the 24-hour CIT course receive this training.

Critical incident response and crisis intervention techniques are also addressed through mandatory Strategic Communications training. Sworn staff complete two (2) hours of Strategic Communications training through the POST online training portal as part of the AOT two-year cycle. This training emphasizes de-escalation and communication strategies to mitigate risks to officer safety during critical incidents. Training includes the use of techniques such as de-escalation, active listening, empathy, defusing, redirecting, and procedural justice. Staff are trained to communicate effectively with individuals who have physical, mental health, developmental, or intellectual disabilities, as well as to coordinate effectively with team members and the public during critical incidents.

In addition, to address critical incident response and crisis intervention requirements, sworn staff complete 16 hours of People with Disabilities (LD 37) training at a POST-approved academy. This training provides instruction on laws affecting individuals with disabilities and the peace officer’s responsibility to protect the rights of people with disabilities.

The course prepares staff to recognize behavioral cues and indicators associated with intellectual/developmental disabilities, physical disabilities, and mental illness in order to make appropriate intervention decisions during critical incidents. Training also includes application of Welfare and Institutions Code Section 5150 to determine when an individual may be a danger to self or others, or gravely disabled, and to identify appropriate response and resolution options.

Relevant bias and cultural competency issues are addressed through the POST: *Beyond Bias* four (4) hour online training, which is completed by custody staff every two (2) years. Confidentiality standards are included within required training curricula, and the compliance team is also actively seeking new methods to enhance and expand training related to confidentiality standards.

To address appropriate referral practices, all newly assigned custody staff receive training as outlined in the Custody Training Program regarding the proper referral of inmate medical needs and appropriate emergency response procedures. Further, in December 2025, a shared Microsoft Teams channel was established linking custodial staff with ACH for the referral of inmate medical needs. This platform ensures timely, appropriate, and documented responses to inmate medical and mental health concerns and enhances communication, accountability, and coordination between SSO and ACH.

Until the County is able to produce complete training records for all custody staff demonstrating 90% compliance or higher, the County remains in partial compliance with the requirements of this provision.

VII. Suicide Prevention

VII.A – Substantive Provisions

VII.A.1 & VII.A.2 - Substantial Compliance

“The County recognizes that comprehensive review and restructuring of its suicide assessment, monitoring, and prevention practices are necessary to address the risk of suicide and self-harm attendant to detention in a jail setting.”

“The County shall establish, in consultation with Plaintiffs’ counsel, a new Suicide Prevention Policy that shall be in accordance with the following: [see section B. Training].”

- **County Service Lines Involved:** ACMH, ACH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.A.1 and VII.A.2 were rated collectively as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

In accordance with VII.A.1, the County recognizes that undergone a comprehensive review and restructuring of its suicide assessment, monitoring, and prevention practices to address the risk of suicide and self-harm attendant to detention in a jail setting. In addition to the information included in the 10th and 11th County Status Reports, ACMH completes weekly audits of MH compliance for determining and documenting housing, observation

level, property, privileges, and clothing restrictions for patients placed on suicide precautions. Findings are reported to the Suicide Prevention Subcommittee on a quarterly basis. ACMH implemented the Constant Observation Program and has filled all vacancies. Staff are available 24/7 to provide 1:1 constant observation.

ACMH embedded the Suicide Risk Assessment (SRA) into the Mental Health Clinical SOAP note to improve consistency in documentation, enhance ease of locating completed assessments, and eliminate duplication and redundancy across clinical records. In December 2025, ACMH requested the addition of a treatment planning form within the SRA encounter. This update is anticipated to be in production by January 2026. Incorporating a treatment plan directly into the SRA encounter is expected to improve clinical documentation by ensuring that risk findings are clearly linked to individualized interventions, thereby strengthening continuity of care and supporting timely implementation of safety measures. Additional SRA enhancements include designating self-injurious behavior as a chronic condition and auto-populating documentation of prior suicide attempts. These updates are intended to improve clinical accuracy, reduce documentation burden, and support more comprehensive suicide risk evaluations.

In September 2025, ACMH developed an SRA skills evaluation to assess staff competency following SRA training. This evaluation process is designed to reinforce clinical standards, identify areas for additional training or support, and promote consistent application of suicide risk assessment practices across providers.

Audit findings related to Suicide Risk Assessments and Safety Planning conducted in November 2025 demonstrated high levels of compliance. One hundred percent (30/30) of patients referred for danger to self had an initial SRA completed and documented in the medical record. At the initiation of suicide precautions, 86% (14/16) of patients had a completed safety plan documented; the remaining patient had a safety plan completed prior to discharge. At discharge from suicide precautions, 100% (16/16) of patients had a completed SRA documented, and 94% (15/16) had a completed or updated safety plan.

ACMH continues to conduct ongoing audits of documentation related to suicide precautions and clinical determinations regarding the removal and restoration of privileges, property, clothing, and the use of safety smocks. During the August-October 2025 reporting period, 96% (72/75) of suicide precaution forms were completed for each patient encounter, 95% (71/75) included documented clinical justification for removal of privileges and property, and 97% (73/75) included mental health recommendations regarding clothing removal or use of a safety smock. Additionally, 97% (28/29) of required daily assessments for restoration of privileges and property were completed, and 97% (28/29) of

daily assessments for restoration of clothing or continued use of a safety smock were documented.

ACMH has fully implemented the CNAP, which provides timely crisis intervention, enhanced observation, and stabilization services for patients experiencing acute psychiatric distress.

As required by VII.A.2, County ACMH established a Suicide Prevention Policy in agreement/approval with Class Counsel and the Court-appointed SMEs. SSO Suicide Prevention and Intervention Policy and Procedure was updated on in September 2023.

The Suicide Prevention SME views VII.A.1 and VII.A.2, which are now rated as one (1) provision, as catch-all measures, expressing the view that substantial compliance cannot be achieved until all provisions in the Suicide Prevention Remedial Plan are independently determined to be in substantial compliance.

With audit findings above 90% supporting VII.A.1 and the development of the policies required by VII.A.2, the County's self-assessed rating is warranted. The County remains in substantial compliance with the requirements of this provision.

VII.B – Training

VII.B.1 - Substantial Compliance

“The County shall develop, in consultation with Plaintiffs’ counsel, a four-to-eight-hour pre-service suicide prevention curriculum for new Jail employees (including custody, medical, and mental health staff), to be conducted in person in a classroom or virtual classroom setting, that includes the following topics:

- a) avoiding obstacles (negative attitudes) to suicide prevention;*
- b) prisoner suicide research;*
- c) why facility environments are conducive to suicidal behavior;*
- d) identifying suicide risk despite the denial of risk;*
- e) potential predisposing factors to suicide;*
- f) high-risk suicide periods;*
- g) warning signs and symptoms;*
- h) components of the jail suicide prevention program*
- i) liability issues associated with prisoner suicide;*

j) *crisis intervention.*”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.B.1 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

As indicated in the 11th County Status, all newly hired custody staff are required to attend an eight (8) hour suicide prevention training and all custody staff receive four (4) hours combined of Understanding Mental Health Symptoms in a Correctional Setting, Mental Health Evaluations in Planned Use of Force, and Effects of Brain Development in Forensic Settings & Mental Health Adaptive Supports each year.

Custody officers assigned to Designated Mental Health Units (DMHU) (IOP/APU/JBCT) also receive 24 hours of Crisis Intervention Training regardless of hire date. At this time 93% of Custody Staff have received this training and SSO is in substantial compliance with this provision.

ACH has made significant improvements in compliance with suicide prevention training as of December 2025. Currently, 98.4% of County and registry medical staff are compliant with required suicide prevention training. Historically, compliance was negatively impacted by challenges in training registry staff, as they are not regular County employees and are primarily utilized to address staffing gaps and operational needs. During this reporting period, there was a focused and intentional effort to ensure registry staff completed the required training.

As of December 2025, 100% of ACMH staff are compliant with the four (4) hour training requirement.

As over 90% of each service line (ACH, ACMH, SSO) have completed all required training, the compliance rating has increased. The County is now in substantial compliance with the requirements of this provision.

VII.B.2 - Substantial Compliance

“The County shall develop, in consultation with Plaintiffs’ counsel, a two-hour annual suicide prevention curriculum for all custody, medical, and mental health staff, to be conducted in person in a classroom or virtual classroom setting, that includes:

- a) *review of topics (a)-(j) above*

b) *review of any changes to the jail suicide prevention program*

c) *discussion of recent jail suicides or attempts”*

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.B.2 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

The County developed a two (2) hour annual Suicide Prevention Training for all staff (SSO Custody, medical, and mental health staff) in agreement and approval from Class Counsel and Court-appointed SMEs. Custody training rates support substantial compliance ratings for SSO. As described in VII.B.1, ACH has made significant improvements in compliance with suicide prevention training as of December 2025. Currently, 98.4% of County and registry medical staff are compliant with required suicide prevention training. Historically, compliance was negatively impacted by challenges in training registry staff, as they are not regular County employees and are primarily utilized to address staffing gaps and operational needs. During this reporting period, there was a focused and intentional effort to ensure registry staff completed the required training. As a result of these efforts, ACH is now in substantial compliance with suicide prevention training requirements.

As of December 2025, 99% of ACMH staff are compliant with the two-hour training. As over 90% of each service line (ACH, ACMH, SSO) have completed all required training, the compliance rating has increased. The County is now in substantial compliance with the requirements of this provision.

VII.B.3 - Substantial Compliance

“Custody officers assigned to Designated Mental Health Units shall receive additional specialized training on suicide prevention and working with prisoners with serious mental illness.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.B.3 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

All custody staff are required to take four (4) hours of suicide prevention training, and SSO requires four hours combined of Understanding Mental Health Symptoms in a Correctional Setting, Mental Health Evaluations in Planned Use of Force, and Effects of Brain Development in Forensic Settings & Mental Health Adaptive Supports. This training is in addition to mental health training received in the POST Basic Academy, Corrections Supplemental Core Course, and SSO mandated 24-hour CIT.

Custody officers assigned to Designated Mental Health Units receive additional specialized training on suicide prevention and working with prisoners with SMI. IOP and JBCT deputies receive 24 hours of advanced CIT training. Several IOP/JBCT deputies also attended negotiation training specific to custody. The County remains in substantial compliance with the requirements of this provision.

VII.B.4 - Substantial Compliance

“All mental health staff, including nurses, clinicians, and psychiatrists, shall receive additional training on how to complete a comprehensive suicide risk assessment and how to develop a reasonable treatment plan that contains specific strategies for reducing future suicidal ideation.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

The SRA training was reviewed and approved by the Suicide Prevention SME. All ACMH staff are required to complete the training within three months of hire and every two years. As of December 2025, 100 percent (40/40) of ACMH staff who were due for either initial or biennial training were fully compliant with the Suicide Risk Assessment training requirement.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.B.5 - Substantial Compliance

“All mental health staff and custody officers shall be trained on the appropriate use of safety suits—i.e., not to be utilized as a default, not to be used as a tool in behavior management, not to be utilized for patients being observed at 30-minute observations.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.B.5 was rated as being in Substantial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.
 - The County has remained in substantial compliance with the requirements of this provision for two (2) consecutive monitoring reports. Pending acceptance by the Court, this provision will be moved to self-monitoring.

Safety suits are used at the discretion of ACMH based on collaboration with custody staff and not as a behavior management tool. During the four (4) hour mandated suicide prevention training for all new correctional employees, the topic relating to the proper use of safety suits is covered.

ACMH continues to conduct ongoing audits of documentation related to suicide precautions and clinical determinations regarding the removal and restoration of privileges, property, clothing, and the use of safety smocks. During the August-October 2025 reporting period, 96% (72/75) of suicide precaution forms were completed for each patient encounter, 95% (71/75) included documented clinical justification for removal of privileges and property, and 97% (73/75) included mental health recommendations regarding clothing removal or use of a safety smock. Additionally, 97% (28/29) of required daily assessments for restoration of privileges and property were completed, and 97% (28/29) of daily assessments for restoration of clothing or continued use of a safety smock were documented.

With these findings demonstrating proof of practice, the County remains in substantial compliance with the requirements of this provision.

VII.B.6 - Substantial Compliance

“The County shall ensure that all staff are trained in the new Suicide Prevention Policy.”

- **County Service Lines Involved:** ACMH, ACH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME

- **Most Recent Monitor Rating:** VII.B.6 was rated as being in Substantial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

For ACH, the Suicide Prevention Policy is incorporated in the Annual Suicide Prevention Training that is required for all staff. For SSO, the Suicide Prevention and Intervention Policy and Procedure was updated in September 2023. Staff are prompted to review and acknowledge the policy which is electronically recorded in Lexipol. The County remains in substantial compliance with the requirements of this provision.

VII.C – Nursing Intake Screening

VII.C.1 - Substantial Compliance

“Intake screening for suicide risk will take place at the booking screening and prior to a housing assignment. If clinically indicated, JPS will then perform an additional clinical assessment after the inmate is placed in a housing assignment.”

- **County Service Lines Involved:** ACH, ACMH
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.C.1 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

ACH Registered Nurses screen patients for suicide risk during the intake process using SME-approved suicide risk inquiries. As part of this screening, nurses review the patient’s suicide risk history. Patients identified as being at risk are referred to Mental Health for further evaluation.

The ACH QI team conducted in-person observational audits of the intake process to assess whether nurses asked all suicide risk screening questions verbatim and reviewed patients’ previous medical history. As of December 2025, QI determined that nurses consistently asked all required questions and reviewed the problem list. The questions were asked verbatim 100% of the time.

Additionally, when the SME was onsite during the site visit, he observed the nurses asking the suicide risk questions verbatim, and reviewing the problem list, 100% of the time. The County remains in substantial compliance with the requirements of this provision.

VII.C.2 - Substantial Compliance

“All nursing intake screening shall be conducted in an area that provides reasonable sound privacy and confidentiality. If a custody officer is present, the officer should be positioned in a place that allows for observation of the prisoner but maintains sound privacy, unless there is a clearly identified security or safety risk.”

- **County Service Lines Involved:** ACH, ACMH, DGS, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.C.2 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

As described in the 11th County Status Report, to resolve compliance issues, the County developed a comprehensive plan to restructure the arrest report room/medical intake area. DGS repurposed the current room where the breathalyzer is stored, a bathroom, an exam room and an office into four confidential medical intake spaces. This plan was shared in detail with the SMEs and Class Counsel, and the response was favorable in that it would meet requirements to achieve compliance. This project was completed during the previous monitoring period. The SMEs had an opportunity to see these changes during a monitoring visit. They agreed that the physical restructure of the intake area meets the requirements for this provision. Therefore, the County remains in substantial compliance with the requirements of this provision.

VII.C.3 - Substantial Compliance

“The County shall revise its nursing intake assessment procedures and screening forms to ensure timely identification of acute and high-risk mental health conditions, consistent with the recommendations made by Lindsay Hayes. Intake screening, as documented on screening forms, shall include:

- a) Review of suicide risk notifications in relevant medical, mental health, and custody records, including as to prior suicide attempts, self-harm, and/or mental health needs;*
- b) Any prior suicidal ideation or attempts, self-harm, mental health treatment, or hospitalization;*
- c) Current suicidal ideation, threat, or plan, or feelings of helplessness and/or hopelessness;*
- d) Other relevant suicide risk factors, such as:*

- i. *Recent significant loss (job, relationship, death of family member/close friend);*
 - ii. *History of suicidal behavior by family member/close friend;*
 - iii. *Upcoming court appearances;*
- e) *Transporting officer's impressions about risk."*
- **County Service Lines Involved:** ACH, ACMH, SSO
 - **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
 - **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

As described in the 11th County Status Report, County ACH revised the nursing Intake assessment procedures and screening forms to ensure timely identification of acute and high-risk mental health conditions, consistent with the recommendations made by the Court-appointed Suicide Prevention SME to be consistent with this requirement.

Training has been developed for intake nurses on screening for mental health issues, suicide risk assessment screening, danger-to-self or others and grave disability and referral process for emergent MH evaluations. Formal Intake training by the Training Coordinator began December 2022.

During a prior reporting period, the nurse intake was revised to be conducted in two (2) phases. The suicide risk questions were also revised in coordination with the SME. The questions are clearer and less redundant. They have automatic orders associated with them to be referred to ACMH staff depending on the answer from the patient.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.C.4 - Non-Compliance

"Regardless of the prisoner's behavior or answers given during intake screening, a mental health referral shall always be initiated if there is a documented history related to suicide or self-harm, including during a prior incarceration."

- **County Service Lines Involved:** ACH

- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.C.4 was rated as being in Non-Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

During this reporting period, it was determined that this provision was not being followed as outlined. ACH leadership will work with nursing staff to ensure that mental health referrals are initiated appropriately through consistent review and action on patient history. ACH will conduct audits during the next reporting period to demonstrate compliance in this area. Until this can be demonstrated, the County is in non-compliance with the requirements of this provision.

VII.C.5 - Substantial Compliance

“The County shall develop and implement a written policy and procedure for referrals to mental health by intake staff. The policy shall correspond with the triage system and timeframes set forth in the Mental Health Remedial Plan.”

- **County Service Lines Involved:** ACH, ACMH
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

As described in the 11th County Status Report, County ACH updated and implemented the Nurse Intake policy and procedure that includes referrals to mental health by Intake staff. The policy corresponds with the triage system and time frames set forth in the Mental Health Remedial Plan.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.C.6 - Substantial Compliance

“Any prisoner expressing current suicidal ideation and/or current suicidal/self-injurious behavior shall be designated as an emergent referral and immediately referred to mental health staff.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

As described in the 11th County Status Report, any patient expressing current suicidal ideation and/or current suicidal/self-injurious behavior shall be designated as an emergent referral and immediately referred to mental health staff. There has been a significant increase in emergent referrals since nurse intake questions and orders were changed due to this provision.

Due to ongoing challenges with Intake nursing asking all suicide risk screening questions, QI Nursing began on-site monitoring of the nurse intake process, including suicide risk assessment questions to ensure compliance with screening requirements. This led to a substantial increase in the percentage of suicide risk screening questions being asked verbatim during the intake process, increasing from 64% to 93% over a period of one year.

Nursing updated the intake form to auto generate referrals for patients expressing suicidal ideation or other risk factors.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.D – Post-Intake Mental Health Assessment Procedures

VII.D.1 - Partial Compliance

“All mental health assessments shall be conducted in an area that provides reasonable sound privacy and confidentiality. If a custody officer is present, the officer should be positioned in a place that allows for observation of the prisoner but maintains sound privacy, unless there is a clearly identified security or safety risk.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME

- **Most Recent Monitor Rating:** VII.D.1 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

ACMH clinicians document whether assessments are confidential or non-confidential including rationale. ACMH and SSO Custody meet regularly to discuss challenges/barriers preventing confidential encounters. ACMH and the compliance lieutenant have a standing monthly meeting to discuss confidentiality issues and review of QA/QI.

With the installation of interview booths completed in October 2024, ACMH has experienced a significant increase in the number of confidential clinical contacts conducted at the Main Jail. In September 2024, prior to the installation, an average of 66% of contacts were confidential. Following installation of the booths, the average increased to 81% in November 2024 and further increased to 91% in September 2025. In addition to the booths, a security chair was added to the interview booth on Floor 8 West to facilitate a safe environment for clinicians conducting confidential encounters with high-security or combative individuals.

At RCCC, ACMH obtained a custody escort five (5) hours a day, four (4) days a week to support confidential contacts for patients housed in the barracks. ACMH and ACH collaborated to develop a schedule for JKF/KBF interview room use to support both medical and ACMH with obtaining access to confidential interview space. ACMH expanded the use of the attorney booths at RCCC to increase confidential encounters. RCCC facilities have ACMH offices available for interviews. In September 2025, 95% of encounters at the RCCC were confidential. Across both facilities, ACMH maintained an overall confidential contact- compliance rate of 93%.

With the installation of private interview booths in the DMHUs, ACMH staff are now able to conduct confidential contacts with inmates with substantially more regularity. These booths allow custody staff to visually monitor the interaction without the ability to hear the conversation. Unless there is a clearly identified safety or security risk, all confidential contacts are conducted in this setting. ACMH and SSO custody implemented a plan to increase efficiency of using attorney booths on all floors for confidential interviews with patients who present with assaultive or high security/safety issues and provides Custody with the ability to stand by while ensuring auditory privacy.

Due to ongoing efforts to increase the availability of confidential contacts within the APU, this provision remains in partial compliance overall. Lack of confidential space within the APU continues to restrict ACMH’s ability to provide confidential contacts for patients housed in that unit. To mitigate this limitation, mental health staff have begun to utilize

available confidential booths located on 2M when clinically appropriate, in order to maximize opportunities for private patient contacts and support confidentiality when possible.

The County is in partial compliance with the requirements of this provision.

VII.D.2 - Partial Compliance

“Mental health staff shall conduct assessments within the timeframes defined in the mental health referral triage system.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.D.2 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.
 - Moving forward, this provision will be monitored by the Mental Health SME.

ACMH continues to audit timelines to care across all referral levels. To improve timeliness, ACMH has implemented regular targeted “blitzes” on days with higher staffing levels in order to maximize clinician availability and prioritize patients with pending appointments. ACMH also continues to identify and address staffing barriers impacting timely response to emergent and urgent referrals and has recently implemented a tracking system to assist staff in monitoring emergent referrals and prioritizing responses based on time due.

For the September–October reporting period, performance outcomes varied by referral type. For emergent four (4) hour referrals related to Safety Cell placements, 35% (7/20) of patients were seen within the required timeline, with an average MH response time of 7.32 hours. For emergent six (6) hour referrals associated with Sobering and Segregation Cell placements, 54% (384/716) of patients were seen within timeline, with an average response time of 7.54 hours. ACMH remained within compliance thresholds for emergent 24-hour follow-up referrals and appointments, with 99% (1,049/1,058) of patients seen within the required timeframe. For urgent 36-hour referrals and appointments, 13% (106/793) of patients were seen within the established timeline and for routine (14-days) referrals and appointments, 67% (643/955) of patients were seen within the 14-day timeline to care. ACMH continues to focus improvement efforts on response timelines.

The County remains in partial compliance with the requirements of this provision.

VII.D.3 – Partial Compliance

“The County shall revise its mental health assessment procedures and related forms to ensure identification of historical and current patient mental health and suicide risk information, consistent with the recommendations of the subject matter expert.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.D.3 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.
 - Moving forward, this provision will be monitored by the Mental Health SME.

ACMH revised its mental health assessment procedures and related forms to ensure identification of historical and current patient mental health and suicide risk information, consistent with the recommendations of the subject matter expert. Nursing Intake and SRA forms have been updated and approved by SME. ACMH embedded the SRA into the Mental Health Clinical Subjective, Objective, Assessment and Plan (SOAP) note to improve consistency in documentation, enhance ease of locating completed assessments, and eliminate duplication and redundancy across clinical records.

In December 2025, ACMH requested the addition of a treatment planning form within the SRA encounter. This update is in production as of January 2026. Incorporating a treatment plan directly into the SRA encounter is expected to improve clinical documentation by ensuring that risk findings are clearly linked to individualized interventions, thereby strengthening continuity of care and supporting timely implementation of safety measures. Additional SRA enhancements include designating self-injurious behavior as a chronic condition and auto-populating documentation of prior suicide attempts. These updates are intended to improve clinical accuracy, reduce documentation burden, and support more comprehensive suicide risk evaluations. The County is in partial compliance with the requirements of this provision until an audit is performed to show proof of practice.

VII.E – Response to Identification of Suicide Risk or Need for Higher Level of Care

VII.E.1 - Partial Compliance

“When a prisoner is identified as at risk for suicide and placed by custody staff in a safety cell, on suicide precautions, and/or in a safety suit, mental health staff shall be contacted immediately. A qualified mental health professional, or other appropriately trained medical staff in consultation with mental health staff, shall complete a confidential in-person suicide risk assessment as soon as possible, consistent with the “must-see” referral timeline.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.E.1 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

This provision is consistent with SSO procedure “Suicide Prevention and Intervention,” section “Housing Unit Referrals” (713.4, in the Sacramento County Sheriff’s Office Custody Procedure Manual, published October 31, 2025). This procedure states, “Deputies shall immediately remove the suicidal incarcerated person from their cell or dayroom and relocate them to an area where the person may be continuously observed while awaiting a mental health evaluation; “continuous observation” means the incarcerated person is in the direct line of sight of deputies. Once Mental Health Services staff has completed the incarcerated person's evaluation, the Mental Health Services staff member shall consult with deputies to determine the appropriate housing location for the suicidal incarcerated person. Staff members shall promptly refer any incarcerated person who is at risk for suicide to classification, health services, and mental health services. The incarcerated person shall remain under direct and constant observation in a safe setting until designated staff members make appropriate health care and housing decisions.”

Confidential mental health contacts at both Main Jail and RCCC have reached substantial compliance. However, due to ongoing efforts to increase the availability of confidential contacts within the APU, this provision remains in partial compliance overall. Lack of confidential space within the APU continues to restrict ACMH’s ability to provide confidential contacts for patients housed in that unit. To mitigate this limitation, mental health staff have begun to utilize available confidential booths located on 2M when clinically appropriate, in order to maximize opportunities for private patient contacts and support confidentiality when possible.

ACMH continues to audit timelines to care across all referral levels. To improve timeliness, ACMH continues to identify and address staffing barriers impacting timely response to emergent referrals and has recently implemented a tracking system to assist staff in monitoring emergent referrals and prioritizing responses based on time due.

For September–October 2025, performance outcomes varied by referral type. For emergent four (4) hour referrals related to Safety Cell placements, 35% (7/20) of patients were seen within the required timeline, with an average MH response time of 7.32 hours. For emergent six (6) hour referrals associated with Sobering and Segregation Cell placements, 54% (384/716) of patients were seen within timeline, with an average response time of 7.54

hours. ACMH continues to focus improvement efforts on emergent and urgent response timelines.

Due to not consistently meeting emergent timelines to care, the County remains in partial compliance with the requirements of this provision.

VII.E.2 - Substantial Compliance

“Consistent with current RCCC policy, if there is no mental health staff on site at RCCC at the time that an emergent mental health need is identified, the prisoner shall be transported to the Main Jail for emergency evaluation within two hours of the initial report.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

As described in the 11th County Status Report, ACMH provides a televisit option for after-hours emergent referrals. If a Main Jail MH clinician is not available to complete the televisit assessment, SSO transports the patient to the Main Jail for an evaluation.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.E.3 - Substantial Compliance

“The County shall revise its JPS suicide risk assessment procedures and forms in consultation with Plaintiffs. The County shall ensure that its JPS suicide risk assessment process, policies, and procedures consider and document the following:

- a) Review of suicide risk notifications and records from any previous incarcerations at the Jail, including records pertaining to suicide attempts, self-harm, and/or mental health needs;*
- b) Other prior suicide ideation or attempts, self-harm, mental health treatment or hospitalization;*
- c) Current suicidal ideation, threat, or plan, or feelings of helplessness and/or hopelessness;*

- i. *Suicide risk factors and protective factors, such as:*
- ii. *Recent significant loss (job, relationship, death of family member/close friend);*
- iii. *History of suicidal behavior by family member/close friend;*
- iv. *Upcoming court appearances;*
- d) *Transporting officer's impressions about risk;*
- e) *Suicide precautions, including level of observation."*
- **County Service Lines Involved:** ACMH, ACH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

As described in the 11th County Status Report, the Suicide Risk Assessment captures the information listed in this provision. Suicide Risk Assessment and Suicide Prevention Program policy developed and revised in conjunction with SME and Class Counsel. ACMH staff complete a review of the patient's EHR, including previous and current records pertaining to suicide attempts, self-harm and/or mental health needs.

ACMH has begun audits of Suicide Risk Assessments to ensure all required questions in SRA are completed and documented. Due to auditing, ACMH identified areas for improvement and is providing feedback to staff and supervisors. ACMH will continue to complete regular auditing to ensure compliance with this provision.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.E.4 - Substantial Compliance

"The County shall ensure that the meal service schedule or other custody-related activities cause no delay in the completion of suicide risk assessments for prisoners."

- **County Service Lines Involved:** ACH, ACMH, SSO

- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

As described in the 11th County Status Report, SRAs take priority and ACMH staff are able to see patients without meal service schedule or custody-related delays.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.F – Housing of Inmates on Suicide Precautions

VII.F.1 - Partial Compliance

“The County’s policy and procedures shall direct that prisoners, including those identified as being at risk for suicide, be treated in the least restrictive setting appropriate to their individual clinical and safety needs.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.F.1 was rated as being in Non-Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

ACMH policies state all patients, including those identified as being at risk for suicide, are treated in the least restrictive setting appropriate to their clinical needs. The Sheriff’s Office works collaboratively with ACMH staff to house individuals in the least restrictive setting appropriate to their mental health needs. Clinical recommendations from ACMH for program placement are followed unless the placement would pose a significant risk that is not able to be effectively mitigated. This is aligned with SSO procedure “Suicide Prevention and Intervention,” section “Housing” (713.4, in the Sacramento County Sheriff’s Office Custody Procedure Manual, published October 31, 2025), which states the following: “Once Mental Health Services staff have completed the incarcerated person's evaluation, deputies shall consult with the mental health staff member to determine the appropriate housing location for the person; incarcerated persons identified as being at risk for suicide should be treated in the least restrictive setting appropriate to their individual clinical and

safety needs. Incarcerated persons on suicide precautions will not automatically be placed on lockdown, and access to dayroom and other out of cell activities will be based upon security and clinical judgment.”

ACMH has fully implemented the Critical Needs Assessment Program (CNAP), which provides timely crisis intervention, enhanced observation, and stabilization services for patients experiencing acute psychiatric distress. A licensed mental health clinician is responsible for completing the suicide risk assessment and determining each patient’s level of risk. While Constant Observation (CO) may be initiated when there are immediate safety concerns, the clinician’s assessment informs the ongoing level of care and observation needs. A recent audit showed that 75% of CO orders were initiated prior to the clinician’s assessment, with the remaining 25% initiated following completion of the assessment.

In collaboration with ACMH, Class Counsel, County Counsel, and the Suicide Prevention SME, SSO implemented a new procedure that significantly reduces the use of Safety Cells for suicide precautions and constant observation. The process utilizes designated suicide-resistant cells in the 3 West 300 Pod, providing individuals with access to a bed, toilet, and water, as well as dayroom access and showers for those on extended constant observation. Safety protocols have been established to protect ACMH staff while conducting constant observation within the 300 Pod.

Although Safety Cells were never the default placement for inmates on suicide precautions, the County acknowledges it had been the initial placement location for those placed on observation. Under the new procedure, Safety Cells are no longer the “initial default” housing assignment for constant observation placements. This change has already resulted in a substantial reduction in Safety Cell use.

Safety Cells may still be utilized in limited circumstances when ACMH and/or custody supervision determines that an inmate’s safety cannot be reasonably maintained in a suicide-resistant cell. The compliance rating provision will be reduced until proof of practice with these new procedures can be demonstrated. The County is in partial compliance with the requirements of this provision.

VII.G – Inpatient Placements

VII.G.1 - Partial Compliance

“The County shall ensure that prisoners who require psychiatric inpatient care as clinically indicated are placed in the 2P unit within 24 hours of identification, absent exceptional circumstances. In all cases, the provision of clinically indicated treatment to any prisoner requiring inpatient level of care shall be initiated within 24 hours.”

- **County Service Lines Involved:** ACMH, DGS, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.G.1 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

ACMH ensures that patients are assessed for placement in the APU promptly and are admitted as soon as possible, and within 24 hours when bed availability permits. Patients who remain on the APU pre-admission list beyond 24 hours are assessed daily to determine continued need for placement or clinical clearance. ACMH also conducts daily interdisciplinary meetings to review patients pending APU admission and to triage the appropriate level of care.

An expansion of the APU will be completed in June 2026. The expansion will include single-occupancy, suicide-resistant cells on both the upper and lower tiers, adding 24 Lanterman-Petris-Short (LPS) beds and seven step-down beds. Upon completion, the total number of APU LPS beds will increase from 17 to 41, significantly enhancing capacity for patients requiring acute psychiatric stabilization.

The IOP level of care continues to expand as ACMH receives ongoing budget augmentations focused on increasing program capacity. Currently, there are 92 IOP beds designated for male patients and 33 for female patients. Additional expansion efforts are underway and scheduled for completion by February 2026, at which time male IOP capacity will increase to 124 beds and female capacity to 43 beds. Upon completion, the total number of IOP beds across both facilities will reach 167.

ACMH has fully implemented the CNAP, which provides timely crisis intervention, enhanced observation, and stabilization services for patients experiencing acute psychiatric distress. CNAP has been effective in identifying and stabilizing patients in crisis and reducing the number of individuals who may otherwise have required placement in an acute level of psychiatric care.

Despite these advancements, as the County continues efforts to expand APU and IOP bed availability to fully meet patient demand, the County remains in partial compliance with the requirements of this provision.

VII.H – Temporary Suicide Precautions

VII.H.1 - Substantial Compliance

“No prisoner shall be housed in a safety cell, segregation holding cell, or other Temporary Suicide Precautions Housing for more than six (6) hours. If mental health or medical staff determine it to be clinically appropriate based on detoxification-related needs, this time limit may be extended to no more than eight (8) hours. If exceptional circumstances prevent transfer within these timelines, those circumstances shall be documented, and transfer shall occur as soon as possible. This does not preclude the housing of a prisoner in the IOP unit if clinically indicated.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.H.1 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

During this reporting period, and shortly after the latest Suicide Prevention SME site visit, SSO developed a new procedure that significantly reduces the use of safety cells for suicide precautions and constant observation placements. The updated process utilizes designated suicide-resistant cells within the 3 West 300 Pod, which provide each individual with access to water, a bed, and a toilet. Inmates on extended constant observation also receive dayroom access and showers as required by policy. To ensure the safety of mental health workers assigned to these units, SSO IOP deputies are stationed nearby to provide security.

Although safety cells were never the default placement for inmates on suicide precautions, they had historically been the default for constant observation placements. Under the new procedure, safety cells are no longer the “initial default” for constant observation, resulting in a substantial reduction in their use.

Safety cells may still be utilized in limited circumstances; however, the decision to do so is made only by ACMH and/or custody supervision when it is reasonably determined that an inmate’s safety cannot be maintained in a suicide-resistant cell. This significant procedural change demonstrates SSOs efforts to reach substantial compliance with this provision. A new ATIMS audit was created specifically for safety cells. This audit will be added to the Monthly Compliance Review report. Throughout the next reporting period this audit process will help us show proof of practice that inmate placement in safety cells does not regularly exceeding six (6) hours.

Utilizing the safety cell audit, SSO was able to determine that since November 2025, the use of safety cells has decreased significantly. Between November 2025 and January 2026,

safety cells were utilized only 8% of the time an inmate was placed on suicide precautions. Between January 2025 and October 2025, inmates spent an average time of 14 hours in safety cells. Since the implementation of the constant observer changes noted above, the audit shows inmates are spending an average of seven (7) hours in safety cells.

In addition to the operational changes made, the County is expanding access to APU and IOP beds that will further support compliance with this provision. An expansion of the APU is beginning in February 2026. The expansion will include single-occupancy, suicide-resistant cells on both the upper and lower tiers, adding 24 Lanterman-Petris-Short (LPS) beds and seven step-down beds. Upon completion in June 2026, the total number of APU LPS beds will increase from 17 to 41, significantly enhancing capacity for patients requiring acute psychiatric stabilization.

The IOP level of care continues to expand as ACMH receives ongoing budget augmentations focused on increasing program capacity. Currently, there are 92 IOP beds designated for male patients and 33 for female patients. Additional expansion efforts are underway and scheduled for completion by February 2026, at which time male IOP capacity will increase to 124 beds and female capacity to 43 beds. Upon completion, the total number of IOP beds across both facilities will reach 167.

ACMH has fully implemented the CNAP, which provides timely crisis intervention, enhanced observation, and stabilization services for patients experiencing acute psychiatric distress. CNAP has been effective in identifying and stabilizing patients in crisis and reducing the number of individuals who may otherwise have required placement in an acute level of psychiatric care.

With the significant reduction in average time spent in safety cells, and the expected performance moving forward, the compliance rating for this provision has been increased. The County is in substantial compliance with the requirements of this provision.

VII.H.2 - Substantial Compliance

“The County shall ensure, including by revising written policies and procedures where necessary, the timely and adequate completion of medical assessments for prisoners in need of suicide precautions, as required under Operations Order 4/05 (i.e., within 12 hours of placement of the next daily sick call, whichever is earliest, and then every 24 hours thereafter).”

- **County Service Lines Involved:** ACH, ACMH, SSO

- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

ACH revised the Mental Health policy 04-09 Acute Psychiatric Unit Admission, Program and Discharge (revised November 2022) to include procedures to ensure the timely and adequate completion of medical assessments for patients in need of suicide precautions. The ACH suicide prevention policy exceeds the requirements of this provision by stating that medical assessments are conducted “within one hour of placement and every four hours thereafter.”

Patients are receiving a medical assessment within 12 hours of placement and every 24 hours after; these assessments are documented in Nurse Sick Call encounters. If the patient is not transferred to the APU, the nurse continues to evaluate the patient. The APU certified nursing assistant will monitor the patient once they move to the APU.

SSO Operations Order 4/05 has been fully replaced and incorporated into SSO policy “Suicide Prevention and Intervention” (713, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025) and its accompanying provision. These documents contain all operational and clinical requirements governing suicide precautions, including notification, assessment timelines, observation standards, and ongoing clinical review.

The policy and procedure require immediate notification to Mental Health Services when suicide precautions are initiated, followed by a prompt clinical evaluation to determine housing, restrictions, and level of precautions. It also mandates ongoing clinical reassessment by ACMH, which satisfies the requirement for timely and adequate medical assessments that previously fell under Operations Order 4/05.

Additionally, the six (6) hour limit on safety-cell placement—extendable only with clinical approval—ensures rapid clinical follow-up, functioning as the operational replacement for the old “12 hours or next sick call” standard. The continuous clinical monitoring and reassessment requirements in the policy now serve as the 24-hour reassessment framework that the provision requires.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision

was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.H.3 - Substantial Compliance

“The County shall ensure that any cell used for holding prisoners on suicide precautions is clean prior to the placement of a new prisoner, as well as cleaned on a normal cleaning schedule.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.H.3 was rated as being in Substantial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

SSO policy and practice require that all cells be inspected prior to housing an inmate. This inspection includes verifying cleanliness, ensuring the presence of required items, and confirming the absence of restricted or hazardous items.

If a cell contains a biohazard—such as copious amounts of urine on the floor, or the presence of feces or blood throughout the cell—EPIC professional cleaning services are dispatched to perform a thorough cleaning and disinfection. During the rating period, EPIC was dispatched on 84 occasions to clean and professionally disinfect inmate cells. In comparison, EPIC was only dispatched 49 times during the previous rating period. This increase can be partially attributed to the policy change to allow for after hours and emergency EPIC requests to be made for DMHU cells.

The County remains in substantial compliance with the requirements of this provision.

VII.H.4 - Partial Compliance

“The County shall create and implement a written policy ensuring adequate frequency for meals, fluids, hygiene, showers, prescribed medications, and toileting when a prisoner is in cell used for holding prisoners on suicide precautions.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.H.4 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

The SSO maintains procedures to provide meals, fluids, hygiene, showers, prescribed medications, and toilet access for individuals housed in the SITHU. SSO policy “Suicide Prevention and Intervention” (713, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025) and its accompanying procedure, along with SSO policy “Safety, Separation, and Sobering Cells” (517, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025) outline requirements for daily showers, regular hygiene assistance, meal service, water offers, and prompt toileting. SITHU cells are suicide-resistant and include a mattress, raised bed frame, sink, and toilet. Inmates in these cells also receive daily dayroom access and their prescribed medications during pill call.

SSO has recently provided additional guidance to staff to ensure similar standards are applied to inmates housed in safety cells and is in the process of implementing an auditing tool to help monitor compliance and demonstrate proof of practice. Since most inmates on suicide precautions (over 90%) are housed in the SITHU, these policies and operational practices support SSO’s efforts to meet the requirements of this provision. During the upcoming rating period, SSO will create a specialized log for those placed in safety cells to include specific data entry points for the offering of meals, fluids, hygiene, showers, prescribed medications, and toileting.

Based on SME feedback, the compliance rating for this provision has been reduced. Once proof of practice is demonstrated, the rating will be reassessed. The County is in partial compliance with the requirements of this provision.

VII.H.5 - Partial Compliance

“Inmates on suicide precautions shall not automatically be on lockdown and should be allowed dayroom or out of cell access consistent with security and clinical judgments.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.H.5 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

The County does track out of cell access for patient’s housed in the APU and SITHU, but is not currently able to track out of cell time access for inmates housed in booking cells. Until this data is tracked, the compliance rating for this provision is being reduced. The County is in partial compliance with the requirements of this provision.

VII.H.6 - Substantial Compliance

“The classrooms or multipurpose rooms adjacent to the housing units in the Main Jail are designed for, and should be made available for, prisoner programs and treatment. Absent an emergency, the County shall not use the classrooms and multipurpose rooms to hold prisoners pending a mental health evaluation or on suicide precautions. Where such emergency occurs, the County shall document the reasons for retention and move the prisoner, within six (6) hours, to the inpatient unit or other appropriate housing location for continued observation, evaluation, and treatment.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

Classrooms are only being used for programs and treatment and no longer used to hold patients pending an evaluation or on suicide precautions. This is supported by SSO procedure “Safety, Separation and Sobering Cells,” section “Use of Multipurpose Rooms and Classrooms” (517.2, in the Sacramento County Sheriff’s Office Custody Procedure Manual, published October 31, 2025).

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.I – Suicide Hazards in High-Risk Housing Locations

VII.I.1 - Substantial Compliance

“The County shall not place prisoners identified as being at risk for suicide or self-harm, or for prisoners requiring IOP level of care, in settings that are not suicide-resistant as consistent with Lindsay Hayes’s “Checklist for the ‘Suicide-Resistant’ Design of Correctional Facilities.””

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Suicide Prevention SME

- **Most Recent Monitor Rating:** VII.I.1 was rated as being in Substantial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

When clinically indicated to be at risk for suicide or self-harm, inmates are housed in suicide-resistant cells within the SITHU. Prior to placement of an inmate into a suicide-resistant housing location, custody conducts an inspection consistent with Lindsay Hayes’s “Checklist for the ‘Suicide-Resistant’ Design of Correctional Facilities. The County remains in substantial compliance with the requirements of this provision.

VII.I.2 - Substantial Compliance

“Cells with structural blind spots shall not be used for suicide precaution.”

- **County Service Lines Involved:** DGS, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.I.2 was rated as being in Substantial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.
 - The County has remained in substantial compliance with the requirements of this provision for two (2) consecutive monitoring reports. Pending acceptance by the Court, this provision will be moved to self-monitoring.

Cells with structural blind spots are not used for inmates placed on suicide precautions, regardless of whether they are assigned to CNAP, IOP, EOP or any other classification or program. In the fourth quarter of 2026, the 3 West 200 Pod will undergo a construction project to add ADA-compliant showers. The installation of these larger showers will require the removal of the corner cells, resulting in the elimination of all remaining cells within the 200 Pod that have structural blind spots. The County remains in substantial compliance with the requirements of this provision.

VII.J – Supervision and Monitoring of Suicidal Inmates

VII.J.1 - Partial Compliance

“The County shall ensure adequate visibility and supervision of prisoners on suicide precautions.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Suicide Prevention SME

- **Most Recent Monitor Rating:** VII.J.1 was rated as being in Non-Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

All inmates placed on suicide precautions are placed within the SITHU in designated suicide resistant cells. These cells have no blind spots and provide adequate visibility and supervision of inmates housed within them. As mentioned in other sections of this status report, over 90% of inmates placed on constant observation are now housed within the SITHU rather than a safety cell in booking. SSO deputies now provide security to ACMH observers within the 3W300 pod dayroom area so they can safely be positioned outside the cell to conduct constant observations.

Furthermore, SSO’s direct responses to Mr. Hayes’ observations and recommendations are as follows:

1. Regular ATIMS Audits by SSO Supervisors / Retrospective Review of Patients Placed on Suicide Precautions

IOP Supervisors conduct monthly audits of at least 20 randomly selected inmates who were housed in SITHU each month. These audits include review of dayroom access, shower availability, compliance with the Suicide Precautions worksheet, and verification of 15-minute close-observation checks. These audits have been consistently conducted since at least July 2023, demonstrating an established practice of regular supervisory review. In October 2025, through the audit process, SSO identified that ATIMS close observation logs were frequently being entered one minute late. Upon review, it was determined that IOP custody staff had been operating under the assumption that a one-minute grace period was permitted for documentation purposes during close observation checks (due to the time it took to make entries into the ATIMS system). While the physical close observation cell checks were being completed on time and in compliance with the requirements of this provision, the ATIMS logs did not accurately reflect the actual timing of those checks.

Upon identifying this issue, SSO immediately implemented operational changes to ensure ATIMS documentation accurately reflected the timing of the physical close observation checks. Since the implementation of these changes, subsequent audits have confirmed that ATIMS logs now accurately reflect on-time physical cell checks.

ATIMS also provides the ability to conduct retrospective reviews of inmates who were previously housed in SITHU. The IOP Sergeant utilizes this function during monthly audits to ensure compliance with all applicable policies and the provisions of the Consent

Decree. These reviews provide a complete historical look at an inmate's time in SITHU, including observation checks and other required practices.

2. Consideration of an Electronic Surveillance “Pipe and Button” System

SSO is already able to adequately verify, and audit physical cell checks by comparing the ATIMS observation logs with CCTV footage. This allows supervisors to confirm that deputies were physically present at the cell front at the time reported and that the checks were performed as logged. Through this method, SSO is able to ensure the integrity and accuracy of observation checks without the need for an additional electronic “pipe and button” system. Additionally, SSO has had multiple vendors offer this type of feature for cell checks. Unfortunately, those systems lack the functionality of being able to document what is observed in the cell for each check. Due to these limitations, a “Pipe and Button” type of system would not fulfill the requirements of SSO's procedures.

3. Policy Reinforcement by Supervisors

SSO has adopted the SME's recommendation for SSO supervisors to reinforce the policy requirement that close observation checks are required “at staggered intervals not to exceed every 15 minutes,”

Due to the documentation issues identified and subsequently addressed during this reporting period, the compliance rating for this provision has been reduced. Until proof of practice is consistently demonstrated, the County is in partial compliance with the requirements of this provision.

VII.J.2 - Substantial Compliance

“The County shall not cover cell windows with magnetic flaps or any other visual barrier preventing visibility into any cell that is housing a prisoner on suicide precautions or awaiting an inpatient bed, unless there is a specific security need and then for only a period of time necessary to address such security need.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.J.2 was rated as being in Substantial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

- The County has remained in substantial compliance with the requirements of this provision for two (2) consecutive monitoring reports. Pending acceptance by the Court, this provision will be moved to self-monitoring.

SSO procedure “Suicide Prevention and Intervention,” section “Observation” (713.5, in the Sacramento County Sheriff’s Office Custody Procedure Manual, published October 31, 2025) addresses this provision. Through continuous supervision provided by the on-duty Sheriff’s sergeant, SSO ensures that custody staff does not cover cell windows with magnetic flaps or any other visual barrier preventing visibility into any cell that is housing a prisoner on suicide precautions or awaiting an inpatient bed, unless there is a specific security need and then for only a period of time necessary to address such security need.

The sergeant conducts a direct observation check of those inmates on suicide precautions every two hours to ensure compliance with this section, and a watch commander conducts a check every eight (8) hours, when available. The County remains in substantial compliance with the requirements of this provision.

VII.J.3 - Partial Compliance

“The County shall revise its policies regarding the monitoring of prisoners on suicide precautions to provide for at least the following two defined levels of observation:

- a) Close observation shall be used for prisoners who are not actively suicidal but express suicidal ideation (e.g., expressing a wish to die without a specific threat or plan) or have a recent prior history of self-destructive behavior. Close observation shall also be used for prisoners who deny suicidal ideation or do not threaten suicide but are engaging in other concerning behaviors indicating the potential for self-injury. Staff shall observe the prisoner at staggered intervals not to exceed every 15 minutes and shall document the observation as it occurs.*
- b) Constant observation shall be used for prisoners who are actively suicidal, either threatening or engaging in self-injury, and considered a high risk for suicide. An assigned staff member shall observe the prisoner on a continuous, uninterrupted basis. The observation should be documented at 15-minute intervals. Staff should be physically stationed outside of the prisoner’s cell to permit continuous, uninterrupted observation.”*

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Suicide Prevention SME

- **Most Recent Monitor Rating:** VII.J.3 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

SSO procedure “Suicide Prevention and Intervention,” section “Observation” (713.5, in the Sacramento County Sheriff’s Office Custody Procedure Manual, published October 31, 2025) already addresses the two required levels of observation for inmates on suicide precautions. For close observation, the procedure requires staggered checks no more than every 15 minutes for inmates who are not actively suicidal but who express suicidal ideation, have a history of self-harm, or display concerning behavior. These checks must be documented in real time.

For CO, the procedure requires continuous, uninterrupted monitoring for inmates who are actively suicidal, threatening self-harm, or engaging in self-injurious behavior. While observation is continuous, staff must document the observation at 15-minute intervals, consistent with the provision’s requirements. Patients designated for CO are observed by ACMH staff physically stationed outside the patient’s cell to permit ongoing visual monitoring. This practice is outlined in ACH Policy 02-05 “Suicide Prevention Program.” The Constant Observation program was implemented in March 2023. ACMH utilizes Mental Health Workers to provide CO services for patients requiring enhanced monitoring due to safety concerns. ACMH and ACH work collaboratively to ensure appropriate staffing coverage and clinical support for CO needs. At times, meeting CO demand presents operational challenges related to fluctuating patient acuity, staffing availability, and competing clinical priorities. Both service lines remain actively engaged in identifying strategies to address these challenges, prioritize patient safety, and adjust resources as necessary to maintain appropriate observation and care.

A licensed mental health clinician is responsible for completing the suicide risk assessment and determining each patient’s level of suicide risk. While CO may be initiated when there are immediate safety concerns, the clinician’s assessment informs ongoing observation and level-of-care decisions. A recent audit indicated that 75% of CO orders were initiated prior to completion of the clinician’s assessment, with the remaining 25% initiated following assessment. This reflects the use of CO as an immediate protective measure when patient safety concerns are identified, followed by clinical evaluation to guide continued care.

Although staffing resources are in place, due to the number of MHWs available to meet periods of increased CO demand, the County remains in partial compliance with the requirements of this provision.

VII.J.4 - Substantial Compliance

“For any prisoner requiring suicide precautions, a qualified mental health professional shall assess, determine, and document the clinically appropriate level of monitoring based on the prisoner’s individual circumstances. Placement in a safety cell shall not serve as a substitute for the clinically-determined level of monitoring.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

As described in the 11th County Status Report, for any patient requiring suicide precautions, a qualified mental health professional assesses, determines, and documents the clinically appropriate level of monitoring based on the patient’s individual circumstances. Placement in a safety cell shall not serve as a substitute for the clinically determined level of monitoring. Licensed MH clinicians make these determinations and document them in the SRA and on the Suicide Precaution form given to custody and entered into ATIMS. Once ACMH staff has completed the inmate’s evaluation, the ACMH staff member shall consult with custody staff to determine the appropriate housing location for the inmate.

SSO expanded the number of suicide resistant observation cells in the Suicidal Temporary SITHU at the Main Jail. ACMH hired staff and implemented constant observation level of monitoring in March 2023.

ACMH completes weekly audits on compliance determining and documenting housing, observation level, property, privileges, and clothing restrictions for patients placed on suicide precautions. Findings are reported to Suicide Prevention Subcommittee on quarterly basis.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.J.5 - Substantial Compliance

“Video monitoring of prisoners on suicide precaution shall not serve as a substitute for Close or Constant observation.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

Video monitoring of suicidal inmates ended in November 2021. Direct monitoring occurs every 15 minutes for deputies, two (2) hours for sergeants, and eight (8) hours for watch commanders.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.K. – Treatment of Inmates Identified as at Risk of Suicide

VII.K.1 - Partial Compliance

“Qualified mental health professionals shall develop an individualized treatment plan and/or behavior management plan for every prisoner that mental health staff assesses as being a suicide risk.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.K.1 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

In addition to the information shared in the 11th County Status Report, ACMH embedded the Suicide Risk Assessment (SRA) into the Mental Health Clinical SOAP note to improve consistency in documentation, enhance ease of locating completed assessments, and eliminate duplication and redundancy across clinical records. In December 2025, ACMH requested the addition of a treatment planning form within the SRA encounter. This update went into production January 2026. Incorporating a treatment plan directly into the SRA encounter is expected to improve clinical documentation by ensuring that risk findings are

clearly linked to individualized interventions, thereby strengthening continuity of care and supporting timely implementation of safety measures. Additional SRA enhancements include designating self-injurious behavior as a chronic condition and auto-populating documentation of prior suicide attempts. These updates are intended to improve clinical accuracy, reduce documentation burden, and support more comprehensive suicide risk evaluations.

Behavior Management Plans are developed based on individualized clinical need and informed by comprehensive mental health assessment. Not all patients who present with suicidal ideation or acute suicide risk require a behavior management plan. ACMH convenes the Suicide Prevention Multidisciplinary Team on a monthly basis to review and identify patients who may require additional interventions due to self-injurious behaviors, chronic suicidal ideation, or complex clinical presentations. Patients identified through this multidisciplinary review may be supported through the development of a Multidisciplinary Intervention Plan (MDIP), consultation with the Positive Behavior Support Team, and psychological assessments, which further inform the formulation of patient-specific behavior plans and targeted interventions. This collaborative approach ensures that enhanced supports are clinically appropriate, responsive to identified risk factors, and can be fully integrated into the patient's overall treatment plan.

As ACMH continues to implement structured treatment planning in all levels of care, the County remains in partial compliance with the requirements of this provision.

VII.K.2 - Partial Compliance

“Treatment plans shall be designed to reduce suicide risk and shall contain individualized goals and interventions. Treatment plans shall be reviewed following discharge from suicide precautions and updated as clinically indicated.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.K.2 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

ACMH staff have received training on this requirement in both SRA and Treatment Planning training. Treatment plans for patients in DMHUs have goals and interventions that address reduction of suicide risk. For more efforts to improve treatment planning, see the County's response to VII.K.1. As ACMH continues to implement structured treatment planning in all

levels of care, the County remains in partial compliance with the requirements of this provision.

VII.K.3 - Partial Compliance

“All assessments, treatment, and other clinical encounters shall occur in an area that provides reasonable sound privacy and confidentiality. If a custody officer is present, the officer should be positioned in a place that allows for observation of the prisoner but maintains sound privacy, unless there is a clearly identified security or safety risk.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.K.3 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

The County works to provide all assessments, treatment, and other clinical encounters in an area that provides reasonable sound privacy and confidentiality. SSO’s current policies support the confidentiality of all interactions, absent exigent circumstances.

ACMH and SSO staff meet regularly to identify and address challenges and barriers to providing confidential mental health encounters. As part of these collaborative efforts, ACMH and custody implemented a plan to improve efficient use of attorney booths on all floors for confidential mental health interviews with patients who present with assaultive behavior or elevated security concerns. This approach allows ACMH to meet with patients who present safety concerns while preserving auditory privacy for the patient.

With the installation of confidential visit booths on housing units 2E and 3W, ACMH-inmate interviews can now be conducted confidentially within both the IOP and APU housing units.

In furtherance of the goal to maximize confidential clinical contacts, SSO is developing a confidential-space scheduling program that will be accessible to ACMH and ACH. This program will allow nurses and clinicians to reserve confidential space for client visits in advance. SSO is confident that implementation of this scheduling protocol will improve both the efficiency and confidentiality of ACH and ACMH clinical contacts.

SSO and ACMH continue to work collaboratively to evaluate the number of clinical contacts conducted confidentially. ACMH clinicians document whether assessments are confidential or non-confidential including rationale. ACMH regularly audits the confidentiality of clinical encounters and reports these findings to the Mental Health Quality Improvement Subcommittee during monthly meetings.

Due to ongoing efforts to increase the availability of confidential contacts within the APU, this provision remains in partial compliance overall. Limited confidential space within the APU continues to restrict ACMH's ability to consistently provide confidential encounters for patients housed in that unit. To mitigate these limitations, mental health staff have begun utilizing available confidential booths located on 2M when clinically appropriate, in order to maximize opportunities for private patient contacts and support confidentiality whenever feasible.

The County is in partial compliance with the requirements of this provision.

VII.L – Conditions for Individual Inmates on Suicide Precautions

VII.L.1 - Substantial Compliance

“The County’s Suicide Prevention Policy shall set forth clear and internally consistent procedures regarding decisional authority for determining the conditions for individual inmates on suicide precautions. Mental health staff shall have primary authority, consistent with individualized classification and security needs, with respect to the following: [see M. Property and Privileges].”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.L.1 was rated as being in Non-Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

SSO procedure “Suicide Prevention and Intervention” (713, in the Sacramento County Sheriff’s Office Custody Procedure Manual, published October 31, 2025) addresses ACMH’s role as the primary authority to make decisions on property and privileges, use of safety suits, and discharge from suicide precaution based on clinical assessment. Per SSO, MH staff’s recommendations are taken into consideration when making housing decisions for inmates with mental health concerns. The County remains in substantial compliance with the requirements of this provision.

VII.M – Property and Privileges

VII.M.1 - Substantial Compliance

“Qualified mental health professionals shall have the primary responsibility to determine, based on clinical judgment and on a case-by-case basis in consultation with custody staff, depending on suicide risk, the removal and/or return of routine privileges (e.g., visits, telephone calls, recreation) that are otherwise within the limitations of a prisoner’s

classification security level. Any removal of privileges shall be documented with clinical justification in the prisoner's medical/mental health record and reviewed on a regular basis."

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.M.1 was rated as being in Partial Compliance by Lindsay M. Hayes in the "Sixth Monitoring Report of Suicide Prevention Practices," dated February 5, 2026.

ACMH's qualified mental health professionals retain primary responsibility for determining, on a case-by-case basis, the removal, modification, and restoration of clothing, items, and routine privileges for inmates placed on suicide precautions. These recommendations are carried out in consultation with custody staff and consistent with the inmate's suicide risk. These determinations are clinically justified, documented in the inmate's health record, and subject to ongoing review.

Compliance with ACMH determinations is monitored through a monthly audit conducted by the IOP sergeant to ensure that privilege decisions are clinically driven, appropriately documented, and reviewed on a regular basis.

ACMH continues to conduct ongoing audits of documentation related to suicide precautions and clinical determinations regarding the removal and restoration of privileges, property, clothing, and the use of safety smocks. During the August-October 2025 reporting period, 96% (72/75) of suicide precaution forms were completed for each patient encounter, 95% (71/75) included documented clinical justification for removal of privileges and property, and 97% (73/75) included mental health recommendations regarding clothing removal or use of a safety smock. Additionally, 97% (28/29) of required daily assessments for restoration of privileges and property were completed, and 97% (28/29) of daily assessments for restoration of clothing or continued use of a safety smock were documented.

As mentioned in previous sections of the County Status Report, over 90% of inmates placed on constant observation are now housed within the SITHU rather than a safety cell in booking. This allows for increased offering of out of cell privileges.

In response to the Suicide Prevention SME's recommendation regarding increasing out of cell activities for suicidal inmates, SSO implemented an action plan to expand access to clinically appropriate out of cell privileges. At the discretion of ACMH, inmates housed in the Suicidal Inmate Temporary Housing Unit (SITHU) may be approved for out of cell

activities, including dayroom access, indoor recreation, outdoor recreation, and showers, at varying levels of supervision based on individual risk assessments.

When clinically approved, inmates are offered out of cell time daily while housed in SITHU. Each offer, along with the inmate's acceptance or refusal, is documented and tracked in ATIMS, ensuring accountability and reviewability. In addition, a facility-wide action plan was implemented to increase indoor and outdoor recreation opportunities for all inmates, resulting in a substantial increase in out of cell activity offers since the prior reporting period.

Out of cell activity offers and compliance with ACMH's recommendations are closely monitored by SSO supervisory staff through routine audits. These corrective actions directly address the Suicide Prevention SME's findings to ensure that inmates on suicide precautions are afforded appropriate access to routine privileges as determined by ACMH.

Accordingly, the County remains in substantial compliance with the requirements of this provision.

VII.M.2 - Substantial Compliance

"Qualified mental health professionals shall have the primary responsibility to determine, based on clinical judgment and on a case-by-case basis in consultation with custody staff depending on suicide risk, the removal and/or return of a prisoner's clothing and possessions (e.g., books, slippers/sandals, eyeglasses) that are otherwise within the limitations of a prisoner's classification security level. The removal of property shall be documented with clinical justification in the prisoner's medical/mental health record and reviewed on a regular basis."

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.M.2 was rated as being in Partial Compliance by Lindsay M. Hayes in the "Sixth Monitoring Report of Suicide Prevention Practices," dated February 5, 2026.

Qualified mental health professionals (ACMH) retain primary responsibility for determining, on a case-by-case basis, the removal, modification, and restoration of clothing, items, and routine privileges for inmates placed on suicide precautions. These recommendations are carried out in consultation with custody staff and consistent with the inmate's suicide risk. These determinations are clinically justified, documented in the inmate's health record, and subject to ongoing review.

ACMH continues to conduct ongoing audits of documentation related to suicide precautions and clinical determinations regarding the removal and restoration of privileges, property, clothing, and the use of safety smocks. The audit findings are documented in VII.M.1 and demonstrate continued compliance.

The County remains in substantial compliance with the requirements of this provision.

VII.M.3 - Substantial Compliance

“Cancellation of privileges should be avoided whenever possible and utilized only as a last resort.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.M.3 was rated as being in Substantial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

SSO procedure “Suicide Prevention and Intervention,” section “Privileges and Property” (713.8, in the Sacramento County Sheriff’s Office Custody Procedure Manual, published October 31, 2025) was updated in September 2025 and includes the following language: “Cancellation of privileges should be avoided whenever possible and utilized only as a last resort.” This section is monitored by monthly audits conducted by the Main Jail IOP sergeant. Additionally, when an inmate is charged with violating a custody rule and it was determined they were on suicide observation, no sanctions will be imposed. The County remains in substantial compliance with the requirements of this provision.

VII.N – Use of Safety Suits

VII.N.1 - Substantial Compliance

“Decisions about the use of a safety suit (smock) or removal of normal clothing will be under mental health staff’s authority, based on individualized clinical judgment along with input from custody staff.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.N.1 was rated as being in Substantial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

- The County has remained in substantial compliance with the requirements of this provision for two (2) consecutive monitoring reports. Pending acceptance by the Court, this provision will be moved to self-monitoring.

Licensed MH clinicians make these determinations and document them in the SRA and on the Suicide Precaution form given to custody and entered into ATIMS. This provision aligns with current practice for SSO. SSO procedure “Suicide Prevention and Intervention,” section “Safety Suit Use” (713.6 in the Sacramento County Sheriff’s Office Custody Procedure Manual, published October 31, 2025) identifies that the use of the “safety suit” shall be at the discretion of ACMH, based on clinical judgment and input from deputies. The County remains in substantial compliance with the requirements of this provision.

VII.N.2 - Partial Compliance

“Custody staff may only temporarily place an inmate in a safety suit based on an identified risk of suicide by hanging until the qualified mental health professional’s evaluation, to be completed within the “must see” referral timeline. Upon completion of the mental health evaluation, the mental health professional will determine whether to continue or discontinue use of the safety suit.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.N.2 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

Safety smocks are not automatically issued to inmates placed on suicide precautions. Unless there is a reasonable belief that an inmate may attempt to strangle or hang themselves using standard jail clothing, the inmate is permitted to remain in their regular jail-issued attire until they are evaluated by a qualified mental health professional. The clinician’s assessment then determines whether continued use of a safety smock is clinically necessary.

In these instances, a qualified mental health professional completes an evaluation within the “must see” referral timeline. Upon completion of the mental health evaluation, the mental health professional determines whether to continue or discontinue use of the safety suit. Absent direction from ACMH deeming a “safety garment” necessary, a sworn supervisor must authorize custody staff to take the clothing and supply the prisoner with a “safety garment.” Unless a “safety garment” is necessitated by the prisoner’s behavior,

prisoners shall be allowed to retain personal clothing except for shoelaces, shoes, belts, or any other clothing articles which could threaten his/her safety or damage property.

ACMH continues to monitor and identify barriers to meeting timelines to care. Staff have been redirected to assist with emergent, urgent and routine referrals.

Per an agreement by Lindsay Hayes and Class Counsel in the recent SME report, this provision is being modified via upcoming stipulation to remove the verbiage “by hanging” from the provision. The County remains in partial compliance with the requirements of this provision due to challenges meeting in timelines to care.

VII.N.3 - Substantial Compliance

“If an inmate’s clothing is removed, the inmate shall be issued a safety suit and safety blanket.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

The Main Jail and RCCC ensure there are an adequate number of safety suits on hand to ensure anyone who is deemed needing a safety suit per ACMH is given one. SSO provides a safety suit and safety blanket if an inmate’s clothing is removed. SSO procedure “Suicide Prevention and Intervention” (713, in the Sacramento County Sheriff’s Office Custody Procedure Manual, published October 31, 2025) was updated in February 2024.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Consent Decree and stipulation between the Federal Court for the Eastern District of California and Class Counsel, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.N.4 - Substantial Compliance

“As soon as clinically appropriate, the provision of regular clothing shall be restored. The goal shall be to return full clothing to the inmate prior to discharge from suicide precautions.”

- **County Service Lines Involved:** ACMH, SSO

- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.N.4 was rated as being in Substantial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

SSO returns regular jail-issued clothing to inmates within two (2) hours once ACMH determines it is clinically appropriate to do so. Quality control measures are in place through monthly audits conducted by the IOP sergeant, which consistently show that SSO maintains over 95% compliance with this timeframe.

ACMH continues to conduct ongoing audits of documentation related to suicide precautions and clinical determinations regarding the removal and restoration of privileges, property, clothing, and the use of safety smocks. During the August-October 2025 reporting period, 96% (72/75) of suicide precaution forms were completed for each patient encounter, 95% (71/75) included documented clinical justification for removal of privileges and property, and 97% (73/75) included mental health recommendations regarding clothing removal or use of a safety smock. Additionally, 97% (28/29) of required daily assessments for restoration of privileges and property were completed, and 97% (28/29) of daily assessments for restoration of clothing or continued use of a safety smock were documented.

With proof of practice consistently demonstrated, the County remains in substantial compliance with the requirements of this provision.

VII.N.5 - Substantial Compliance

“A qualified mental health professional shall conduct daily assessments of any prisoner in a safety suit and document reasons for continued use when clinically indicated.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.N.5 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

ACMH assesses the need for continued safety suit daily. All patients on the pre-admit list and in the APU are seen daily to assess continued use of safety suit, observation level and restriction of property and privileges. ACMH documents clinical justification for continued use of the safety suit and/or restriction of property and privileges. ACMH continues to conduct ongoing audits of documentation related to suicide precautions and clinical

determinations regarding the removal and restoration of privileges, property, clothing, and the use of safety smocks. The results of these audits are included in the County's response to VII.N.4, and support increasing the compliance rating for this provision.

In the SME's review of ten (10) medical charts of patients who were, at one time, on suicide precautions, he identified four cases as not being seen by an MH clinician on a daily basis. Three of these patients were not on suicide precautions at the time they were admitted to CNAP, and therefore, were not in a safety suit. The patient in the remaining case was later removed from suicide precautions. These cases were not applicable to the requirements of the provision, and were, therefore, not included in the audits.

The County remains in substantial compliance with the requirements of this provision.

VII.N.6 - Substantial Compliance

"If a qualified mental health professional determines that 30-minute (or less frequent) observations are warranted for a prisoner, safety suits shall not be used on that prisoner."

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.N.6 was rated as being in Substantial Compliance by Lindsay M. Hayes in the "Sixth Monitoring Report of Suicide Prevention Practices," dated February 5, 2026.

Safety smocks are only utilized for inmates placed on suicide precautions. Any inmate placed on suicide precaution will also be under close and or constant observation. When ACMH determines that 30-minute (or less frequent) observations are warranted for a patient, safety suits are not used for that patient. Current practice by SSO, as use of safety suit and 30 minute or less frequent observations are done only if determined by ACMH. The MH medical director reinforced this policy requirement with the APU attending psychiatrist and nursing team in September 2024. The County remains in substantial compliance with the requirements of this provision.

VII.N.7 - Substantial Compliance

"Safety suits shall not be used as a tool for behavior management or punishment."

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.

- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

Safety suits are not used as a tool for behavior management or punishment. Safety suits are only used when necessary for the safety and security of the inmate. All ACH staff are trained on this during the Annual Suicide Prevention Training. The Sheriff's Office specifically prohibits the use of safety suits as a tool for behavior management or punishment as articulated in SSO procedure "Suicide Prevention and Intervention," section "Safety Suit Use" (713.6 in the Sacramento County Sheriff's Office Custody Procedure Manual, published October 31, 2025).

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.O – Beds and Bedding

VII.O.1 - Substantial Compliance

"All prisoners housed for more than four hours on suicide precautions and/or in an inpatient placement shall be provided with an appropriate bed, mattress, and bedding unless the prisoner uses these items in ways for which they were not intended (e.g., tampering or obstructing visibility into the cell). Such a determination shall be documented and shall be reviewed on a regular basis."

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.O.1 was rated as being in Substantial Compliance by Lindsay M. Hayes in the "Sixth Monitoring Report of Suicide Prevention Practices," dated February 5, 2026.
 - The County has remained in substantial compliance with the requirements of this provision for two (2) consecutive monitoring reports. Pending acceptance by the Court, this provision will be moved to self-monitoring.

In addition to the information shared in the 11th County status report, beginning in mid-November 2025, ACMH and SSO discontinued the practice of using safety cells as the initial housing placement for suicidal inmates requiring constant observation. Inmates are now primarily housed on 3 West in the SITHU, within suicide-resistant cells. These cells are equipped with a mattress, toilet, sink, and drinking faucet.

The use of safety cells as an initial placement had been a longstanding issue that remained unaddressed following implementation of the consent decree. The procedural changes implemented in November 2025 have significantly reduced both the number of inmates placed in safety cells for suicide precautions and the duration of time inmates remain in those cells.

Between November 15, 2025, and January 11, 2026, approximately 721 inmates were placed on suicide precautions for suicidal ideation. Of those inmates, 61 were housed in safety cells, while the remaining 660 were housed in SITHU suicide-resistant cells. This reflects that only 8.44% of inmates placed on suicide precautions were housed in safety cells during this period.

These changes have also substantially reduced the length of time inmates spend in safety cells. Prior to implementation, inmates remained in safety cells for an average of 14 hours and 23 minutes before being cleared. Since the implementation of the revised procedures, inmates placed in safety cells are cleared, on average, within 7 hours and 10 minutes of placement. The County remains in substantial compliance with the requirements of this provision.

VII.P – Discharge from Suicide Precautions

VII.P.1 - Partial Compliance

“A qualified mental health professional shall complete and document a suicide risk assessment prior to discharging a prisoner from suicide precautions in order to ensure that the discharge is appropriate and that appropriate treatment and safety planning is completed.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.P.1 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

An ACMH mental health professional completes and documents a suicide risk assessment prior to discharging a patient from suicide precautions to ensure that the discharge is appropriate, and that appropriate treatment and safety planning is completed. Audit findings related to Suicide Risk Assessments (SRAs) and Safety Planning conducted in November 2025 demonstrated high levels of compliance. One hundred percent (30/30) of patients referred for danger to self had an initial SRA completed and documented in the medical record. At the initiation of suicide precautions, 86% (14/16) of patients had a

completed safety plan documented. At discharge from suicide precautions, 100% (16/16) of patients had a completed SRA documented, and 94% (15/16) had a completed or updated safety plan.

ACMH embedded the SRAs into the Mental Health Clinical SOAP note to improve consistency in documentation, enhance ease of locating completed assessments, and eliminate duplication and redundancy across clinical records. In December 2025, ACMH requested the addition of a treatment planning form within the SRA encounter. This update is anticipated to be in production by January 2026. Incorporating a treatment plan directly into the SRA encounter is expected to improve clinical documentation by ensuring that risk findings are clearly linked to individualized interventions, thereby strengthening continuity of care and supporting timely implementation of safety measures. Additional SRA enhancements include designating self-injurious behavior as a chronic condition and auto-populating documentation of prior suicide attempts. These updates are intended to improve clinical accuracy, reduce documentation burden, and support more comprehensive suicide risk evaluations.

The compliance rating for this provision has been reduced pending implementation of planned updates to the SRA encounter and demonstration of sustained proof of practice related to treatment planning. The County is in partial compliance with the requirements of this provision.

VII.P.2 - Partial Compliance

“Treatment plans shall be written for all prisoners discharged from suicide precautions. The treatment plan shall describe signs, symptoms, and circumstances in which the risk for suicide is likely to recur, how recurrence of suicidal thoughts can be avoided, and actions the patient or staff can take if suicidal thoughts do occur.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.P.2 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

ACMH continues to implement structured treatment planning in all levels of care; for more information, see the County’s response to VII.P.1. The County remains in partial compliance with the requirements of this provision.

VII.P.3 - Substantial Compliance

“Qualified mental health professionals shall provide clinical input regarding clinically appropriate housing placement (e.g., whether isolation is contraindicated for the prisoner) upon discharge. Custody and classification shall consider such clinical input in determining post-discharge placement and conditions of confinement. Once clinically discharged from suicide precautions, the prisoner shall be promptly transferred to appropriate housing.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

ACMH provides clinical input regarding clinically appropriate housing placement (e.g., whether isolation is contraindicated for the prisoner) upon discharge. Custody and classification shall consider such clinical input in determining post-discharge placement and conditions of confinement. Upon an incarcerated individual being clinically cleared from suicide precautions, ACMH personnel will submit a request for reclassification to SSO's Classification Unit. While these requests are predominantly submitted via a formal 'Request for Reclassification' document, notice may also be provided via electronic correspondence or telephonic communication to the Classification Office. Barring a documented safety or security conflict regarding the placement recommendation, or the unavailability of beds within the specified unit at the time of discharge, the Classification Unit will facilitate the transfer of the individual to the clinically recommended housing placement.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.P.4 - Partial Compliance

“Prisoners discharged from suicide precautions shall remain on the mental health caseload and receive regularly scheduled clinical assessments and contacts. Unless a prisoner's individual circumstances direct otherwise, a qualified mental health professional shall provide follow-up assessment and clinical contacts within 24 hours of discharge, again within 72 hours of discharge, again within one week of discharge.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.P.4 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

Patients discharged from the APU following treatment for a suicide attempt or suicidal ideation, as well as those placed on the APU pre-admission list who are subsequently discharged from suicide precautions, receive scheduled follow-up ACMH appointments at one (1) day (24 hours), three (3) days (72 hours), and seven (7) days post-discharge.

ACMH conducted an audit of follow-up timelines for patients discharged from suicide precautions from the APU during the July–September 2025 reporting period. Audit results demonstrated full compliance, with 100% of patients receiving follow-up care within the required 24-hour, 72-hour, and seven-day timeframes.

ACMH continues to monitor compliance with post-discharge follow-up timelines through ongoing quality assurance activities. Pending additional audits to demonstrate sustained adherence to required timelines for follow-up assessments for patients discharged from suicide precautions, the County remains in partial compliance with the requirements of this provision.

VII.Q – Emergency Response

VII.Q.1 - Substantial Compliance

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

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

As described in the 11th County Status Report, as part of ACH’s ongoing efforts to ensure the availability of emergency medications and supplies, emergency red bags have been

placed in the east side control room on floors three through eight, effective January 2025. Each red bag has been carefully inspected to confirm the presence of emergency medication boxes, all of which are secured with zip tags. To support staff unfamiliar with the contents, a detailed inventory list is included inside each red bag for quick and easy reference.

Additionally, a tracking spreadsheet has been developed to monitor all red bags and emergency medication boxes. This log includes key information such as floor number, emergency box number, expiration dates, and zip tag numbers. The spreadsheet is maintained in the SRN office binder for easy staff access. All red bags have been securely locked, and the zip tag numbers have been documented in the log to ensure accountability and ease of verification.

Custody staff (sworn and nonsworn) participate in man down trainings/scenarios quarterly. The training/scenarios are conducted in conjunction with ACH. Man-down trainings are conducted at both the Main Jail and RCCC. SSO Custody Procedure – Suicide Prevention and Intervention Policy dictates both the MJ and RCCC keep an emergency response bag that includes a first aid kit, CPR mask and emergency rescue tool near all housing units. All custody staff are trained on the location of this emergency response bag and receive regular training on emergency response procedures, including how to use appropriate equipment during AOT every two (2) years for sworn staff.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.Q.2 - Substantial Compliance

“All custody and medical staff shall be trained in first aid and CPR.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.Q.2 was rated as being in Substantial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

Consistent with the 11th County Status Report, SSO continues to be substantially compliant with the CPR / First Aid training requirement of this provision. Ongoing training

via “man down” training scenarios that include the use of a mannequin for CPR occur quarterly. 91% of current SSO staff have attended CPR/First Aid training with the remaining staff scheduled to attend the training later this year. As of January 2026, ACH was 98% compliant with BLS requirements. The remaining 2% are scheduled for their training. With both custody and medical staff exceeding the 90% compliance threshold, the County remains in substantial compliance with the requirements of this provision.

VII.Q.3 - Substantial Compliance

“It shall be the policy of the County that any staff who discovers an inmate attempting suicide shall immediately respond, survey the scene to ensure the emergency is genuine, and alert other staff to call for medical personnel. Trained staff shall begin to administer standard first aid and/or CPR, as appropriate.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

SSO procedure “Suicide Prevention and Intervention,” section “Intervention” Policy (713.10, in the Sacramento County Sheriff’s Office Custody Procedure Manual, published October 31, 2025) addresses this requirement and multiple critical incidents regarding active suicide attempts during this rating period demonstrates the County's compliance.

On August 26, 2025 and December 8, 2025, the careful observation and swift response by SSO custody deputies during cell and safety checks provided life-saving interventions for two SITHU inmates. Due to these deputies' vigilance, immediate recognition of an emergency situation, and prompt life-saving actions, the inmates survived. These incidents demonstrate adherence to this provision and successful collaboration between SSO custody and ACH medical staff.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.R – Quality Assurance and Quality Improvement

VII.R.1 - Substantial Compliance

“The County shall establish regularly scheduled multidisciplinary meetings related to treatment, and plan of care issues, on a monthly basis, between medical, and mental health personnel.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

ACMH implemented monthly Suicide Prevention Multidisciplinary meetings to discuss patients with complex mental health needs who engage in self-injurious behaviors (July 2022). SSO continues to actively participate in or lead recurring multidisciplinary meetings with its medical (ACH) and mental health (ACMH) partners on a weekly or monthly basis regarding treatment and plan of care issues. These meetings include but are not limited to the “MH QI Subcommittee Meeting”, Weekly Check-in with Compliance and Operations”, “Suicide Precautions Multidisciplinary Team Meeting”, CalAIM JI Interdisciplinary Team Workgroup”, “Suicide Prevention Subcommittee Meeting”, “Suicide Precautions Multidisciplinary Team Meeting (SP MDT)”, “ACH/SSO Joint Leadership Meeting”, “Mental Health and Incompetent to Stand Trial (IST) Workgroup”, and the “Jail Conditions Improvement Action Planning Meeting”.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.R.2 - Substantial Compliance

“The County shall, in consultation with Plaintiffs’ counsel, revise its in-custody death review policy and procedures. Reviews shall be conducted with the active participation of custody, medical, and mental health staff. Reviews shall include analysis of policy or systemic issues and the development of corrective action plans when warranted.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.

- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

ACH has, in consultation with Class Counsel, revised its in-custody death review policy and procedures. Reviews are conducted with the active participation of custody, medical, and mental health staff. Reviews include analysis of policy or systemic issues and the development of corrective action plans when warranted. SSO Policy “Reporting In-Custody Deaths” (514, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025), which was revised in consultation with Plaintiffs’ counsel, requires that in-custody death reviews be initiated as soon as practicable and within 30 days of the incident. These reviews include a discussion of a written report of the circumstances and events leading to the death, with a goal to identify and remedy preventable causes of death and any other potentially systematic problems. The interdisciplinary meeting includes an analysis of the appropriateness of clinical care, determines whether changes to policies, procedures, or practices are warranted, and identifies issues that require further study (15 CCR 1046). The reviews also include the development of corrective action plans, when warranted. Reviews are required by SSO policy to be conducted with the active participation of custody, medical, and mental health staff.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Consent Decree and stipulation between the Federal Court for the Eastern District of California and Class Counsel, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.R.3 - Substantial Compliance

“For each suicide and serious suicide attempt (e.g., requiring hospitalization), the County’s Suicide Prevention Task Force shall review: 1) the circumstances surrounding the incident; 2) the procedures relevant to the incident; 3) all relevant training received by involved staff; 4) pertinent medical and mental health services/reports involving the victim; and 5) any possible precipitating factors that may have caused the victim to commit suicide or suffer a serious suicide attempt. Where applicable, the Review Team shall generate recommendations for changes in policy, training, physical plant, medical or mental health services, and operational procedures.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME

- **Most Recent Monitor Rating:** VII.R.3 was rated as being in Partial Compliance by Lindsay M. Hayes in the “Sixth Monitoring Report of Suicide Prevention Practices,” dated February 5, 2026.

As indicated in the 11th County Status Report, a Morbidity and Mortality (M&M) Subcommittee was created in 2021. This subcommittee continues to meet monthly to review cases which meet the requirements of this provision, and reports findings to the Suicide Prevention Subcommittee. The subcommittee members review each case covering each point within this provision to gather relevant data. The data is then presented during the monthly subcommittee meeting and discussed as a group. The M&M Review Committee continues to refine documentation standards and improve the timeliness of reporting from each service line when reviewing serious suicide attempts. Enhancements include the use of shared documentation tools to increase review efficiency and support timely identification and response to issues requiring system-level changes or staff follow-up. In addition, the M&M Review Committee has implemented a tracking system to monitor Corrective Action Plans generated from M&M reviews. The County remains in substantial compliance with the requirements of this provision.

VII.R.4 - Substantial Compliance

“The County will track all critical incidents which include prisoner suicides, attempted suicides, and incidents involving serious self-harm. The County shall review critical incidents and related data through its quality assurance and improvement processes.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

ACMH tracks incidents of suicide, attempted suicide and serious self-harm. ACMH completes incident reports and reviews on deaths by suicide, attempted suicide and serious self-harm and submits incident reports to ACH QI for review and tracking. SSO continues to track all critical incidents involving prisoner suicide or suicide attempts. SSO has not experienced a completed suicide in either facility since 2019. As indicated in SSO’s update in Provision VII.R.3, all critical incidents involving suicide, suicide attempts and incidents involving serious self-harm are reviewed by the Morbidity and Mortality Subcommittee.

This is consistent with SSO procedure "Suicide Prevention and Intervention," section "Suicide Prevention Subcommittee" (713.12, in the Sacramento County Sheriff's Office Custody Procedure Manual, published October 31, 2025) which dictates "The Suicide Prevention Subcommittee shall also be responsible for the comprehensive morbidity and mortality review of inmate serious suicide attempts and suicides. The review by the Suicide Prevention Subcommittee includes:

- The circumstances surrounding the incident
- The procedures relevant to the incident
- All relevant training received by involved staff members
- Pertinent medical and mental health services and/or reports involving the victim
- Any possible precipitating factors that may have caused the victim to commit suicide or suffer a serious suicide attempt

The Suicide Prevention Subcommittee tracks all incidents of self-harm, regardless of severity, however only incidents of serious self-harm/attempts and suicides will be reviewed."

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VII.R.5 - Substantial Compliance

"The County shall implement a continuous quality assurance/quality improvement plan to periodically audit suicide prevention procedures that include, but are not limited to: intake screening (to include audits to ensure that staff ask and record all suicide screening questions), mental health assessments, suicide risk assessments, crisis response, and treatment plans/behavior management plans for prisoners identified as being at risk of suicide or self-harm."

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Suicide Prevention SME
- **Most Recent Monitor Rating:** VII.R.5 was rated as being in Partial Compliance by Lindsay M. Hayes in the "Sixth Monitoring Report of Suicide Prevention Practices," dated February 5, 2026.

Beyond the information and historical activities related to this provision included in the 10th and 11th County Status Reports, the ACH QI team continues to conduct quarterly in-person audits of the Suicide Risk Inquiry section of the intake process. The purpose of the audit is to ensure the intake RNs are asking the Suicide Risk questions verbatim. The baseline audit (February 2024) showed that the questions were being asked verbatim about 64% of the time. Since then, QI has worked with the MH, EHR, and Nursing teams to increase the percentage of questions being asked verbatim. As of December 2025, intake RNs are asking the Suicide Risk questions verbatim 100% of the time. This places the measure above the QI compliance threshold of 90%.

ACMH updated all audit forms with an action item section that includes person responsible, due date, and status of recommendation. ACMH implemented audits of Suicide Risk Assessments to ensure all required questions in SRA are completed and documented. Due to auditing, ACMH identified areas for improvement and is providing feedback to staff and supervisors. ACMH will continue to complete regular auditing to ensure substantial compliance with this provision is sustained. With the audit findings demonstrating compliance about the 90% threshold, the County remains in substantial compliance with the requirements of this provision.

VIII. Segregation/Restrictive Housing

VIII.A – General Principles

VIII.A.1 - Substantial Compliance

“Prisoners will be housed in the least restrictive setting necessary to ensure their own safety, as well as the safety of staff, other prisoners, and the public.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.A.1 was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

All incarcerated individuals are classified and housed in the least restrictive classification applicable to ensure their own safety, as well as the safety of staff, other individuals, and the public. The classification system is specifically designed to default in reducing an individual's classification level during each review cycle; any determination to maintain or increase a classification level requires documented specific justification establishing the necessity of such classification.

The County is in substantial compliance with the requirements of this provision.

VIII.A.1.a - Partial Compliance

- a) *The County shall not place prisoners in more restrictive settings, including Segregation, based solely on a mental illness or any other disability. Prisoners will be housed in the most integrated setting appropriate to their individual needs.*
- **County Service Lines Involved:** ACH, ACMH, SSO
 - **Court-Appointed Monitor:** Class Counsel
 - **Most Recent Monitor Rating:** VIII.A.1.a was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

Incarcerated individuals identified as having a mental illness or disability are provided with housing opportunities comparable to the general population, including both celled and dormitory or barracks-style accommodations. These placements are designed to meet medical needs identified by ACH or mental health needs identified by ACMH. SSO’s Classification Unit accommodates specific housing and service requests initiated by medical or mental health personnel. The County makes every effort to house inmates in the most integrated setting appropriate to their individual needs, but lacks sufficient IOP and APU beds to meet all inmates’ placement needs.

The IOP level of care continues to expand as ACMH receives ongoing budget augmentations dedicated to increasing program capacity. At present, there are 92 IOP beds for male patients and 33 beds for female patients. Additional expansion efforts are underway and are scheduled for completion by February 2026, at which time the number of male IOP beds will increase to 124 and female beds will increase to 43. Upon completion of this phase, the total number of IOP beds across both facilities will reach 167. An expansion to the APU is also in development which will add 24 LPS beds and seven step-down beds. This expansion will bring the total number of LPS beds to 41. Projected completion for this project is June 2026. Even though adding these beds will increase and improve the level of patient care for patients requiring IOP and APU services, jail facility limitations remain. The County is undergoing a comprehensive Correctional Facility Master Planning process that will identify assist the County in better understanding the needs of its population and the steps, including possible construction, needed to achieve compliance in many areas of the Consent Decree.

The County remains in partial compliance with the requirements of this provision.

VIII.A.1.b - Substantial Compliance

b) The County shall not place prisoners into Segregation units based solely on classification score.

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.A.1.b was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

Incarcerated individuals are not placed into segregation based solely on a classification score, and the ATIMS classification architecture does not permit such an occurrence. Any placement into segregation is the result of formal, documented processes, specifically: Administrative Separation, Full Restriction, ACH medical isolation, or ACMH isolation.

With these processes in place, the County is in substantial compliance with the requirements of this provision.

VIII.A.1.c - Substantial Compliance

c) The County shall review the housing and restrictions of female prisoners classified as high security to ensure that this population is not subject to Segregation conditions of confinement.

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.A.3.b was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

SSO's Compliance Unit generates out of cell reports and conducts audits on a weekly basis to verify that all incarcerated individuals, including female prisoners classified as high security, meet established out of cell requirements. The SSO is currently enhancing this process to provide custody shifts with the ability to generate these logs periodically throughout the week. This will allow for a real-time assessment of individuals who may be trending below their designated weekly out of cell thresholds. Any instances where individuals repeatedly fall short of requirements are investigated by the Compliance Unit,

and individualized corrective measures are implemented to ensure compliance with out of cell mandates.

The County is in substantial compliance with the requirements of this provision.

VIII.A.1.d - Partial Compliance

d) Specialized medical units (e.g., Main Jail 2 West Med/Psych, Main Jail 2 East) and mental health units (e.g., OPP, IOP, MHU, 2P) are not Segregation housing units. The County shall ensure that prisoners housed in these units receive daily access to out of cell time, telephones, showers, and other programs, services, and activities consistent with their classification and treatment plan.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.A.3.b was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

The majority of individuals housed in 2M are placed there for short durations until they are medically stable enough to transition to a less medically acute housing location. As a result, most patients in 2M are not well enough to participate in out of cell activities to the same extent as individuals housed in other units. In instances where a patient housed in 2M may be clinically appropriate for stated activities, the 2M medical provider and/or nursing staff will collaborate with custody staff to ensure the patient is medically cleared to participate.

It is important to note that 2M is the facility’s most medically acute housing unit. Patients who are medically stable enough to routinely participate in out of cell time, recreation yard time, or group programming would generally not require the level of medical monitoring and care provided in 2M.

SSO's Compliance Unit generates out of cell reports and conducts audits on a weekly basis to verify that all incarcerated individuals, including those in specialized medical units and mental health units, meet established out of cell requirements. The SSO is currently enhancing this process to provide custody shifts with the ability to generate these logs periodically throughout the week. This will allow for a real-time assessment of individuals who may be trending below their designated weekly out of cell thresholds. Any instances where individuals repeatedly fall short of requirements are investigated by the Compliance

Unit, and individualized corrective measures are implemented to ensure compliance with out of cell mandates.

As described in the County's response to VIII.A.1.d, the County is actively working to expand its IOP and APU capacity and reduce waitlists for these services. Due to the physical plant deficiencies throughout the correctional facilities, it is challenging, and in some areas, infeasible, to provide optimal levels of treatment, programs, services, and activities. Once the Master Plan is completed, the County will have a better understanding of what is needed to best support the current and future inmate population, and fully comply with the requirements of the Consent Decree.

The County remains in partial compliance with the requirements of this provision.

VIII.A.2 - Partial Compliance

"The County shall not place a prisoner in Segregation units without first determining that such confinement is necessary for the safety of the staff, other prisoners, or the public. The County shall clearly document 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. Prisoners will remain in Segregation housing for no longer than necessary to address the reason(s) for placement.

A qualified mental health or medical professional shall conduct check-ins at least once a week, to assess and document the health status of all prisoners in Segregation, and shall make referrals as necessary. The check-in shall include a brief conversation with each prisoner, a visual observation of the cell, and an inquiry into whether the prisoner would like to request a confidential meeting with a mental health or medical provider. Steps shall be taken to ensure effective communication, as well as auditory privacy consistent with security needs. When a prisoner in Segregation requests a confidential meeting with a mental health or medical provider, or the medical or mental health professional identifies a mental health or medical need, staff shall make appropriate arrangements to include triage, examination and treatment in an appropriate clinical setting. In such cases, staff shall give the prisoner the opportunity to complete a health care request but will otherwise initiate a referral without requiring the prisoner to complete a request form."

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.A.2 was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the "Fourth

Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

In addition to the information shared in the 10th and 11th County Status Reports, Administrative Separation documentation is completed for all incarcerated individuals assigned to this classification. This documentation details the classification level (1 or 2), the specific rationale and justification for placement or retention, and includes a consideration of age for individuals 24 years old or younger. The documentation further tracks the date of placement and the scheduled date for the subsequent review. Supervisory approval is documented for retention in level 2 beyond 30 days, and Compliance or Facility Commander approval is recorded for extensions exceeding 90 days. Each file includes a custody ATIMS mental health review, verification of notification to ACMH, and Classification supervisory approval.

Incarcerated individuals are provided with an Advisement and Behavioral Plan after placement or subsequent any review where they are retained or reclassified from Administrative Separation 1 to Administrative Separation 2. This instrument serves as formal notice of their placement, outlines the underlying justification, and provides a behavioral plan detailing the specific actions required of the individual to facilitate their removal from Administrative Separation.

As part of the Administrative Separation process, Classification staff notify ACMH whenever an incarcerated individual is reclassified into Administrative Separation from a lesser restrictive status, retained at their current level in Administrative Separation, or moved either upward or downward within the Administrative Separation levels. These notifications are completed on the same date as the Administrative Separation reviews. When ACMH receives this notification/referral from Classification, they will complete an assessment within 24 hours to evaluate the patient’s clinical needs and overall well-being. For individuals already on the mental health caseload, placement in Administrative Separation also results in assignment to a designated mental health clinician who meets with the patient on a weekly basis. This structured process ensures timely clinical attention, consistent monitoring, and early identification of any emerging mental health concerns.

Administrative Separation documentation is submitted on a semi-annual basis, or as requested, to the Restrictive Housing SMEs (Class Counsel) for review.

Until weekly check-ins are occurring for all inmates in Administrative Separation, the County remains in partial compliance with the requirements of this provision.

VIII.A.3.a - Substantial Compliance

“The County shall not place the following prisoners in a Segregation setting unless necessary to address a serious risk of physical harm, and in such cases only for the minimum time necessary to identify an alternative appropriate placement:

- a) Prisoners with acute medical needs that require an inpatient level of care and/or daily nursing care;*
- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.A.3.a was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025

In instances where an incarcerated individual is designated as an Administrative Separation classification but possesses acute medical requirements necessitating an inpatient level of care or daily nursing care, the individual is housed within 2 Medical at the Main Jail, the Medical Housing Unit at the RCCC, or other area designated by ACH f to meet the individuals medical care. The Administrative Separation classification would be maintained to ensure that all necessary precautions are exercised to preserve the security of the facility and to address a serious risk of physical harm, while simultaneously facilitating the delivery of necessary medical services. Any instance wherein an individual meeting these criteria remains in Administrative Separation will be documented in an Administrative Separation form.

As described in the County’s response to VIII.A.1.d, the majority of individuals housed in 2M are placed there for short durations until they are medically stable enough to transition to a less medically acute housing location. As a result, most patients in 2M are not well enough to participate in out of cell activities to the same extent as individuals housed in other units. In instances where a patient housed in 2M may be clinically appropriate for stated activities, the 2M medical provider and/or nursing staff will collaborate with custody staff to ensure the patient is medically cleared to participate. It is important to note that 2M is the facility’s most medically acute housing unit. Patients who are medically stable enough to routinely participate in out of cell time, recreation yard time, or group programming would generally not require the level of medical monitoring and care provided in 2M.

Administrative Separation documentation is submitted on a semi-annual basis, or as requested, to the Restrictive Housing SMEs (Class Counsel) for review. The County remains in substantial compliance with the requirements of this provision.

VIII.A.3.b - Partial Compliance

b) Prisoners who are pregnant, post-partum, who recently had a miscarriage, or who recently had a terminated pregnancy.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.A.3.b was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

Any incarcerated individual identified as pregnant, postpartum, or having recently experienced a miscarriage or terminated pregnancy shall be removed from Administrative Separation, unless such placement is strictly necessary to mitigate a documented, serious risk of physical harm. Any instance wherein an individual meeting these criteria remains in Administrative Separation will be documented in an Administrative Separation form.

As identified in VIII.A.3.a, Administrative Separation documentation is submitted on a semi-annual basis, or as requested, to the Restrictive Housing SMEs (Class Counsel) for review.

Language in this provision is vague, such as the use of the word “recently.” This could contribute to differences between the County and Class Counsel when assessing compliance for this provision. The compliance rating has been reduced until the County and Class Counsel reach agreement on the length of time associated with each of the included conditions. The County is in partial compliance with the requirements of this provision.

VIII.B – Conditions of Confinement

VIII.B.1 - Substantial Compliance

“The County will provide at least 17 hours of out of cell time per week for all prisoners, with the exception of prisoners subject to Administrative Segregation Phase I and Disciplinary Segregation in accordance with this remedial plan. The County will monitor out of cell time, and if minimum out of cell time requirements are routinely not being met at a particular

facility or in a particular housing unit, the Sheriff's Department division commander or designee will review the situation and take appropriate steps to resolve the issue."

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.B.1 was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the "Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails," dated June 26, 2025.

Pursuant to SSO policy "Exercise and Out of Cell Time" (1003, in the Sacramento County Sheriff's Office Custody Policy Manual, published October 30, 2025), the County provides inmates a minimum of 17 hours of out of cell time per week, to include three (3) hours of recreational, exercise time, except for prisoners assigned to Administrative Segregation Phase I or Disciplinary Segregation, consistent with the remedial plan. Out of cell time includes dayroom, recreation, and other authorized activities.

After the implementation of a revised recreation schedule in May 2025 designed to increase access across all housing units, the Main Jail is achieving an overall out of cell time compliance rate well above the 90% requirement. When coupled with the out of cell time numbers achieved at RCCC, the County has consistently achieved over 95% compliance with this provision's requirements. During this reporting period, the County also increased out of cell time minimums for those on full restriction to 10 hours per week to align with Title 15 minimums. While the Consent Decree requires only seven (7) hours per week for that population, SSO proactively increased that minimum number on their own accord.

The County monitors out of cell time through weekly facility and housing-unit level reports. These reports are reviewed by supervisors, managers, and command staff at both the Main Jail and RCCC as part of SSO's Quality Assurance process.

When data reflects that minimum out of cell time requirements are routinely not being met in a facility or housing unit, the matter is elevated to the division commander or designee for review. Corrective actions may include schedule adjustments, staffing or operational changes, and increased supervisory oversight.

Based on sustained corrections-wide compliance rates exceeding 90%, the County remains in substantial compliance with the requirements of this provision.

VIII.B.1.a - Substantial Compliance

The County shall implement a policy to document out of cell time provided to each prisoner. The County shall conduct monthly audits to ensure that prisoners have been provided the required treatment and recreation time out of cell. This data will be regularly reviewed as part of the County's Quality Assurance procedures."

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.B.1.a was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the "Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails," dated June 26, 2025.

The requirement to document out of cell time is included in SSO policy "Exercise and Out of Cell Time" (1003, in the Sacramento County Sheriff's Office Custody Policy Manual, published October 30, 2025).

As described in VIII.B.1, out of cell time in ATIMS and verified through weekly facility and housing-unit level reports, exceeding this provision's monthly audit requirements. These reports are reviewed by supervisors, managers, and command staff at both the Main Jail and RCCC as part of SSO's Quality Assurance process. In May 2025, along with a revised outdoor recreation schedule, out of cell time reports were refined to improve facility-wide performance tracking and supervisory review.

In regard to quality improvements, SSO has implemented randomized audits to ensure that the data regards to out of cell time and outdoor recreation that is being presented to both SMEs and Class Counsel are accurate.

RCCC also conducts weekly audits of out of cell time for its population. Due to facility design, prisoners at RCCC generally have greater access to dayroom and recreation, resulting in more consistent compliance. Isolated instances in which prisoners do not receive the minimum out of cell time due to operational, or security factors are documented and addressed as needed.

With the policy in place and proof of practice established through weekly reports, the County remains in substantial compliance with the requirements of this provision.

VIII.B.2 - Partial Compliance

"Out of cell time with the opportunity to exercise shall be provided to each prisoner seven (7) days per week, including outdoors/recreation time when feasible. The County shall offer out of cell time at appropriate times of day."

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.B.2 was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

Scheduled recreation time runs from 0500 hours through 2300 hours daily. This schedule includes recreation opportunities to include at least three (3) hours weekly. To date, current trends and reports validate that over 90% of the incarcerated inmates are meeting the goal of 17 hours a week for out of cell time per person. To support compliance with this provision, the Main Jail has a designated deputy responsible for monitoring outdoor and recreation time as well as leveraged recreation technicians who are assigned to the jails to enhance out of cell time opportunities. SSO is evaluating its reports to ensure that daily offering requirements are being met. Until proof of practice is established, the County remains in partial compliance with the requirements of this provision.

VIII.B.3 - Substantial Compliance

“The County shall modify its non-disciplinary Segregation policies and procedures to allow reasonable access to the following: (1) Personal phone calls for all prisoners, including at least five hours or three weekdays per week of phone access during normal business hours; (2) Education, rehabilitation, and other materials (e.g. writing implements, art supplies, tablets), for in-cell activities; (3) Personal and legal visiting; (4) Religious services; and (5) Commissary.

- a) The conditions and privileges described above shall be provided unless there is a specific safety or security issue preventing provision of such materials or the prisoner is subjected to disciplinary action.”*

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.B.3 was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

SSO policies “Special Management of Incarcerated Persons,” “Exercise and Out of Cell Time,” “Telephone Access” (505, 1003, and 1008, respectively, in the Sacramento County

Sheriff's Office Custody Policy Manual, published October 30, 2025) were updated to address this provision. There are accompanying procedures that further support the requirements of the provision in the Sacramento County Sheriff's Office Custody Procedure Manual.

Incarcerated individuals in non-disciplinary Administrative Separation have reasonable access to personal phone calls, education and rehabilitation materials (including tablets, writing implements, and art supplies), personal and legal visits, religious services, and commissary, unless a documented safety, security, or disciplinary reason prevents provision. Phone access is available for at least five (5) hours per week or three (3) weekdays, supplemented by tablet telephones and stationary pod phones. Tablets, which provide access to educational, health, and mental health materials as well as commissary ordering, are issued during intake or as soon as operationally feasible. The Classification and Programs Units track tablet issuance to ensure all eligible individuals receive access once cleared, demonstrating consistent implementation of the modified policy.

The County remains in substantial compliance with the requirements of this provision.

VIII.B.4 - Substantial Compliance

“Cell windows shall not be covered with magnetic flaps, towels, sheets, or any other visual barrier preventing visibility into and out of the cell, unless there is a specific security or privacy need that is documented, and then for only a period of time necessary to address such security or privacy need. This provision shall apply to all cells housing prisoners.”

- **County Service Lines Involved:** DGS, SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

This has been codified in SSO's procedure "Suicide Prevention and Intervention," section "Observation" (713.5, in the Sacramento County Sheriff's Office Custody Procedure Manual, published October 31, 2025). Supervising SSO staff monitor the appropriate use of magnetic flaps during emergency/tactical situations. Staff must acknowledge review and receipt of the policy as part of their training.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this

provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VIII.B.5 - Substantial Compliance

“The County shall establish procedures so that all housing unit cells are searched and cleaned prior to a prisoner’s placement in the cell.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.B.5 was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

SSO procedure “Housekeeping and Maintenance” (802, in the Sacramento County Sheriff’s Office Custody Procedure Manual, published October 31, 2025) outlines the housing officer’s responsibility to ensure cells are searched and cleaned prior to placement of new incarcerated persons. The County remains in substantial compliance with the requirements of this provision.

VIII.B.6 - Substantial Compliance

“The County shall establish procedures to ensure that no prisoner is placed in a Segregation housing cell without a mattress and appropriate bedding.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.B.6 was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

SSO policy “Incarcerated Person Hygiene” (804, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025) requires blankets and mattresses to be issued to all inmates. Procedure “Incarcerated Person Hygiene” (804, in the Sacramento County Sheriff’s Office Custody Procedure Manual, published October 31, 2025) outlines the clothing and bedding requirements for inmates. The County remains in substantial compliance with the requirements of this provision.

VIII.C – Mental Health Functions in Segregation Units

VIII.C.1.a - Partial Compliance

“Segregation Placement Mental Health Review

a) All prisoners placed in a non-disciplinary Segregation housing unit and all prisoners housed in a Disciplinary Detention unit shall be assessed by a qualified mental health professional within 24 hours of placement to determine whether such placement is contraindicated. All prisoners subjected to Disciplinary Segregation conditions for 72 hours in their general population housing unit (i.e., confined to cell 23 hours per day) shall also be assessed by a qualified mental health professional no later than the fourth day of such placement.

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** VIII.C.1.a was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

When a patient is placed on Administrative Separation, ACMH receives a referral from Classification and completes an assessment within 24 hours to evaluate the patient’s clinical needs and overall well-being. For individuals already on the mental health caseload, placement in Administrative Separation also results in assignment to a designated mental health clinician who meets with the patient on a weekly basis. This structured process ensures timely clinical attention, consistent monitoring, and early identification of any emerging mental health concerns.

SSO is currently exploring options to automate the process for transmitting administrative and disciplinary separation referrals to ACMH. This automation is intended to support timely and consistent communication with ACMH. ACMH has recently begun auditing timelines related to these assessments, and until additional evidence of sustained practice is available, the County is in partial compliance with the requirements of this provision.

VIII.C.1.b - Substantial Compliance

b) Any decision to place prisoners with Serious Mental Illness in Segregation shall include the input of a qualified mental health professional who has conducted a clinical evaluation of the prisoner in a private and confidential setting (absent a specific current risk that necessitates the presence of custody staff), is familiar with

the details of the available clinical history, and has considered the prisoner's mental health needs and history.

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** VIII.C.1.b was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the "Mental Health Expert's Fifth Round Report of Findings," dated August 12, 2025.

For ADSP, "mental illness or any other disability" (including SMI) is utilized as a documented mitigating factor when determining if a lesser restrictive medical or mental health housing assignment is appropriate. Classification staff complete a documented mental health review within ATIMS during the initial placement, retention, and reclassification of individuals in ADSP.

SSO initially utilizes mental health flags provided by ACMH within the ATIMS system as the primary mental health mitigating factor when considering restrictive housing placements. Upon the placement of an inmate into Administrative Separation, the Classification Unit notifies ACMH to initiate a mental health evaluation, which is conducted within 24 hours. Continued retention in Administrative Separation is based upon ACMH findings; a subject may be retained in Administrative Separation, transitioned to a mental health program, or reclassified out of Administrative Separation. While SSO documents part of this in Administrative Separation forms which are provided during each restrictive housing document request, ACMH maintains their own assessment forms.

This is the standard for all inmates placed in Administrative Separation, and not limited to only those with identified SMI.

For initial placements, staff review the preceding classification (e.g., Protective Custody Medium) to identify if it was a mental health-specific designation such as OPP, IOP, SITHU, JBCT, or EASS. Staff also verify currently assigned mental health flags, including SMI, Mental Health Caseload, Grave Disability, Intellectual Disability, or Developmental Disability.

For ADSP retentions and reclassifications, staff review the most recent Administrative Separation Mental Health Assessment, documenting the date of assessment and whether the clinician identified new concerns or recommended alternative housing. This information, along with current mental health flags and relevant notes, is used to substantiate the housing designation.

ACMH has continued to maintain substantial compliance with respect to confidential contacts. Although segregation placement reviews are not monitored as a separate category, Mental Health consistently demonstrates compliance with all confidential contacts, which includes those completed for segregation assessments.

The County is in substantial compliance with the requirements of this provision.

VIII.C.1.c - Substantial Compliance

c) *“Mental Health Staff shall consider each prisoner’s age and cognitive functioning as part of the Segregation Placement review. Staff shall receive training regarding the features of youth and brain development of young adults (i.e., 24 years old and younger) and the needs of individuals with intellectual disabilities.”*

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** VIII.C.1.c was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACMH staff are required to complete the Brain Development and Adaptive Support Training within three months of hire. As of December 2025, 99% of ACMH staff have successfully completed this training.

When conducting administrative separation reviews, Mental Health staff consider several key factors, including whether the incarcerated individual is 24 years old or younger, has an intellectual disability, demonstrates cognitive impairment, and/or has identified adaptive support needs.

The County is in substantial compliance with the requirements of this provision.

VIII.C.1.d - Substantial Compliance

d) *“If mental health or medical staff find that a prisoner has a Serious Mental Illness or has other contraindications to Segregation, that prisoner shall be removed from Segregation absent exceptional and exigent circumstances.”*

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME

- **Most Recent Monitor Rating:** VIII.C.1.d was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Custody personnel will defer Administrative Separation placement or retention in favor of placement within a specialized mental health program, absent a documented and unmitigable substantial safety risk associated with the less restrictive alternative housing assignment. This prioritization ensures that clinical treatment needs are addressed as the primary consideration, with restrictive housing utilized only when no other viable safety mitigation exists.

In any instance where an incarcerated individual cannot be moved to a designated mental health housing unit due to unmitigable substantial safety risks, SSO personnel do not prevent the individual from receiving mental health services within their assigned location. The facility ensures that clinical access is maintained regardless of the housing designation to meet the individual’s mental health needs.

CDHO 100% follows ACMH recommendations to remove disciplinary sanctions if someone is decompensating while in restrictive housing. There are zero instances that CDHO is aware of where a person decompensating has not been removed from discipline. This is tracked on SSO’s spreadsheet and documentation is housed on its shared drive. CDHO works closely with ACMH.

The IOP level of care continues to expand as ACMH receives ongoing budget augmentations dedicated to increasing program capacity. At present, there are 92 IOP beds for male patients and 33 beds for female patients. Additional expansion efforts are underway and are scheduled for completion by February 2026, at which time the number of male IOP beds will increase to 124 and female beds will increase to 43. Upon completion of this phase, the total number of IOP beds across both facilities will reach 167, increasing access to this level of care and reducing, but not eliminating, waitlists.

The County is in substantial compliance with the requirements of this provision.

VIII.C.1.e - Substantial Compliance

- e) *“The County shall document and retain records of all Segregation Placement mental health evaluations, as described above. The County shall consult with Plaintiffs regarding such documentation, including the development of new forms where necessary.”*

- **County Service Lines Involved:** ACMH

- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** VIII.C.1.e was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

ACMH documents and maintains records of all segregation placement evaluations within the electronic health record. The County collaborated with the Plaintiffs in the development of the Mental Health Administrative/Disciplinary Separation Assessment.

The County is in substantial compliance with the requirements of this provision.

VIII.C.2.a - Substantial Compliance

“Segregation Rounds and Clinical Contacts

- a) Cell checks (to ensure that prisoners are safe and breathing) shall be conducted for all prisoners in Segregation at least every 30 minutes, at staggered intervals. Completion of cell checks will be timely documented.”*

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** VIII.C.2.a and VIII.C.2.b were collectively rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

As described in the 11th County Status Report, SSO policy “Special Management Incarcerated Persons” (505 in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025) outlines the need for safety checks every 30 minutes. Checks are documented in ATIMS. Sergeants review these electronic logs twice a shift, and a watch commander reviews once per shift.

During the July 1, 2025 – December 31, 2025 reporting period, 29,269 segregation cell checks were completed. Only 364 checks (1.24%) exceeded the 30-minute requirement, resulting in 98.76% compliance with the Consent Decree requirement for 30-minute cell checks with timely documentation. With this proof of practice, the compliance rating has been increased. The County is now in substantial compliance with the requirements of this provision.

VIII.C.2.b - Partial Compliance

b) A qualified mental health or medical professional shall conduct check-ins at least once a week, to assess and document the health status of all prisoners in Segregation, and shall make referrals as necessary. The check-in shall include a brief conversation with each prisoner, a visual observation of the cell, and an inquiry into whether the prisoner would like to request a confidential meeting with a mental health or medical provider. Steps shall be taken to ensure effective communication, as well as auditory privacy consistent with security needs. When a prisoner in Segregation requests a confidential meeting with a mental health or medical provider, or the medical or mental health professional identifies a mental health or medical need, staff shall make appropriate arrangements to include triage, examination and treatment in an appropriate clinical setting. In such cases, staff shall give the prisoner the opportunity to complete a health care request but will otherwise initiate a referral without requiring the prisoner to complete a request form.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** VIII.C.2.a and VIII.C.2.b were collectively rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

When a patient is placed on Administrative Separation, ACMH receives a referral from Classification and completes an assessment within 24 hours to evaluate the patient’s clinical needs and overall well-being. For individuals already on the mental health caseload, placement in Administrative Separation also results in assignment to a designated mental health clinician who meets with the patient on a weekly basis. This structured process ensures timely clinical attention, consistent monitoring, and early identification of any emerging mental health concerns.

Custody staff facilitate inmate access to medical and mental health staff. No inmate is denied a request for access to medical or mental health care regardless of housing or classification. If an inmate requests to see medical staff, they submit an HSR if it is not an emergency. If it is an emergency, officers notify ACH or ACMH. SSO and ACMH meet regularly to discuss confidential MH visits and troubleshoot non-compliance.

Until ACH can provide proof of practice that weekly checks for patients placed in administrative segregation are conducted as required, the County remains in partial compliance with the requirements of this provision.

VIII.C.3.a - Partial Compliance

“Response to Decompensation in Segregation

a) If a prisoner in Segregation develops signs or symptoms of mental illness where such signs or symptoms had not previously been identified, suffers deterioration in his or her mental health, engages in self-harm, or develops a heightened risk of suicide, the prisoner shall immediately be referred for appropriate assessment and treatment from a qualified mental health professional who will recommend appropriate housing and/or programming.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** VIII.C.3.a was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

As described in the 11th County Status Report, SSO policy “Special Management Incarcerated Persons” (505 in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025) and its accompanying procedure addresses the requirements of VIII.C.3.a and VIII.C.3.b.

Additionally, in July 2024, SSO and ACMH developed a joint workflow to address individuals who mentally decompensate while in disciplinary segregation. ACMH will complete reviews of inmates placed in disciplinary segregation. For any inmate in Administrative Separation who is identified by AMCH as mentally decompensating, ACMH will follow the same process of notifying the classification unit.

Until proof of practice is established, the County remains in partial compliance with the requirements of this provision.

VIII.C.3.b - Substantial Compliance

b) Jail staff shall follow a mental health recommendation to remove a prisoner from Segregation unless such removal poses a current safety risk that is documented. In such a case, the Commander or management-level designee shall be notified and staff shall work to remove the prisoner from Segregation and secure a placement in an appropriate treatment setting at the earliest possible time.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME

- **Most Recent Monitor Rating:** VIII.C.3.b was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Following the assessment process described in VIII.C.3.a, if ACMH determines an individual is mentally decompensating while in disciplinary segregation, the ACMH employee who completed the assessment will submit/contact the SSO’s Classification Unit and advise of the mental health decompensation. SSO’s Classification Unit will modify the inmate’s sanctions to remove all discipline and remove the person from any disciplinary housing.

Due to the additional security concerns with individuals that are in the Administrative Separation classification, these individuals are not automatically removed from this classification assignment. In these cases, the Classification Unit receives notification of an Administrative Separation inmate decompensating and will immediately contact the classification supervisor for consideration for alternate housing options.

The CDHO considers the ACMH’s disciplinary recommendations and imposes sanctions based on individualized assessments. ACMH is contacted, and the sanctions are communicated via email. CDHO communicates that, should mental health decompensation occur during the disciplinary sanction period, all sanctions will be rescinded, the custody record updated, and the subject referred to ACMH for follow-up. CDHO monitors ADSEP reports and will immediately remove sanctions if there are any indications of decompensation while on discipline. There were 64 incidents of decompensation in 2025. Three cases of decompensation while on restriction since the CDHO position was created. This is a 95% decrease in decompensation while on discipline. CDHO is reviewing an average of 200 RVR’s a month. CDHO began utilizing trackable RVR flags of ACMH recommendations, followed, not followed, or partially followed, and Nexus or No Nexus, on November 17, 2025. From November 17, 2025, to December 31, 2025, CDHO reviewed more than 390 RVRs and had zero (0) RVRs not followed. November 17, 2025, to December 31, 2025, CDHO partially followed six ACMH recommendations. CDHO partially followed the ACMH recommendations 98% of the time and documented the reasons for the deviations from ACMH RVR recommendations in ATIMS. CDHO communicates with ACMH regarding each partially followed RVR, states the sanctions imposed, and requires immediate notification if ACMH observes any signs of decompensation during the period of discipline.

The County is in substantial compliance with the requirements of this provision.

VIII.D – Placement of Prisoners with Serious Mental Illness in Segregation

VIII.D.1 - Partial Compliance

“Prisoners with a mental health condition meeting criterion for placement in a Designated Mental Health Unit (2P, IOP, OPP) will not be placed in Segregation, but rather will be placed in an appropriate treatment setting – specifically, the inpatient unit or other Designated Mental Health Unit providing programming as described in Exhibit A-2.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** VIII.D.1 was rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

SSO, in coordination with ACMH, utilizes a structured approach to identify and prioritize incarcerated individuals with SMI and/or Outpatient Psychiatric status housed on the upper floors of the Main Jail for rehousing to alternative areas of the correctional system. Each week, ACMH generates a housing roster for these floors and ranks each individual classified as OPP or identified as SMI by urgency (High, Moderate, Low), utilizing a sub-numerical prioritization. This ranking system guides Classification in rehousing incarcerated individuals to settings better suited for their mental health needs. The system also accommodates urgent mid-week updates to address any immediate instances requiring clinical or custody attention.

For ADSP, "mental illness or any other disability" (including SMI) is utilized as a documented mitigating factor when determining if a lesser restrictive medical or mental health housing assignment is appropriate. Classification staff complete a documented mental health review within ATIMS during the initial placement, retention, and reclassification of individuals in ADSP. For initial placements, staff review the preceding classification (e.g., Protective Custody Medium) to identify if it was a mental health-specific designation such as OPP, IOP, SITHU, JBCT, or EASS. Staff also verify currently assigned mental health flags, including SMI, Mental Health Caseload, Grave Disability, Intellectual Disability, or Developmental Disability.

For ADSP retentions and reclassifications, staff review the most recent Administrative Separation Mental Health Assessment, documenting the date of assessment and whether the clinician identified new concerns or recommended alternative housing. This information, along with current mental health flags and relevant notes, is used to substantiate the housing designation.

Custody personnel will defer Administrative Separation placement or retention in favor of placement within a specialized mental health program, absent a documented and unmitigable substantial safety risk associated with the less restrictive alternative housing assignment. This prioritization ensures that clinical treatment needs are addressed as the primary consideration, with restrictive housing utilized only when no other viable safety mitigation exists.

In any instance where an incarcerated individual cannot be moved to a designated mental health housing unit due to unmitigable substantial safety risks, SSO personnel do not prevent the individual from receiving mental health services within their assigned location. The facility ensures that clinical access is maintained regardless of the housing designation to meet the individual's mental health needs.

SSO submitted documented proof of practice and overall compliance with this provision in the November 20, 2025, Pre-Restrictive Housing Monitoring Tour document request.

The CDHO conducts a comprehensive review of all relevant documentation, including incident reports, disciplinary hearing reports, the ACMH RVR assessment, privilege history, ATIMS historical flags, and prior incident history. These factors are evaluated to determine whether sanctions should be imposed in accordance with the bail schedule, whether reduced sanctions are appropriate, or whether no sanctions should be imposed. This review process promotes consistency, equity, and fairness in the application of sanctions across both facilities. The CDHO consults with ACMH for any necessary clarification regarding RVR recommendations. In cases involving individuals with mental health conditions, the CDHO follows RVR recommendations for sanctions to be "served in place." This approach ensures individuals remain in the Mental Health Unit and retain the ability to continue participating in their designated mental health treatment programs.

There continues to be a current shortage of APU and IOP beds; however, the County has initiated significant efforts to expand capacity. The IOP level of care continues to grow as ACMH receives ongoing budget augmentations aimed at increasing the number of available beds. At present, the system includes 92 IOP beds for male patients and 33 beds for female patients. Additional expansion is underway and scheduled for completion by February 2026, at which time male IOP capacity will increase to 124 beds and female capacity will rise to 43 beds. Following this expansion, the total number of IOP beds across both facilities will reach 167. In addition, the APU will expand from its current capacity of 17 beds to 41 beds, with an additional seven (7) step-down beds, with completion anticipated by June 2026. These planned increases demonstrate ongoing progress toward meeting clinical demand and improving access to higher levels of mental health care.

Even as general population beds are removed and replaced with IOP and APU beds, the physical plant deficiencies and existing structures of the jail facilities continue to limit the space available to support the mental health staffing, programming, and treatment space needed. As noted previously in this Status Report, the County awaits the completion of the Correctional Facility Master Plan by October 30, 2026. The Master Plan is a written report that details jail physical plant remediation options, with associated cost estimates, recommended project delivery methods, project timelines, and other relevant matters. It will include 1) the inspection, assessment, inventory, and analysis of existing County correctional facilities, 2) a detailed jail population analysis, 3) an operations assessment including compliance with the Mays Consent Decree requirements, and 4) space planning and assessment.

The County remains in partial compliance with the requirements of this provision.

VIII.D.2.a - Partial Compliance

“In rare cases where a prisoner with a mental health condition meeting criterion for placement in a Designated Mental Health Unit presents an immediate danger or significant disruption to the therapeutic milieu, and there is no reasonable alternative, such a prisoner may be housed separately for the briefest period of time necessary to address the issue, subject to the following:

- a) The prisoner shall receive commensurate out of cell time and programming as described in Exhibit A-2 (including for IOP and OPP, 10 hours/week of group treatment/structured activities, 7 hours/week unstructured out of cell time, weekly individual clinical contact) with graduated programming subject to an individualized Alternative Treatment Program.*
- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** VIII.D.2.a and VIII.D.2.b were rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

This is SSO’s current practice and relies on strong collaboration with ACMH. Often because of DMHUs, separation is not needed. Alternative Treatment Plans are utilized in IOP and Multidisciplinary Intervention Plans are utilized in Outpatient Services and EOP to address significant or dangerous behaviors or significant disruptions to the therapeutic milieu.

At both facilities, IOP no longer removes patients that are disruptive without clinical assessment and agreement by ACMH. When patients are moved, they are monitored by ACMH CM. Custody and ACMH staff now have more housing options, and more to come, as described in VIII.D.1.

SSO has implemented a comprehensive dayroom auditing tool and an outdoor recreation scheduling system. These improvements have significantly increased both dayroom access and outdoor recreation opportunities for all inmates, including those assigned to IOP. SSO is now achieving over 90% compliance with the minimum requirement of 17 hours of out of cell time per week corrections wide. Out of cell time generally exceeds the 17-hour minimum per weekly reports. IOP-level inmates continue to receive daily programming as determined by ACMH, ensuring consistent access to structured therapeutic activities. Four dedicated deputies are assigned to the Acute Psychiatric Unit (2P) to facilitate programming during the day. Their schedule allows for coverage 12 hours day/seven (7) days a week for better availability requested by ACMH. An additional two deputies were added to the evening shift to augment the IOP unit, allowing for additional programming and treatment.

The County is in partial compliance with the requirements of this provision.

VIII.D.2.b - Partial Compliance

b) "The prisoner shall receive the following:

- i. As part of the weekly confidential clinical contact, the clinician shall assess and document the prisoner's mental health status and the effect of the current placement on his or her mental health, and determine whether the prisoner has decompensated or is at risk of decompensation.*
- ii. The weekly check-ins described in Section VIII.C.2.b shall supplement, and not be a substitute for, the weekly treatment session described herein.*
- iii. Treatment provided in the least restrictive setting that is appropriate based on the prisoner's circumstances.*
- iv. Privileges commensurate with the Designated Mental Health Unit program, unless modified in an Alternative Treatment Program based on individual case factors that are regularly reviewed.*
- v. Daily opportunity to shower."*

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME

- **Most Recent Monitor Rating:** VIII.D.2.a and VIII.D.2.b were rated as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Inmates in DMHUs housed without a cellmate receive program and recreation time with other inmates. Incentives programs are utilized as advised by ACMH staff. ACMH determines when an inmate in these housing facilities must be housed in a solitary cell. Custody has deferred all decisions related to property and privileges to ACMH unless deemed a safety or security risk which is documented with articulable facts. Hygiene opportunities are available during any recreation time and incentivized in some programs.

ACMH established a Positive Behavioral Support Team that provides specific DBT interventions and staff consultation to address patient behaviors that interfere with patients participating in programming or being housed in the least restrictive setting. Additionally, ACMH initiated DBT certification training for two (2) ACMH supervisors. This training will strengthen clinical leadership capacity and support the broader implementation of DBT-aligned practices throughout the system.

DBT is a structured, evidence-based therapeutic model that teaches skills in emotional regulation, distress tolerance, interpersonal effectiveness, and mindfulness. For patients in custody, these skills can help reduce impulsive or self-injurious behaviors, improve frustration tolerance, and enhance their ability to communicate needs effectively. By increasing staff expertise in DBT, ACMH is working to improve consistency in behavioral interventions, promote safer and more stable housing placements, and increase patients’ ability to engage in treatment and rehabilitative programming. Ultimately, the expansion of DBT-informed care supports a more therapeutic environment and contributes to improve patient outcomes within the correctional setting.

As the County works to support better proof of practice, the County remains in partial compliance with the requirements of this provision.

VIII.D.3 - Substantial Compliance

“A prisoner with Serious Mental Illness requiring restraints (e.g., handcuffs, belly chains, etc.) shall not be denied clinically indicated group or individual treatment due to security factors, absent exceptional circumstances that are documented. Prisoners with Serious Mental Illness housed in Segregation who require restraints when out of cell shall have the opportunity to work their way out of restraints through graduated programming subject to an individualized Alternative Treatment Program.”

- **County Service Lines Involved:** ACMH, SSO

- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** VIII.D.3 was not evaluated by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Incarcerated individuals classified as Administrative Separation (1 or 2) who are diagnosed with an SMI may require the application of restraints upon exiting their cells for individual or group treatment. This measure is utilized specifically to mitigate a documented serious risk of physical harm, as identified within the Administrative Separation documentation. The use of restraints does not preclude any individual in Administrative Separation from participating in individual or group treatment sessions.

Each instance of individual or group treatment is evaluated on an individualized basis to ensure the safety of the participant, staff, and others. In circumstances where an individual is denied participation in treatment due to exceptional circumstances, such denials are primarily documented via an incarcerated individual note and, on occasion, through an ATIMS informational report. This standard applies to all individuals classified as Administrative Separation, irrespective of an SMI diagnosis.

Patients with SMI housed in ADSP who require restraints when out of cell can graduate out of restraints through programming subject to an individualized ATP. IOP patients who are subject to restrictions of property, privileges, or out of cell time are placed on an ATP.

ACMH currently utilizes ATPs for patients in DMHU. Patients who require restraints when out of cell would be placed on an ATP with plan to graduate them to regular programming as soon as clinically possible. The multidisciplinary team meets daily to discuss the patient’s progress and the transition of the patient from ATP to general programming. While there are security chairs, they are not routinely utilized for groups.

The County remains in substantial compliance with the requirements of this provision.

VIII.E – Administrative Segregation

VIII.E.1.a - Substantial Compliance

“Use of Administrative Segregation

a) Only the Classification Unit can assign a prisoner to Administrative Segregation.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.

- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

SSO policy “Special Management Incarcerated Persons” (505, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025) and its accompanying procedure incorporates the requirements of sub-provisions VIII.E.1.a, VIII.E.1.b, and VIII.E.1.c, often adopting the language verbatim. Administrative Separation is utilized strictly within these established parameters. These requirements are further integrated into the ADSP Placement, ADSP Review – Retention or Reclassification, and ADSP Advisement and Behavioral Plan forms.

The Classification Unit, operating under the corrections compliance commander, serves as the sole entity authorized to reclassify incarcerated individuals within the correctional setting, including those designated for Administrative Separation. The ATIMS system is specifically configured to restrict authorization, ensuring only designated personnel possess the ability to reclassify individuals into Administrative Separation. As a secondary measure of checks and balances, the classification supervisor generates an Administrative Separation roster weekly to verify the accuracy of placements and retentions and to conduct a formal review of the associated Administrative Separation documentation.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VIII.E.1.b - Substantial Compliance

b) *“The County may use Administrative Segregation in the following circumstances:*

- i. *Objective evidence indicates that a prisoner participated in a recent assault and the assaultive behavior involved an assault on staff or visitors, serious injury, use of a weapon, gang removals, or multiple prisoner assaults. Mutual combat situations that do not otherwise qualify for Administrative Segregation are excluded.*
- ii. *During a brief investigative period not to exceed ten days while Classification staff attempts to verify the need for Protective Custody or while the prisoner is awaiting transfer to another facility.”*

- **County Service Lines Involved:** SSO

- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

As noted in the County’s response to VIII.E.1.a, SSO policy “Special Management Incarcerated Persons” (505, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025) and its accompanying procedure incorporates the requirements of sub-provisions VIII.E.1.a, VIII.E.1.b, and VIII.E.1.c, often adopting the language verbatim. Administrative Separation is utilized strictly within these established parameters. These requirements are further integrated into the ADSP Placement, ADSP Review – Retention or Reclassification, and ADSP Advisement and Behavioral Plan forms.

The criteria listed in VIII.E.1.b are documented for every individual placed or retained in Administrative Separation. In addition to identifying the specific criteria justifying the placement or retention, the documentation includes a detailed explanation of the specific factors supporting the use of the selected sections.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VIII.E.1.c - Substantial Compliance

- c) *“The Compliance Commander shall have the authority to place prisoners in Administrative Segregation under the following circumstances:*
 - i. *The prisoner poses an extraordinary safety risk and no other housing unit is sufficient to protect the prisoner from harm;*
 - ii. *The prisoner has failed to integrate into a lesser restrictive housing setting because of repeated and recent history of assaultive behavior or current threats of violence associated with being in a lesser restrictive setting; or*
 - iii. *Objective evidence indicates that the prisoner attempted to escape or presents an escape risk.”*
- **County Service Lines Involved:** SSO

- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

As noted in the County’s response to VIII.E.1.a, SSO policy “Special Management Incarcerated Persons” (505, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025) and its accompanying procedure incorporates the requirements of sub-provisions VIII.E.1.a, VIII.E.1.b, and VIII.E.1.c, often adopting the language verbatim. Administrative Separation is utilized strictly within these established parameters. These requirements are further integrated into the ADSP Placement, ADSP Review – Retention or Reclassification, and ADSP Advisement and Behavioral Plan forms.

The criteria listed in VIII.E.1.c are documented for every individual placed or retained in Administrative Separation. In addition to identifying the specific criteria justifying the placement or retention, the documentation includes a detailed explanation of the specific factors supporting the use of the selected sections.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VIII.E.2.a - Substantial Compliance

“Notice, Documentation, and Review of Administrative Segregation Designations

- a) The Classification Unit shall document the rationale for designating a prisoner for Administrative Segregation in the classification file using objective evidence. For prisoners younger than 24, the Classification Unit shall consider the prisoner’s age as a mitigating factor when assigning the prisoner to Administrative Segregation.”*

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

Every stage of the ADSP process is tracked in ATIMS and monitored by the classification supervisor. The justification for designating an individual as Administrative Separation is documented within the custody ADSP forms, which are uploaded to the individual's classification file. These include the ADSP Placement, ADSP Review – Retention or Reclassification, and the ADSP Advisement and Behavioral Plan. These records include a specific designation for the consideration of the individual's age as a mitigating factor.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VIII.E.2.b - Substantial Compliance

b) "Classification shall attempt to down-class prisoners to a lesser restrictive housing setting at the earliest possible opportunity, consistent with safety and security."

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

During every review period, individuals in ADSP are, by default, evaluated for placement in a lesser restrictive housing setting. If an individual is retained in ADSP, the substantiating justification is documented accordingly on the ADSP forms.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VIII.E.2.c - Substantial Compliance

c) "County shall provide prisoners in Administrative Segregation with a written notice within 72 hours of the prisoner's initial placement in Administrative Segregation, explaining the reasons for the prisoner's Administrative Segregation designation and how the prisoner may progress to a lesser restrictive housing setting."

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

The ADSP Advisement and Behavioral Plan form is completed, printed, and either hand-delivered to the individual or placed in the housing unit's mailbox for delivery by floor officers on the same day as the ADSP placement or review. This form provides the individual with the specific rationale for the ADSP designation and an Individualized Behavioral Plan detailing the actions required to facilitate reclassification to less restrictive housing.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VIII.E.2.d - Substantial Compliance

- d) *“Prisoners housed in Segregation units will, at least every thirty (30) days, receive face-to-face interviews in a private out of cell setting, consistent with individual security needs, to discuss progress and compliance with their individual case plan as part of a classification review. Consideration will be given to their mental health and to their appropriateness for transfer to a less restrictive setting.”*

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.E.3.b was not evaluated by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

Classification procedures dictate that all individuals housed in ADSP receive a face-to-face classification interview at minimum every 30 days. These interviews are conducted in a private, out of cell setting, consistent with individual security requirements. In instances where security needs preclude a private, out of cell setting, the justification is documented on the ADSP form or within the Classification File. During these interviews, staff discuss

the individual's progress, compliance with the behavioral plan, and current classification status. These interviews are recorded via body-worn cameras. Furthermore, the ADSP Placement and ADSP Review forms include a designated section for a custody ATIMS mental health review—encompassing current ACMH documentation, mental health flags, and housing history—which the classification supervisor utilizes to determine placement or to facilitate referrals to ACMH for diversion to mental health programs. The County remains in substantial compliance with the requirements of this provision.

VIII.E.2.e - Substantial Compliance

e) *“The Compliance Commander or higher-ranked officer will review and approve the decision to designate a prisoner for Administrative Segregation for longer than 15 days.”*

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

This requirement is integrated into the current classification procedures as detailed throughout the County's response to VIII.E.2. Specifically, the ADSP Review form includes a designated section for the Compliance Commander or a higher-ranking officer to review and approve the continued retention of an individual in Administrative Separation every 90 days.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VIII.E.2.f - Substantial Compliance

f) *“The County shall document the reason the prisoner is retained in the same Administrative Segregation Phase. The prisoner will be given written notice of the reasons the prisoner is being retained in the same Phase of Administrative Segregation and what conduct the prisoner is required to exhibit to progress to a lesser restrictive housing setting.”*

- **County Service Lines Involved:** SSO

- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

This requirement is integrated into the current classification procedures as detailed throughout the County's response to VIII.E.2. Specifically, the ADSP Review form includes a designated section for the Compliance Commander or a higher-ranking officer to review and approve the continued retention of an individual in Administrative Separation every 90 days.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VIII.E.2.g - Substantial Compliance

- g) "The Compliance Commander or higher-ranked officer must approve the continued retention of a prisoner in Administrative Segregation for longer than 90 days, and the Compliance Commander or higher-ranked officers must reauthorize such placement at least every 90 days thereafter."*

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

This requirement is integrated into the current classification procedures as detailed throughout the County's response to VIII.E.2. Specifically, the ADSP Review form includes a designated section for the Compliance Commander or a higher-ranking officer to review and approve the continued retention of an individual in Administrative Separation every 90 days.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this

provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VIII.E.3.a - Substantial Compliance

“Administrative Segregation Phases

a) *The County shall develop and implement a phased system for prisoners designated as Administrative Segregation to achieve a lesser restrictive housing setting.”*

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

SSO utilizes a phased ADSP system, consisting of ADSP 1 and ADSP 2. ADSP 1 is predominantly utilized in instances where an incarcerated individual presents a substantial safety risk of such magnitude that ADSP 2 is deemed inappropriate at that time.

After a 15-day period in ADSP 1, the individual is automatically assessed for reclassification to ADSP 2. If the review determines there is a continued substantial safety risk necessitating retention in ADSP 1, or if new documentation supports such a requirement, the specific justification is recorded within the Administrative Separation documentation. Absent these documented justifications, the individual is reclassified to ADSP 2.

Following 30 days in ADSP 2, the individual is assessed for reclassification to a less restrictive housing designation. If the review determines that a continued substantial safety risk precludes placement in a less restrictive setting, or if new documentation requires retention in ADSP 2 or a reclassification to ADSP 1, the justification is documented accordingly.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VIII.E.3.b - Partial Compliance

b) *“Administrative Segregation Phase I:*

- i. *This is the most restrictive designation for prisoners in Administrative Segregation.*
- ii. *Prisoners shall be offered a minimum of one hour per day out of cell time for a total of seven hours per week.*
- iii. *Prisoners shall be offered an opportunity for Out of cell Activities for at least five of the seven hours per week.*
- iv. *Prisoners shall not remain in Phase I for longer than 15 days unless the prisoner engages in new conduct warranting retention in Administrative Segregation as specified in Section VIII.E.1.b.”*

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.E.3.b was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

The SSO Compliance Unit generates out of cell reports and conducts audits on a weekly basis to verify that all incarcerated individuals meet established out of cell requirements. The SSO is currently enhancing this process to provide custody shifts with the ability to generate these logs periodically throughout the week, allowing for a real-time assessment of individuals who may be trending below their designated weekly out of cell thresholds.

Any instances where individuals repeatedly fall short of requirements are investigated by the Compliance Unit, and individualized corrective measures are implemented to ensure compliance with out of cell mandates. The specific review timeframe of 15 days for ADSP 1 is adhered to as outlined in the response to VIII.E.2.a. The County is in partial compliance with the requirements of this provision as the County is working on providing data to demonstrate that out of cell activities are also being offered.

VIII.E.3.c - Substantial Compliance

c) “Administrative Segregation Phase II:

- a. *Prisoners shall be offered a minimum of 17 hours of out of cell time per week.*
- b. *Prisoners shall be offered an opportunity for Out of cell Activities for at least 10 of the 17 hours per week.*

- c. *Prisoners shall be offered the opportunity to program in groups of two to four prisoners, unless pairing with another prisoner is not possible for safety or security reasons, and those reasons are documented by the County.*
 - d. *The County shall develop a program of incentives for good behavior.*
 - e. *Prisoners shall not remain in Phase II for longer than 30 days unless the prisoner commits a serious behavioral violation while in Administrative Segregation: fighting; threatening staff or other prisoners; resisting or delaying an order from staff that impedes Jail operations (e.g., failure to lock down); refusing to submit to a search of person or property; destroying or damaging Jail property (excluding property issued to a prisoner and/or minor defacing of property or destruction of low-value property) or facilities”*
- **County Service Lines Involved:** SSO
 - **Court-Appointed Monitor:** Class Counsel
 - **Most Recent Monitor Rating:** VIII.E.3.c was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

As described in the County’s response to VIII.E.3.b, The SSO Compliance Unit generates out of cell reports and conducts audits on a weekly basis to verify that all incarcerated individuals meet established out of cell requirements. The SSO is currently enhancing this process to provide custody shifts with the ability to generate these logs periodically throughout the week, allowing for a real-time assessment of individuals who may be trending below their designated weekly out of cell thresholds.

Any instances where individuals repeatedly fall short of requirements are investigated by the Compliance Unit, and individualized corrective measures are implemented to ensure compliance with out of cell mandates. The specific review timeframe of 30 days for ADSP 2 is adhered to as outlined in the response to VIII.E.2.a. The County remains in substantial compliance with the requirements of this provision.

VIII.F – Protective Custody

VIII.F.1 - Substantial Compliance

“When a prisoner faces a legitimate threat from other prisoners, the County will seek alternative housing, by transferring the threatened prisoner to the general population of

another facility or unit, or to a special-purpose housing (Protective Custody) unit for prisoners who face similar threats.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

When an incarcerated individual faces a legitimate threat, SSO's Classification Unit manages the situation in accordance with the protocols applied to any incarcerated individual facing a substantiated safety risk. The individual is moved to an alternative housing location consistent with their assigned classification when feasible to ensure there is no adverse impact on their programming or out of cell time.

In the event that no alternative housing location consistent with their classification is available—due to facility capacity or continuing substantial safety risks in alternative locations—the individual is housed in the least restrictive housing unit available that effectively resolves the safety risk (including offering the incarcerated subject Protective Custody if not already classified as Protective Custody). If placed in a higher security housing location or classification, placement into a lesser restrictive housing unit is completed as soon as the substantial safety risk is diminished.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VIII.F.2 - Substantial Compliance

“The County will not operate Protective Custody units with Segregation-type conditions of confinement. Prisoners placed in Protective Custody shall have the same programs and privileges as general population prisoners, absent exceptional circumstances that are documented.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel

- **Most Recent Monitor Rating:** VIII.F.2 was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

Incarcerated individuals classified as Protective Custody are provided with housing opportunities comparable to the general population, including both celled and dormitory or barracks-style accommodations. These individuals receive out of cell access, including dayroom and recreation periods, consistent with the access afforded to the general population.

During this reporting period, the female housing Ramona unit was closed at RCCC. This unit was considered a restrictive housing unit. These women are now located in other housing units that provide equal access to recreation and programming.

To further ensure equality, a programmatic restructuring is currently being assessed to equalize program availability and opportunities across all housing designations and classifications. Justification for any reclassification or placement within more restrictive housing units is documented within ATIMS and is applied uniformly to all incarcerated individuals, regardless of classification. The County remains in substantial compliance with the requirements of this provision.

VIII.F.3 - Partial Compliance

“The County shall create a policy that describes the process and criteria for placement of prisoners into Protective Custody. The County shall consult with Plaintiffs to develop such a policy.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.F.3 was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

SSO policy "Special Management Incarcerated Persons" (505, in the Sacramento County Sheriff's Office Custody Policy Manual, published October 30, 2025) and its accompanying procedure serve as the operational framework that describes the process and criteria for placement of prisoners into Protective Custody. Class Counsel, in their most recent restrictive housing report, request consultation with SSO in modifying this policy. SSO will

work with Class Counsel in the upcoming reporting period to modify this policy. Until such time that an agreement is reached, this provision will be in partial compliance.

VIII.F.4 - Substantial Compliance)

“Prisoners who are lesbian, gay, bisexual, transgender, or intersex (LGBTI) or whose appearance or manner does not conform to traditional gender expectations should not be placed in Segregation or Protective Custody solely on the basis of such identification or status, or because they are receiving gender dysphoria treatment.

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.F.4 was rated as being in Substantial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

Status as an individual who identifies as lesbian, gay, bisexual, transgender, or intersex (LGBTI), or whose appearance or manner does not conform to traditional gender expectations, is not utilized as a criterion for placement into Administrative Separation or Protective Custody. The County remains in substantial compliance with the requirements of this provision.

VIII.F.4.a - Substantial Compliance

a) When a prisoner who is LGBTI or gender nonconforming faces a legitimate threat, the County shall identify alternative housing, with conditions comparable to those of general population. Privileges and out of cell time for this population will be documented and regularly reviewed by supervisory level staff to ensure appropriate housing, out of cell-time, and related conditions for this group of prisoners.

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.F.4.a was rated as being in Substantial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

When an LGBTI or gender-nonconforming individual faces a legitimate threat, SSO’s Classification Unit manages the situation in accordance with the protocols applied to any

other incarcerated subject facing a substantiated safety risk. The individual is moved to an alternative housing location consistent with their assigned classification when feasible to ensure there is no adverse impact on their programming or out of cell time.

In the event that no alternative housing location consistent with their classification is available, due to facility capacity or continuing substantial safety risks in alternative locations, the individual is housed in the least restrictive housing unit available that effectively resolves the safety risk. Placement into a lesser restrictive housing unit is completed as soon as the substantial safety risk is diminished. The County remains in substantial compliance with the requirements of this provision.

VIII.F.4.b - Substantial Compliance

b) In deciding whether to assign a transgender or intersex prisoner to a facility or program for male or female prisoners, the County shall consider on a case-by-case basis whether a placement would ensure the prisoner's health and safety, and the health and safety of other prisoners, giving serious consideration to the prisoner's own views.

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.F.4.b was not evaluated by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the "Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails," dated June 26, 2025.

SSO policy "Classification" (508, in the Sacramento County Sheriff's Office Custody Policy Manual, published October 30, 2025) and its accompanying procedure have been updated to incorporate the language and requirements outlined in this provision. The County remains in substantial compliance with the requirements of this provision.

VIII.F.4.c - Substantial Compliance

c) Jail staff will receive training on the unique issues of managing transgender prisoners, with refresher training at least bi-annually."

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.F.4.c was rated as being in Substantial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer

in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

All staff complete online training facilitated by WPATH. This coursework addresses the management of transgender individuals and the unique considerations associated with their care, including respectful communication, safety protocols, housing, and specialized medical and mental health needs. While this training was historically conducted on an annual basis, in recognition of the requirements set forth in the Consent Decree, the schedule has been amended to a bi-annual refresher training cycle, effective January 2026. The County remains in substantial compliance with the requirements of this provision.

VIII.F.5 - Substantial Compliance

“For prisoners who are LGBTI or whose appearance or manner does not conform to traditional gender expectations, the County shall identify the prisoner’s preferred gender of jail staff who will perform searches of the prisoner. The County shall honor the request except in exigent circumstances when doing so is not possible.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.F.5 was rated as being in Substantial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

Statement of Preference forms completed by transgender and gender-diverse individuals allow for the formal request of a preferred gender for searching officers. These preferences, along with specified pronouns, are integrated into the ATIMS system and displayed on the individual's profile for staff awareness.

SSO policy “Searches,” section “Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Searches” (512.5, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025) incorporates the following language to govern these interactions:

“As standard practice and absent exigent circumstances, searches of incarcerated persons shall be conducted by deputies of the same gender as the incarcerated person. For incarcerated persons who are LGBTI or whose appearance or manner does not conform to traditional gender expectations, members shall inquire and attempt to identify the person's preferred gender of the searching deputy to perform the search. Staff shall honor

the incarcerated person's request except in exigent circumstances when doing so is not possible.”

The County remains in substantial compliance with the requirements of this provision.

VIII.G – Disciplinary Segregation

VIII.G.1 - Substantial Compliance

“The County will not place a prisoner in disciplinary housing pending investigation of, and due process procedures for, an alleged disciplinary offense unless the prisoner’s presence in general population would pose a danger to the prisoner, staff, other prisoners or the public.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.G.1 was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

Per SSO Policy “Discipline,” section “Prehearing Detention” (600.5.3, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025), SSO does not place individuals in restrictive housing pending the investigation of, or due process procedures for, an alleged disciplinary offense unless their presence in the general population poses a documented danger to themselves, staff, other incarcerated individuals, or the public. Individuals placed in prehearing detention are subject to property and privilege restrictions commensurate with separated confinement, in accordance with 15 CCR 1081. To ensure continued oversight and compliance, the jail commander or an authorized designee must review the status of any individual in prehearing detention within 72 hours, including weekends and holidays, to determine if continued restrictive housing remains appropriate.

Additionally, an IDC issued by the correctional services compliance commander lieutenant in August 2025 which reiterated that shift watch commanders retain the authority to authorize these placements for prehearing detention when documented safety risks exist, provided the justification is documented thoroughly in the incident record. To bolster this oversight, classification personnel have been directed to email the classification supervisor immediately upon any placement into Prehearing Detention. This allows for an additional, immediate administrative review to verify that the placement is necessary and

that continued restrictive housing remains the least restrictive option appropriate for the safety of the facility.

The County remains in substantial compliance with the requirements of this provision.

VIII.G.2 - Substantial Compliance

“The County will adhere to a discipline matrix, developed in consultation with Plaintiffs, that clearly defines when disciplinary housing may be imposed.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.G.2 was not evaluated by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

The CDHO follows a discipline matrix, developed in collaboration with Class Counsel and approved by the County, applicable to both the Main Jail and RCCC. During this rating period, the most recent update to the discipline matrix significantly reduced the number of offenses that may result in disciplinary housing (full restriction). The updated plan also includes additional violations not previously addressed and continues to ensure disciplinary processes are fair, impartial, and proportionate to the severity of the offense.

The discipline matrix guides sanctioning to promote consistency while allowing the CDHO discretion based on the circumstances. Sanctions may include loss of privileges (commissary, visits, phone, tablet), full restriction, housing reassignment, loss of good-time credits, or removal from work assignments. Sanctions may be applied individually or in combination depending on the nature and severity of the violation.

When full restriction is issued, the compliance commander must be notified and approve the discipline. The County remains in substantial compliance with the requirements of this provision.

VIII.G.3 - Substantial Compliance

“Prisoners who are found to have violated disciplinary rules following due process procedures will be placed in Segregation only after the County has determined that other available disciplinary options are insufficient, with reasons documented in writing.”

- **County Service Lines Involved:** SSO

- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.G.3 was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

SSO follows the sentencing guidelines of the Inmate Discipline Plan, which was developed in coordination with Class Counsel. The Inmate Discipline Plan identifies specific facility violations for which Full Restriction (Segregation) is appropriate. The Sheriff’s Office adheres to this disciplinary plan during disciplinary hearings and the imposition of sanctions. CDHO documents the justification for Segregation Housing Placement in accordance with the County’s policy on prisoner management when it is imperative to ensure the safety of staff, other inmates, and the overall public. The reason(s) are supported by clear, objective evidence.

SSO reduced the number of Full Restrictions imposed, from an average of 86 per month across the correctional facilities to an average of 9 or fewer per month. As of December 31, 2025, there were three inmates on Full Restriction for both SSO Correctional facilities. Instances of Full Restriction are documented in ATIMS with justification narratives. CDHO follows a clear matrix of violations that would result in full restriction. The following justification sets forth the specific reasons for placing an inmate in Segregation housing rather than imposing alternative sanctions, arising from serious incidents that warrant such confinement.

1. **Staff Assault:** The inmate in question assaulted a staff member, resulting in actual or potential bodily injury to the officer. This act of violence is a clear indicator that the inmate poses a direct threat to the safety of the correctional staff and necessitates immediate segregation to prevent further incidents.
2. **Inmate Assault with Serious Bodily Injury:** The inmate has been involved in a violent altercation with another prisoner, during which serious bodily injury was inflicted. The objective evidence, including medical reports and witness statements, confirms this escalation of violence, affirming the necessity for segregation to protect the well-being of other inmates.
3. **Possession of Narcotics in Custody:** During a search, the inmate was found in possession of illegal narcotics. The presence of contraband within the custody of the inmate compromises the safety and security of the facility. Segregation is essential in this case to prevent the potential distribution of these narcotics among the inmate population.

4. **Possession of a Weapon in Custody:** The inmate was discovered with a weapon, which poses a serious risk to both staff and other inmates. The documented evidence, including the recovery of the weapon and witness accounts, supports the immediate need for segregation to mitigate the threat of further violence.
5. **Escape Attempt:** The inmate attempted to escape from custody, demonstrating a blatant disregard for security protocols and posing a significant risk to the safety of the facility and the surrounding community. The documentation of this incident, along with security footage (if applicable) and reports, substantiates the necessity for segregation to ensure containment and prevent future attempts.
6. **Assaulting K9s or feeding/providing contraband to the K9s:** Resulting in veterinary treatment.

With the changes implemented and strict adherence to the matrix, the compliance rating has been increased. The County is in substantial compliance with the requirements of this provision.

VIII.G.4 - Substantial Compliance

“The denial of out of cell time for more than four (4) hours will not be imposed as a sanction absent a formal disciplinary write-up and due process hearing.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.G.4 was not evaluated by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

SSO’s Procedure “Disciplinary Separation” (601, in the Sacramento County Sheriff’s Office Procedure Manual, published October 31, 2025) was published in May 2024. This includes the following language: “No incarcerated person shall be denied more than four hours out of cell time, as a disciplinary sanction, without a disciplinary write-up and hearing.” Out of cell reports are created on a weekly basis to ensure the minimum out of cell time is occurring for all incarcerated persons.

The County remains in substantial compliance with the requirements of this provision.

VIII.G.5 - Substantial Compliance

“Prisoners serving a Disciplinary Segregation term shall receive at least seven (7) hours per week of out of cell time. Out of cell time with the opportunity to exercise shall be provided to each prisoner one (1) hour a day, seven (7) days per week.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.G.5 was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

SSO has implemented multiple systems to ensure prisoners in disciplinary segregation receive required out of cell time. Out of cell hours are tracked in ATIMS, with weekly reports distributed to supervisors and managers to verify compliance. During this rating period, the minimum out of cell time for those on full restriction was increased from seven (7) hours to ten (10) hours per week, including three (3) hours of outdoor/recreation time.

Monitoring has been strengthened through a series of self-initiated reports, which identify individuals falling short of required hours, their housing location, and specific deficiencies for targeted supervisory review. Habitually non-compliant individuals are interviewed by a compliance deputy to assess mental or physical health barriers, with documentation and referrals to ACMH when appropriate.

Additional corrective measures are taken as needed to include revised recreation schedules, expanded indoor/outdoor recreation access, use of recreation technicians, and weekly supervisor notifications. As these processes demonstrate effective oversight, the compliance rating has been increased. The County is in substantial compliance with the requirements of this provision.

VIII.G.6 - Partial Compliance

“Prisoners in Disciplinary Segregation shall, absent an individualized assessment of security risk that is documented be provided at least one book (which prisoners may regularly exchange), legal documents, hygiene materials, legal phone calls, and legal visits.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel

- **Most Recent Monitor Rating:** VIII.G.6 was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

SSO’s policy “Disciplinary Separation” (601, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025) ensures inmates retain access to reading materials, legal documents, legal visits, hygiene items, and phone privileges for legal counsel and verified family emergencies.

Since updating the ATIMS disciplinary process in September 2025, placement in disciplinary separation has remained low, averaging fewer than five individuals systemwide. SSO is formalizing documentation by requiring floor staff to note in each record that these privileges are provided. Placement in full restriction also triggers an ACMH referral for clinical review. Until documentation is formalized, the County remains in partial compliance with the requirements of this provision.

VIII.G.7 - Substantial Compliance

“No Disciplinary Segregation term for non-violent rules violations will exceed 15 days.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.G.7 was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

Since the CDHO assumed responsibility for administering all disciplinary sanctions across the correctional system, no disciplinary segregation terms have exceeded 15 days. Coupled with the updated discipline plan and consistent historical adherence to this provision, the compliance rating has been increased. The County is in substantial compliance with the requirements of this provision.

VIII.G.8 - Substantial Compliance

“The County will, in consultation with Plaintiffs’ counsel, modify its inmate discipline policy and practice to limit placements in Disciplinary Segregation conditions to no more than 15 days, absent cases of serious violations stemming from distinct incidents and with Watch Commander-level approval.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.G.8 was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

SSO: The CDHO follows the established discipline matrix, developed in consultation with Class Counsel and approved by the County, for both the Main Jail and RCCC. The updated plan limits Full Restriction (Disciplinary Segregation) placements to a maximum of 15 days, except in cases of serious violations stemming from distinct incidents, which require final review and approval by the watch commander or designee not involved in the hearing.

Full Restriction sanctions are not imposed for nonviolent violations, and justification for Full Restriction is documented in ATIMS in narrative form. Any placement in Disciplinary Segregation requires notification and approval from the compliance commander. The County remains in substantial compliance with the requirements of this provision.

VIII.G.9 - Substantial Compliance

“No prisoner shall be placed in Disciplinary Segregation for more than 30 consecutive days.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.G.9 was rated as being in Substantial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

When Full Restriction is warranted, CDHO imposes a maximum of 15 days, with alternative sanctions potentially applied concurrently. Privilege suspensions for a single incident may not exceed 30 days, whether imposed concurrently or consecutively for multiple violations arising from that single incident. The County remains in substantial compliance with the requirements of this provision.

VIII.G.10 - Substantial Compliance

“If after a Disciplinary Segregation term, Jail staff, with the input of a mental health clinician, determine that the prisoner cannot safely be removed from Segregation,

placement on Administrative Segregation status may occur only subject to the process set forth in Section VIII.E.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.G.10 was rated as being in Substantial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

Disciplinary Segregation and Administrative Separation are distinct, individualized processes, each governed by independent operational procedures. The assessment and implementation of Disciplinary Segregation is conducted independently of an individual’s Administrative Separation status; conversely, Administrative Separation is assessed and implemented independently of Disciplinary Segregation. While these are separate procedural tracks, the independence of these processes does not preclude an individual from being concurrently designated under both Disciplinary Segregation and Administrative Separation should the specific criteria for each be met.

In rare circumstances where an incarcerated individual is being discharged from Disciplinary Segregation and not classified in Administrative Separation, and placement into a lesser restrictive housing setting is deemed infeasible due to a substantiated safety risk, the individual would be assessed for the necessity of Administrative Separation. In such cases, the individual would be retained in Administrative Separation only until the substantial safety risk is diminished.

The County remains in substantial compliance with the requirements of this provision.

VIII.G.11 - Substantial Compliance

“Once a prisoner has been moved out of Disciplinary Segregation, that prisoner shall not be placed back into Disciplinary Segregation absent (a) a new incident warranting discipline, and (b) completion of all mental health review procedures required for new Segregation placements.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.G.11 was rated as being in Partial Compliance by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth

Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

SSO Procedure “Disciplinary Separation” (601, in the Sacramento County Sheriff’s Office Custody Procedure Manual, published October 31, 2025) was first published in May 2024 and outlines this process. This includes the following language: “Upon removal from disciplinary separation, no incarcerated person shall be placed back into disciplinary separation without a new rule violation warranting disciplinary separation and the appropriate Mental Health Services review has been completed.” The CDHO is responsible for ensuring adherence to this procedure. Since the implementation of the updated CDHO process in September 2025, the CDHO has consistently complied with these requirements. No incarcerated individual has been returned to disciplinary separation without a new incident report resulting in a guilty finding for a rule violation that warrants disciplinary action, and without completion of a new mental health review. The County remains in substantial compliance with the requirements of this provision.

VIII.H – Avoiding Release from Jail Directly from Segregation

VIII.H.1 - Substantial Compliance

“The County will avoid the release of prisoners from custody directly from Segregation-type housing, to the maximum extent possible.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.H.2 was not evaluated by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

SSO’s practice is to avoid the release of prisoners from custody directly from Segregation-type housing to the maximum extent possible. Per SSO procedure “Special Management Incarcerated Persons,” section “Administrative Separation Guidelines” (505.1, in the Sacramento County Sheriff’s Office Custody Procedure Manual, published October 31, 2025), if a sentenced prisoner in Segregation is within 120 days of their expected release, the County must take and document steps to move them to a less restrictive setting, consistent with safety and security needs. If Segregation remains necessary, individualized discharge planning is mandated to prepare the subject for community release.

SSO’s classification supervisor reviews the sentencing status and release date of every incarcerated individual classified as Administrative Separation during each scheduled

review period (conducted at either 15-day or 30-day intervals). If a sentenced individual in Administrative Separation is identified as pending release, classification personnel take steps to either reclassify (step down) the individual out of Administrative Separation or coordinate with ACMH to provide individualized discharge planning. This coordination ensures the individual is prepared for reentry into the community.

SSO submitted documented proof of practice and overall compliance with this provision to the PLO in the November 20, 2025, Pre-Restrictive Housing Monitoring Tour document request. This documentation accounts for every individual during the 2025 calendar year who was reclassified out of Administrative Separation, whether they were released from custody, transferred to an alternative correctional facility, or reclassified to a less restrictive housing designation. These records demonstrate has sustained compliance with this provision.

Data from January 1, 2025, to November 24, 2025, supports these compliance findings. During this period, 74 individuals were removed from Administrative Separation. Of those, only eight (8) individuals, one (1) of whom was listed in two (2) separate instances, were released from custody while still in Administrative Separation status. A review of these cases revealed the following:

- Three (3) individuals posted bail with no prior knowledge of the release date.
- Three (3) individuals were released the same day as their court date or had holds canceled without prior notification.
- One (1) individual received coordinated pre-release planning via SSO and ACMH.
- One (1) individual received pre-release planning and post-release support through the EXODUS Project.

In the instances where individuals were not unexpectedly released by the Court or via bail, they were retained in segregation status due to explicit and significant potential threats to their safety. This included a former SSO deputy sheriff, for whom a lesser restrictive setting would have posed a substantial risk of injury, and an inmate whom the Investigative Services Unit (ISU) identified as being at risk in general population. Despite being offered protective custody, this inmate refused the reclassification to a lesser restrictive setting. These specific cases illustrate that while the SSO prioritizes stepping individuals down, safety and security needs remain the primary factor in housing designations prior to release.

While the number of individuals placed in Disciplinary Segregation (Full Restriction) has remained consistently low, averaging fewer than five individuals across the correctional

system since SSO initiated the ATIMS incident and disciplinary process update in September 2025, SSO has implemented additional safeguards to address Disciplinary Segregation releases.

The CDHO is now tasked with conducting a review of each individual's pending release date prior to the imposition of any Full Restriction period. Given the limited frequency of placements into Disciplinary Segregation and the brief duration of most Full Restriction sanctions (averaging 15 days or less) this pre-sanction review will substantially decrease the probability that an incarcerated individual will be released directly from a restrictive housing setting. If an incarcerated individual has a listed projected release date and is being issued Full Restriction, the CDHO will schedule the individual to have at least two (2) days off of Full Restriction before their projected release date.

The County remains in substantial compliance with the requirements of this provision.

VIII.H.2 - Substantial Compliance

“If a sentenced prisoner housed in Segregation has an upcoming expected release date (i.e. less than 120 days), the County will take and document steps to move the prisoner to a less restrictive setting, consistent with safety and security needs. If Segregation becomes necessary during this time, the County will provide individualized discharge planning to prepare the sentenced prisoner for release to the community.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Class Counsel
- **Most Recent Monitor Rating:** VIII.H.2 was not evaluated by Patrick Booth, Margot Mendelson, Megha Ram, and Aaron J. Fischer in the “Fourth Monitoring Report on Restrictive Housing, Discipline, and Classification Practices in the Sacramento County Jails,” dated June 26, 2025.

SSO's classification supervisor reviews the sentencing status and release date of every incarcerated individual classified as Administrative Separation during each scheduled review period (conducted at either 15-day or 30-day intervals). If a sentenced individual in Administrative Separation is identified as pending release, personnel take steps to either reclassify (step down) the individual out of Administrative Separation or coordinate with ACMH to provide individualized discharge planning. This coordination ensures the individual is prepared for reentry into the community.

SSO submitted documented proof of practice and overall compliance with this provision in the November 20, 2025, Pre-Restrictive Housing Monitoring Tour document request. This

documentation accounts for each individual during the 2025 calendar year who was reclassified out of Administrative Separation, whether they were released from custody, transferred to an alternative correctional facility, or reclassified to a less restrictive housing designation. These records substantiate an increase to this provision's compliance rating and are outlined in the County's response to VIII.H.1. The County is now in substantial compliance with the requirements of this provision.

VIII.I – No Food-Related Punishment

VIII.I.1 - Substantial Compliance

“The County shall modify its policy and take steps to ensure that the denial or modification of food is never used as punishment. The County shall eliminate use of “the loaf” as a disciplinary diet. Nothing in this paragraph shall be read to preclude the County from denying a prisoner use of the commissary.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** N/A - Pursuant to the Federal Court for the Eastern District of California court order, monitoring by the Court for this provision was suspended; the provision is now self-monitored.
- **Most Recent Monitor Rating:** N/A - This provision is self-monitored.

The SSO policy “Disciplinary Separation,” section “Diet” (601.5, in the Sacramento County Sheriff’s Office Custody Policy Manual, published October 30, 2025) was first published in May 2024 and outlines this provision with the following language: “Under no circumstances will an incarcerated person be denied food as a means of punishment (15 CCR 1083(e)).” The disciplinary diet (loaf) is no longer used.

The County has remained in substantial compliance with the requirements of this provision for at least two (2) consecutive monitoring reports. As such, pursuant to the Federal Court for the Eastern District of California court order, the monitoring by the Court for this provision was suspended. The County is pleased to report it remains substantially compliant with this provision.

VIII.J – Restraint Chairs

VIII.J.1 - Substantial Compliance

“Restraint chairs shall be utilized for no more than six hours.”

- **County Service Lines Involved:** SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** This provision has not been evaluated.

Sacramento County fully discontinued the use of restraint chairs approximately five (5) years ago and transferred to the utilization of the WRAP restraint device. The founder of Safe Restraints markets the WRAP as a “safe and secure transport with positive optics that reflect respect, humane control, as well as care and concern.” The WRAP is “designed to stop a conflict quickly, achieve faster de-escalation, enhance the ability of the subject to breathe and allow for the faster administering of medical care to preserve life”.

SSO’s CERT team were trained to train others on the use of WRAP safety restraints in July 2019 with Safe Restraints. WRAP safety restraints were later purchased in September 2019, with the first delivery arriving in January 2020. Widespread training and deployment of WRAP devices at both jail facilities started in December 2020.

SSO created a report flag within ATIMS allowing a review of all WRAP related incidents. SSO and ACMH meet regularly to monitor the use of the WRAP device as well as both agencies’ coordination with an application of such.

The County will be working in conjunction with our new Mental Health SMEs and Class Counsel to determine the applicability of this section with the WRAP device that is currently used instead of the restraint chair.

Until this discussion occurs, as the County no longer uses the restraint chair, it remains in substantial compliance with the requirements of this provision.

VIII.J.2 - Partial Compliance

“The placement of a prisoner in a restraint chair shall trigger an “emergent” mental health referral, and a qualified mental health professional shall evaluate the prisoner to assess immediate and/or long-term mental health treatment needs.”

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** This provision has not been evaluated.

The County will be working with its new Mental Health SMEs and Class Counsel to revise this provision as the restraint chair is no longer being used in Sacramento County. The County now uses the WRAP device, described in the County’s response to VIII.J.1.

SSO is currently developing a standalone WRAP report that will include specific, required data fields for each instance of WRAP use, including placement and removal times, supervisory oversight, referrals to ACH and ACMH, and documented justification for the action. Once this report is finalized and fully implemented, it will allow for clear proof of practice and facilitate verification of compliance with this provision. The report is intended to enhance tracking, accountability, and transparency in the use of the WRAP device across all relevant incidents.

A WRAP restraint audit completed for June-December 2025 reporting period utilized SSO’s WRAP logs, ATIMS data, and a chart review of each WRAP encounter. During this period, 65

individuals were placed in WRAP restraints. Of these individuals, 64% had an SMI, and 69% were already on the MH caseload at the time of the incident. ACMH received a referral from SSO in 54% of WRAP cases. Among those referrals, MH met required timelines to care in 61% of cases.

ACMH continues to actively monitor performance and identify barriers impacting timely access to care. For emergent six (6) hour referrals, ACMH's average response time for patients seen during the reporting period was 7.54 hours. To address these challenges, ACMH has implemented a referral tracking system to assist staff in identifying emergent referrals, prioritizing responses based on time due, and improving coordination of care. Additionally, ACMH and SSO meet regularly to review UOF, PUOF, and WRAP incidents, and to collaboratively address barriers related to referrals, communication, and response processes. The County remains in partial compliance with the requirements of this provision.

VIII.J.3 - Partial Compliance

“The opinion of a qualified medical professional on placement and retention in a restraint chair will be obtained within one hour from the time of placement.”

- **County Service Lines Involved:** ACH, SSO
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** This provision has not been evaluated.

The County will be working with its new Mental Health SMEs and Class Counsel to revise this provision as the restraint chair is no longer being used in Sacramento County. The County now uses the WRAP device, described in the County's response to VIII.J.1.

As noted in the County's response to VIII.J.2, SSO is currently developing a standalone WRAP report that will include specific, required data fields for each instance of WRAP use, including placement and removal times, supervisory oversight, referrals to ACH and ACMH, and documented justification for the action. Finalization and implementation of this report will also assist with verifying compliance with this provision.

ACH is also working to expand its audit capabilities related to WRAP devices to ensure qualified medical professionals are consistently consulted within one (1) hour of placement. Until the identified reports and audits are developed and implemented, the County remains in partial compliance with the requirements of this provision.

IX. Quality Assurance

IX.A – Generally

IX.A.1 - Partial Compliance

“The County shall develop and implement, in collaboration with Plaintiffs’ counsel, a quality assurance (“QA”) plan to regularly assess and take all necessary measures to ensure compliance with the terms of this Remedial Plan.”

- **County Service Lines Involved:** ACH, ACMH
- **Court-Appointed Monitor:** N/A
- **Most Recent Monitor Rating:** Class Counsel considers all provisions of IX.A to be in Partial Compliance until all provisions in IX.B and IX.C have reached Substantial Compliance.

ACH continues to address Consent Decree requirement IX.A.1, which requires the County to develop and implement, in collaboration with Class Counsel, a QA plan to regularly assess and take all necessary measures to ensure compliance with the Remedial Plan.

ACH QI continues to produce data, audits, and reports to support ongoing monitoring, oversight, and informed decision-making related to Consent Decree compliance. Staff turnover and temporary understaffing within the QI team limited completion of all scheduled audits during prior reporting periods; however, QI staffing significantly improved during this reporting period as newly hired staff completed training. The QI team now consists of two QI RNs, one QI coordinator, one administrative services officer I (ASO I), and one senior office assistant. In addition, effective December 2025, a new QI director—an experienced registered nurse with prior roles in QI, risk management, and accreditation, regulatory, and licensing (AR&L)—was appointed to provide leadership and oversight, bringing an enhanced clinical perspective to QA activities.

During this reporting period, the QI team conducted multiple audits, including but not limited to disability identification and documentation, diabetes management, patient confidentiality, and suicide risk inquiry. Senior registered nurses also conducted in-person observations and audits of medication administration to support real-time quality assurance and compliance monitoring.

Audit findings and performance data are shared with service line managers to support corrective actions and are reviewed during quarterly Quality Improvement Committee (QIC) meetings. With staffing stabilized, training completed, and new leadership in place, ACH QI is actively monitoring priority clinical and operational areas and strengthening its quality assurance infrastructure. The medical director, who began in June 2025, and the newly appointed QI director are jointly reevaluating and redesigning the QI Plan and audit structure to ensure the QA program takes all necessary measures to ensure compliance with the Remedial Plan.

In addition to the work by ACH, ACMH supports QA efforts by chairing both the Suicide Prevention QI Subcommittee and the Mental Health QI Subcommittee. These committees convene on a monthly basis and include an interdisciplinary team representing clinical leadership, psychiatry, psychology, social work, nursing, ACH QI, and custody partners. The increased meeting frequency supports more consistent oversight, timely identification of trends, and the rapid implementation of corrective actions.

Collectively, these ongoing QA activities support systematic assessment, identification of gaps, and implementation of corrective actions as needed, consistent with Consent

Decree requirement IX.A.1. The County remains in partial compliance with the requirements of this provision.

IX.A.2 - Substantial Compliance

“The QA/QI Unit shall meet regularly and include representatives from all levels of the organization and from all facilities. The meeting shall include custody representatives for topics that are relevant to custody operations.”

- **County Service Lines Involved:** ACH, ACMH, SSO
- **Court-Appointed Monitor:** N/A
- **Most Recent Monitor Rating:** Class Counsel considers all provisions of IX.A to be in Partial Compliance until all provisions in IX.B and IX.C have reached Substantial Compliance.

ACH continues to address Consent Decree requirement IX.A.2, which requires that the QA/QI Unit meet regularly and include representatives from all levels of the organization, all facilities, and custody representatives for topics relevant to custody operations.

To strengthen oversight and improve program performance, the ACH QIC meets at a minimum quarterly and, during this reporting period, increased meetings to a monthly cadence as operational demands allow. This increase reflects the volume of recent system improvements implemented during this reporting period and was intended to enhance the frequency and effectiveness of quality monitoring. More frequent meetings allow leadership and program teams to identify trends more rapidly, address emerging issues in real time, and ensure timely follow-up on corrective actions.

The QIC includes multidisciplinary representation from across the organization, including clinical leadership, nursing, mental health, administrative staff, and custody partners as appropriate. Custody representatives participate when agenda items involve custody operations, safety considerations, or coordination between health and custody services. In addition to increasing meeting frequency, the QI process continues to emphasize the systematic review of timeliness-of-care metrics, documentation compliance, MDT and treatment planning performance, and staffing adequacy across all program areas.

In addition to the QIC, ACH maintains several QI subcommittees—such as Suicide Prevention, Safety, and Pharmacy and Therapeutics—which continue to meet according to established schedules described in prior reports. These subcommittees conduct focused review of specific clinical and operational areas and report findings and recommendations to the QIC for system-wide oversight.

As with the ACH QIC, ACMH also transitioned the MH QI Subcommittee meetings from a quarterly to a monthly schedule, allowing leadership and program teams to identify trends more rapidly, address emerging issues in real time, and ensure timely follow-up on corrective actions. Additionally, moving to a monthly cadence has increased opportunities

for data review, promoted more consistent communication among interdisciplinary teams, and supported more responsive operational decision-making.

Beyond standing committees, ACH has also established multiple workgroups to support project management and implementation of ongoing quality improvement initiatives. ACH leadership meets regularly with custody leadership to collaborate on operational process changes, significantly improving communication and coordination between ACH and SSO and enabling multiple operational improvements to be implemented efficiently.

Through regular meetings, multidisciplinary participation, and inclusion of custody representatives when relevant, ACH's QA/QI structure supports comprehensive review, timely communication, and coordinated problem-solving across facilities and departments, consistent with Consent Decree requirement IX.A.2. The County remains in partial compliance with the requirements of this provision.

IX.A.3 - Partial Compliance

"The County shall provide sufficient resources to the QA/QI program."

- **County Service Lines Involved:** ACH, ACMH
- **Court-Appointed Monitor:** N/A
- **Most Recent Monitor Rating:** Class Counsel considers all provisions of IX.A to be in Partial Compliance until all provisions in IX.B and IX.C have reached Substantial Compliance.

ACH continues to address Consent Decree requirement IX.A.3, which requires the County to provide sufficient resources to the QA/QI program.

During this reporting period, the ACH QI Unit was supported by six funded positions: a QI director, one QI coordinator, two QI RNs, one senior office assistant, and one ASO I. These positions enable the QI program to conduct audits, analyze data, track corrective actions, coordinate committees, and monitor ongoing compliance.

A new QI director was appointed during this period. With prior ACH experience as a QI RN, supervising RN, and nursing director; the director provides enhanced leadership and a clinical perspective, strengthening continuity, risk identification, and corrective action implementation. QI staff continue to provide support to operations while maintaining core quality functions. For example, one QI RN with dialysis experience supported the in-house dialysis program at RCCC, and the senior office assistant and ASO I contributed to grievance tracking, data entry for Flex Nurse Teams, and operational tools.

In September 2025, ACMH hired an additional QI team member, bringing the ACMH QI unit to a total of two dedicated staff. Together, the team supports comprehensive monitoring, analysis, and reporting of key performance metrics across all mental health program areas. This expansion enhances ACMH's capacity to conduct timely MH audits, track MH trends, provide data-driven feedback to program leadership, and support the development and implementation of targeted improvement initiatives.

While ACH's current staffing allows the QI Unit to fulfill its quality assurance responsibilities, supporting operational activities does impact capacity. Additional resources would further enhance the QI program's ability to produce audits, reports, dashboards, and other deliverables in a timely and comprehensive manner, consistent with Consent Decree requirement IX.A.3, while also allowing the QI team to continue supporting operations and clerical needs effectively.

With the appointment of the new ACH medical director, there has been an increased emphasis on QI activities to demonstrate compliance with the requirements of the Consent Decree. This enhanced review has also identified the need for additional resources to fully meet the provision. As a result, the compliance rating for this provision has been reduced. The County is in partial compliance with the requirements of this provision.

IX.B – Quality Assurance, Mental Health

IX.B.1 - Substantial Compliance

“The JPS Medical Director, the JPS Program Manager, jail administrators, and the medical psychiatric, dental, and nursing directors, or appropriate designees, will attend and participate in this process at a minimum of every quarter. Formal minutes will be taken and maintained whenever the committee convenes.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IX.B was rated collectively as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Mental health representatives participate in all QI meetings to ensure consistent clinical oversight and interdisciplinary collaboration. Within the QI structure, there are two primary mental health multidisciplinary subcommittees: the Mental Health QI Subcommittee, chaired by the MH program director, and the Suicide Prevention QI Subcommittee, chaired by the MH medical director. These meetings include participation from SSO/custody leadership, ACH medical staff, and ACMH leadership and clinical staff, supporting a coordinated, system-wide approach to quality and safety. Both subcommittees convene on a monthly basis to review performance data, evaluate trends, and implement corrective actions as needed.

Meeting minutes and documentation of all audits are maintained to ensure transparency, accountability, and continuity in tracking identified issues and progress toward improvement goals. The designated chair attends all subcommittee meetings or assigns a qualified designee when necessary to ensure consistent oversight and leadership presence.

In the 5th Mental Health Monitoring Report, the Court-appointed MH SME rated all of IX.B as being in partial compliance. The County disagrees with this assessment for IX.B.1, as the MH SME provided positive comments about the frequency and attendance of meetings between partners from multiple service lines, and did not provide any negative feedback nor any recommendations related to this provision. Based on current practices, documentation, and the comments made by the MH SME, the County asserts that it remains in substantial compliance with the requirements of this provision.

IX.B.2 - Partial Compliance

“The mental health care quality assurance plan shall include, but is not limited to, the following:

- a) Intake processing;*
- b) Medication services;*
- c) Screening and assessments;*
- d) Use of psychotropic medications;*
- e) Crisis response;*
- f) Case management;*
- g) Out of cell time;*
- h) Timeliness of clinical contacts;*
- i) Provision of mental health evaluation and treatment in confidential settings;*
- j) Housing of inmates with SMI, including timeliness of placements in higher levels of care and length of stay in various units;*
- k) Number of commitments pursuant to Welf. & Inst. Code § 5150, et seq.;*
- l) Use of restraint and seclusion;*
- m) Tracking and trending of agreed upon data on a quarterly basis;*
- n) Clinical and custody staffing;*
- o) Morbidity and mortality reviews with critical analyses of causes or contributing factors, recommendations, and corrective action plans with timelines for completion; and*
- p) Corrective action plans with timelines for completion to address problems that arise during the implementation of this Remedial Plan and prevent those problems from reoccurring.”*

- **County Service Lines Involved:** ACMH, SSO
- **Court-Appointed Monitor:** Mental Health SME

- **Most Recent Monitor Rating:** IX.B was rated collectively as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Audit tools and reports have been developed related to mental health and suicide prevention Remedial Plan provisions and include:

- APU Involuntary Detention Audit
- APU Daily Patient Activity Report
- APU Clinical Restraint Report
- APU Discharge Follow-ups-Timelines to Care
- APU Involuntary Medication & Riese Audit
- Confidential Contacts-Main Jail & RCCC
- Constant Observation Orders
- Discharge from Suicide Precautions Follow-up Assessments -Timelines to Care Report
- Emergent, Urgent and Routine Timelines to Care Report
- Health Service Requests-Timelines to Care
- Medication Refusals Audit
- Medication Verification and Initiation
- MDIP Outcome Report
- MDT & Treatment Plan Report
- MH Groups Scheduled & Canceled
- MH Referrals and Encounters
- MH RVR Audit-Main Jail & RCCC
- Prescriber Audit
- Provider Timeline to Care Report for Urgent and Routine Referrals & Encounters
- Planned and Unplanned Use of Force Referrals & Assessments
- Suicide Precautions Quarterly Audit
- Suicide Risk Assessment Audit
- Suicide Risk Assessment & Safety Planning

- WRAP Audit

SSO produces out of cell time reports weekly to ensure this requirement is closely tracked (IX.B.2.g).

Audit tools and reports for Administrative Separation Referrals and Assessments are in development.

As described in the 11th County Status Report, ACMH and ACH developed the MH Caseload Report, which is used to improve reporting and tracking of patients on the MH caseload. The 11th County Status Report also includes additional information on M&M reviews of serious suicide attempts, and the established tracking system for Corrective Action Plans that are generated as a result of these reviews.

Until all elements of IX.B.2 are addressed, the County is in partial compliance with the requirements of this provision.

IX.B.3 - Partial Compliance

“The County will conduct peer and supervisory reviews of all mental health staff and professionals at least annually to assess compliance with policies and procedures and professional standards of care.”

- **County Service Lines Involved:** ACMH
- **Court-Appointed Monitor:** Mental Health SME
- **Most Recent Monitor Rating:** IX.B was rated collectively as being in Partial Compliance by Mary Perrien, Ph.D. in the “Mental Health Expert’s Fifth Round Report of Findings,” dated August 12, 2025.

Annual performance evaluations are required for all ACMH staff and more often for probationary employees. ACMH completes monthly prescriber peer reviews and addresses any areas for improvement through direct feedback and during monthly prescriber meetings and huddles. All reviews are tracked.

ACMH has strengthened its clinical oversight and staff development processes by implementing monthly supervisory audits of clinical encounters and developing a Structured Risk Assessment Skill Evaluation tool to assess staff competence following completion of required training. The monthly supervisory audits provide consistent review of documentation quality, clinical decision-making, and adherence to policy, while the Structured Risk Assessment Skill Evaluation ensures that staff demonstrate proficiency in completing risk assessments and applying skills effectively in practice. These enhancements support improved quality of care, reinforce clinical accountability, and ensure staff maintain competency in essential safety-focused practices.

Until proof of practice is established, the compliance rating for this provision has been reduced. The County is in partial compliance with the requirements of this provision.

IX.C – Quality Assurance, Medical Care

IX.C.1 - Partial Compliance

“The County shall establish a Quality Assurance/Quality Improvement (QA/QI) Unit to develop accurate tracking mechanisms and monitor the timeliness and effectiveness of the following processes of health care, ensuring that all are reviewed at least annually, and shall recommend corrective action for all deficiencies:

- a) intake screenings;*
- b) emergent, urgent, and routine requests from patients and staff referrals for health care, including Health Service Request availability;*
- c) clinical monitoring of patients, including the delivery of chronic care services to those patients who qualify as chronic care patients;*
- d) prescriptive practices by the prescribing staff;*
- e) medication administration, including the initiation of verified medications, the first doses of medications, medication errors, patient refusals, and patterns of medication administration;*
- f) grievances regarding healthcare;*
- g) specialty care (including outside diagnostic tests and procedures);*
- h) clinical caseloads;*
- i) coordination between custody staff and medical staff, including escorts to medical appointments and delivery of care.”*

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** IX.C.1 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

ACH developed a QA/QI CQI program, which has implemented several tracking systems and audits to monitor the timeliness and effectiveness of health care delivery consistent with community standards. Corrective Action Plans are developed and implemented to address areas of deficiency.

Audits include, but are not limited to, the following:

- Nurse Intake Audits (Monitoring referrals at intake, ADA identification and documentation, and Suicide Risk Inquiry Assessment, IX.C.1.a)

- Access to Care Audit (Monitoring timeliness of emergent, urgent, and routine requests from patients and staff from Health Service Requests, IX.C.1.b)
- Chronic Disease Management Audit (IX.C.1.c)
 - Diabetes
 - HIV
- Medication Administration (IX.C.1.e)
- Grievance Report (Monitoring all grievances by type, service area, frequency, and response timeliness, IX.C.1.f)
- Women's Health Care Intake Audit (Determining if women entering the facility are being screened appropriately for reproductive services, IX.C.1.a)
- Gender Affirming Care Audit (Ensuring the delivery of Gender Affirming Care at ACH)
- Specialty Care Services Audit (Monitoring service types and appointment timeliness, includes review of referrals, IX.C.1.g)
- Withdrawal Monitoring Audit (Analyzes the frequency and timeliness of required face-to-face monitoring, medication, and referrals as appropriate)

QI also tracks SSO escort allocation for daily medical activities and delivery of care via the morning huddles (IX.C.1.i). Additionally, the ACH and SSO leadership team meets in person monthly to discuss operational needs and plans.

ACH continues to develop, review, and revise its QI Plan and audits to monitor all aspects outlined in Consent Decree requirement IX.C.1. In response to Medical SME recommendations, ACH has expanded audit timeframes and increased sample sizes to ensure findings are clinically meaningful. Point-in-time data collection is used selectively as part of quality assurance activities, consistent with audit methodology and monitoring objectives.

The QI team is reviewing all audits in collaboration with the new medical director to ensure all Consent Decree requirements are addressed. The team is also updating audit templates and establishing standardized data collection points and criteria to improve inter-rater reliability among auditors, as recommended during the most recent Medical SME monitoring visit. The QI team continues to update and complete audits based on SME feedback and refine its processes to strengthen tracking, monitoring, and corrective action efforts consistent with Consent Decree requirement IX.C.1. The County remains in partial compliance with the requirements of this provision.

IX.C.2 - Partial Compliance

“The studies shall be done with sufficient sample numbers to arrive at statistically valid conclusions. The studies shall include (a) a clearly articulated goals, objective, and methodology to determine if standards have been met, including a sampling strategy; (b)

data collection; (c) analysis of data to identify trends and patterns; (d) analysis to identify the underlying causes of problems; (e) development of remedies to solve problems; (f) a written plan that identifies responsible staff and establishes a specific timeline for implementing remedies; (g) follow-up data collection; and (h) analysis to determine if the remedies are effective.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** IX.C.1 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

ACH continues to address Consent Decree requirement IX.C.2, which requires QA/QI studies to be conducted using sufficient sample sizes and defined methodologies to evaluate whether standards of care are met and corrective actions are effective. In response to Medical SME recommendations, ACH has expanded audit timeframes and sample sizes and reduced reliance on point-in-time data collection, supporting statistically and clinically meaningful findings. Each study includes data collection, analysis of trends and underlying causes, and identification of patterns related to care delivery.

Based on audit findings, QI develops recommendations and corrective actions in collaboration with the medical director. These are reviewed during monthly CQI meetings, with responsible staff identified and timelines established for implementation. Focused interventions use Plan-Do-Study-Act methodology when appropriate. Follow-up data collection and re-review are incorporated to assess effectiveness and inform ongoing quality improvement efforts.

To further strengthen compliance, during this reporting period ACH established an Audit and Report Development Workgroup. The QI team, in collaboration with the medical director, reviews audits, updates templates, standardizes data collection tools, and establishes consistent criteria for each data point to improve inter-rater reliability, consistent with recommendations from the most recent Medical SME monitoring visit.

ACH continues to develop audits, strengthen follow-up documentation, and demonstrate sustained implementation and effectiveness of corrective actions to further enhance compliance with IX.C.2. The County remains in partial compliance with the requirements of this provision.

IX.C.3 - Substantial Compliance

“The QA/QI Unit study recommendations shall be published to all staff.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME

- **Most Recent Monitor Rating:** IX.C.1 was rated as being in Partial Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

ACH QI continues to address Consent Decree requirement IX.C.3. QI audits, which include recommendations, are posted on the ACH intranet, and staff are notified of completed audits through the monthly ACH newsletter, which directs them to the intranet site for review. The intranet now includes a dedicated QI section, making all QI activities easily identifiable and accessible to staff.

The QI director, or designee, also attends monthly all-staff meetings to provide QI updates. Additionally, QI shares audit findings and recommendations during QIC meetings and relevant subcommittee meetings. Medical representatives participate in all QI meetings to provide clinical input. QIC meetings occur at least quarterly and are held more frequently as operational demands require. This approach enables leadership and program teams to identify trends more quickly, address emerging issues in real time, and ensure timely follow-up on corrective actions.

The County recognizes the Medical SME’s request for evidence that staff have read and understood the findings and requisite recommendations of all QI studies. This request applies an interpretation of the provision that is inconsistent with its wording (“The QA/QI Unit study recommendations shall be published to all staff”).

Given that the County provides all QI studies to staff through multiple venues, including through publication on an intranet site accessible to all employees, and enhanced by a direct notification published in a monthly newsletter, the County is of the opinion that it remains in substantial compliance with all requirements of this provision.

IX.C.4 - Partial Compliance

“The County will conduct peer and supervisory reviews of all medical staff and professionals at least annually to assess compliance with policies and procedures and professional standards of care.”

- **County Service Lines Involved:** ACH
- **Court-Appointed Monitor:** Medical SME
- **Most Recent Monitor Rating:** IX.C.1 was rated as being in Non-Compliance by Angela Goehring RN, MSA, CCHP and Sylvia McQueen, MD, MBA, FACP, CCHP in the “Eighth Monitoring Report of the Mays Medical Consent Decree,” dated January 2, 2026.

In alignment with recommendations from the Medical SME, ACH developed a Peer and Supervisory Review Policy that includes a defined workflow and standardized peer review tools for both dental staff and medical providers. The policy and accompanying tools were submitted to the Medical SMEs for review and approval. In addition, ACH has piloted the

peer review tool with a small number of providers to assess its effectiveness and usability. Upon SME approval, ACH will finalize and publish the policy, provide training to applicable staff, and fully implement the peer review process in accordance with established timelines. Until this policy is approved and this process is fully implemented, the County remains in partial compliance with the requirements of this provision.

In alignment with recommendations from the Medical SME, ACH developed a Peer and Supervisory Review Policy that includes a defined workflow and standardized peer review tools for both dental staff and medical providers. The policy and accompanying tools have been submitted to SMEs for review and approval. In addition, ACH has piloted the peer review tool with a small number of providers to assess its effectiveness and usability. Upon SME approval, ACH will finalize and publish the policy, provide training to applicable staff, and fully implement the peer review process in accordance with established timelines.

ACH recognizes the critical importance of this provision and the role that ongoing peer review and quality improvement processes play in monitoring provider performance, ensuring quality of care, and identifying opportunities for improvement. ACH remains committed to regularly monitoring provider quality and using peer review findings to inform continuous quality improvement efforts. Until the Peer and Supervisory Review Policy is approved and its process is fully implemented, the County remains in partial compliance with the requirements of this provision.

Compliance Rating Comparison

The following tables include the compliance ratings from the County's prior status report (11th), current status report (12th), and the most recent monitor rating, if applicable.

Provision	County Rating – Prior 11th Status Report	County Rating - Current (12th Status Report)	Most Recent Monitor Rating
II.A	Partial Compliance	Partial Compliance	Partial Compliance
II.B	Partial Compliance	Partial Compliance	Partial Compliance
II.C	Partial Compliance	Partial Compliance	Partial Compliance
III.A.1	Partial Compliance	Substantial Compliance	Partial Compliance
III.A.2	Substantial Compliance	Substantial Compliance	Partial Compliance
III.A.3	Substantial Compliance	Substantial Compliance	Partial Compliance
III.A.4	Partial Compliance	Partial Compliance	Partial Compliance
III.B.1	Partial Compliance	Substantial Compliance	Partial Compliance
III.B.2	Partial Compliance	Substantial Compliance	Partial Compliance
III.B.3	Substantial Compliance	Substantial Compliance	Partial Compliance
III.C.1	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
III.C.2	Substantial Compliance	Substantial Compliance	Substantial Compliance
III.C.3	Partial Compliance	Partial Compliance	Partial Compliance
III.C.4	Partial Compliance	Partial Compliance	Partial Compliance
III.D.1	Substantial Compliance	Partial Compliance	Partial Compliance
III.D.2	Partial Compliance	Partial Compliance	Partial Compliance
III.E.1	Partial Compliance	Partial Compliance	Partial Compliance
III.E.2	Partial Compliance	Partial Compliance	Partial Compliance
III.E.3	Partial Compliance	Partial Compliance	Partial Compliance
III.E.4	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
III.F.1	Partial Compliance	Partial Compliance	Partial Compliance
III.F.2	Partial Compliance	Partial Compliance	Partial Compliance
III.F.3	Partial Compliance	Substantial Compliance	Non-Compliance
III.F.4	Partial Compliance	Partial Compliance	Non-Compliance
III.G.1	Partial Compliance	Partial Compliance	Partial Compliance
III.G.2	Partial Compliance	Partial Compliance	Partial Compliance
III.G.3	Partial Compliance	Partial Compliance	Partial Compliance
III.G.4	Partial Compliance	Partial Compliance	Partial Compliance
III.H.1	Partial Compliance	Partial Compliance	Partial Compliance
III.H.2	Partial Compliance	Partial Compliance	Partial Compliance
III.H.3	Partial Compliance	Partial Compliance	Partial Compliance
III.H.4	Partial Compliance	Partial Compliance	Partial Compliance
III.H.5	Partial Compliance	Substantial Compliance	Substantial Compliance
III.H.6	Partial Compliance	Substantial Compliance	Partial Compliance
III.I.1	Substantial Compliance	Partial Compliance	Partial Compliance

Provision	County Rating – Prior 11th Status Report	County Rating - Current (12th Status Report)	Most Recent Monitor Rating
III.I.2	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
III.I.3	Partial Compliance	Partial Compliance	Partial Compliance
III.I.4	Substantial Compliance	Partial Compliance	Partial Compliance
III.I.5	Substantial Compliance	Substantial Compliance	Partial Compliance
III.I.6	Substantial Compliance	Substantial Compliance	Partial Compliance
III.I.7	Substantial Compliance	Substantial Compliance	Partial Compliance
III.I.8	Substantial Compliance	Substantial Compliance	Partial Compliance
III.I.9	Substantial Compliance	Substantial Compliance	Partial Compliance
III.J.1	Substantial Compliance	Partial Compliance	Substantial Compliance
III.J.2	Partial Compliance	Partial Compliance	Partial Compliance
III.J.3	Substantial Compliance	Partial Compliance	Partial Compliance
III.J.4	Substantial Compliance	Substantial Compliance	Partial Compliance
III.J.5	Partial Compliance	Partial Compliance	Partial Compliance
III.J.6	Substantial Compliance	Substantial Compliance	Partial Compliance
III.J.7	Partial Compliance	Partial Compliance	Non-Compliance
III.J.8	Partial Compliance	Partial Compliance	Partial Compliance
III.K.1	Substantial Compliance	Partial Compliance	Partial Compliance
III.K.2	Partial Compliance	Substantial Compliance	Partial Compliance
III.K.3	Partial Compliance	Partial Compliance	Partial Compliance
III.K.4	Partial Compliance	Partial Compliance	Partial Compliance
III.L.1	Partial Compliance	Partial Compliance	Partial Compliance
III.L.2	Partial Compliance	Partial Compliance	Partial Compliance
III.L.3	Partial Compliance	Partial Compliance	Partial Compliance
III.L.4	Partial Compliance	Substantial Compliance	Partial Compliance
III.L.5	Substantial Compliance	Partial Compliance	Partial Compliance
III.L.6	Substantial Compliance	Substantial Compliance	Substantial Compliance
III.M.1	Substantial Compliance	Partial Compliance	Partial Compliance
III.N.1	Substantial Compliance	Substantial Compliance	Partial Compliance
III.N.2	Partial Compliance	Partial Compliance	Partial Compliance
III.N.3	Substantial Compliance	Substantial Compliance	Partial Compliance
III.N.4	Substantial Compliance	Substantial Compliance	Partial Compliance
III.O.1	Substantial Compliance	Partial Compliance	Partial Compliance
III.O.2	Partial Compliance	Partial Compliance	Partial Compliance
III.O.3	Substantial Compliance	Substantial Compliance	Partial Compliance
III.P.1	Partial Compliance	Partial Compliance	Partial Compliance
III.P.2	Partial Compliance	Partial Compliance	Partial Compliance
III.P.3	Partial Compliance	Substantial Compliance	Partial Compliance
III.P.4	Substantial Compliance	Substantial Compliance	Partial Compliance
III.Q.1	Partial Compliance	Partial Compliance	Partial Compliance
III.Q.2	Non-Compliance	Non-Compliance	Non-Compliance

Provision	County Rating – Prior 11th Status Report	County Rating - Current (12th Status Report)	Most Recent Monitor Rating
IV.A.1.a	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
IV.A.1.b	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
IV.A.1.c	Substantial Compliance	Partial Compliance	Partial Compliance
IV.A.1.d	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.A.1.e	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
IV.A.1.f	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
IV.A.1.g	Substantial Compliance	Partial Compliance	Partial Compliance
IV.A.1.h	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.A.2	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.A.3	Substantial Compliance	Substantial Compliance	Not Evaluated
IV.A.4	Partial Compliance	Partial Compliance	Partial Compliance
IV.B.1	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.B.2	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
IV.B.3	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
IV.C.1.a	Partial Compliance	Substantial Compliance	Not Evaluated
IV.C.1.b	Partial Compliance	Partial Compliance	Partial Compliance
IV.C.1.c	Partial Compliance	Substantial Compliance	Not Evaluated
IV.C.2	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.C.3	Partial Compliance	Substantial Compliance	Partial Compliance
IV.C.4	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.C.5	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.D.1	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.D.2	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.D.3	Partial Compliance	Partial Compliance	Partial Compliance
IV.D.4	Partial Compliance	Partial Compliance	Partial Compliance
IV.D.5	Partial Compliance	Partial Compliance	Partial Compliance
IV.D.6	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.D.7	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.D.8	Partial Compliance	Partial Compliance	Partial Compliance
IV.E.1	Partial Compliance	Partial Compliance	Partial Compliance
IV.E.2	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.E.3	Substantial Compliance	Partial Compliance	Partial Compliance
IV.E.4	Partial Compliance	Partial Compliance	Partial Compliance
IV.E.5	Partial Compliance	Partial Compliance	Partial Compliance
IV.E.6	Partial Compliance	Substantial Compliance	Partial Compliance
IV.E.7	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.F.1.a	Partial Compliance	Partial Compliance	Partial Compliance
IV.F.1.b	Partial Compliance	Substantial Compliance	Partial Compliance
IV.F.1.c	Partial Compliance	Substantial Compliance	Partial Compliance
IV.F.1.d	Partial Compliance	Partial Compliance	Partial Compliance

Provision	County Rating – Prior 11th Status Report	County Rating - Current (12th Status Report)	Most Recent Monitor Rating
IV.F.1.e	Partial Compliance	Partial Compliance	Partial Compliance
IV.F.2.a	Substantial Compliance	Partial Compliance	Partial Compliance
IV.F.2.b	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.F.2.c	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.F.2.d	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.F.2.e	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.F.3	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.F.4	Partial Compliance	Partial Compliance	Non-Compliance
IV.F.5	Partial Compliance	Partial Compliance	Not Evaluated
IV.F.6.a	Partial Compliance	Partial Compliance	Partial Compliance
IV.F.6.b	Partial Compliance	Partial Compliance	Partial Compliance
IV.F.6.c	Partial Compliance	Partial Compliance	Partial Compliance
IV.F.6.d	Partial Compliance	Partial Compliance	Partial Compliance
IV.F.6.e	Partial Compliance	Partial Compliance	Partial Compliance
IV.G.1	Partial Compliance	Partial Compliance	Partial Compliance
IV.G.2	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.G.3	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.H.1.a	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.H.1.b	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.H.1.c	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.H.1.d	Substantial Compliance	Partial Compliance	Partial Compliance
IV.H.1.e	Substantial Compliance	Substantial Compliance	Partial Compliance
IV.H.1.f	Substantial Compliance	Partial Compliance	Partial Compliance
IV.H.1.g	Substantial Compliance	Partial Compliance	Partial Compliance
IV.H.2	Substantial Compliance	Partial Compliance	Partial Compliance
IV.H.3	Partial Compliance	Partial Compliance	Substantial Compliance
IV.I.1.a	Partial Compliance	Substantial Compliance	Partial Compliance
IV.I.1.b	Partial Compliance	Partial Compliance	Partial Compliance
IV.I.1.c	Partial Compliance	Substantial Compliance	Partial Compliance
V.A.1	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
V.A.2	Substantial Compliance	Substantial Compliance	Partial Compliance
V.A.3	Substantial Compliance	Substantial Compliance	Substantial Compliance
V.B.1	Substantial Compliance	Substantial Compliance	Partial Compliance
V.B.2	Substantial Compliance	Substantial Compliance	Not Evaluated
V.B.3	Partial Compliance	Substantial Compliance	Non-Compliance
V.B.4	Partial Compliance	Substantial Compliance	Partial Compliance
V.B.5	Partial Compliance	Substantial Compliance	Partial Compliance
V.B.6	Partial Compliance	Substantial Compliance	Partial Compliance
V.B.7	Partial Compliance	Substantial Compliance	Partial Compliance
V.C.1	Partial Compliance	Partial Compliance	Not Evaluated

Provision	County Rating – Prior 11th Status Report	County Rating - Current (12th Status Report)	Most Recent Monitor Rating
V.C.2	Partial Compliance	Partial Compliance	Not Evaluated
V.D.1	Partial Compliance	Substantial Compliance	Non-Compliance
V.D.2	Substantial Compliance	Substantial Compliance	Non-Compliance
V.D.3	Substantial Compliance	Substantial Compliance	Non-Compliance
V.D.4	Substantial Compliance	Partial Compliance	Partial Compliance
V.D.5	Substantial Compliance	Substantial Compliance	Partial Compliance
V.D.6	Substantial Compliance	Substantial Compliance	Partial Compliance
V.D.7	Substantial Compliance	Substantial Compliance	Non-Compliance
V.E.1	Substantial Compliance	Partial Compliance	Partial Compliance
V.E.2	Partial Compliance	Partial Compliance	Partial Compliance
V.E.3	Substantial Compliance	Substantial Compliance	Non-Compliance
V.E.4	Partial Compliance	Partial Compliance	Partial Compliance
V.E.5	Substantial Compliance	Substantial Compliance	Partial Compliance
VI.A.1	Substantial Compliance	Partial Compliance	Partial Compliance
VI.A.2	Partial Compliance	Partial Compliance	Partial Compliance
VI.B.1	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VI.B.2	Substantial Compliance	Substantial Compliance	Substantial Compliance
VI.B.3	Partial Compliance	Partial Compliance	Partial Compliance
VI.B.4	Partial Compliance	Partial Compliance	Partial Compliance
VI.B.5	Substantial Compliance	Partial Compliance	Partial Compliance
VI.B.6	Partial Compliance	Partial Compliance	Partial Compliance
VI.B.7	Substantial Compliance	Partial Compliance	Partial Compliance
VI.C.1	Substantial Compliance	Substantial Compliance	Substantial Compliance
VI.C.2	Substantial Compliance	Substantial Compliance	Substantial Compliance
VI.C.3.a	Partial Compliance	Partial Compliance	Partial Compliance
VI.C.3.b	Non-Compliance	Non-Compliance	Non-Compliance
VI.C.3.c	Substantial Compliance	Substantial Compliance	Partial Compliance
VI.C.3.d	Substantial Compliance	Substantial Compliance	Partial Compliance
VI.C.4	Partial Compliance	Partial Compliance	Partial Compliance
VI.C.5	Non-Compliance	Partial Compliance	Partial Compliance
VI.C.6	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored /A
VI.C.7.a	Partial Compliance	Partial Compliance	Partial Compliance
VI.C.7.b	Partial Compliance	Partial Compliance	Partial Compliance
VI.D.1	Partial Compliance	Partial Compliance	Partial Compliance
VI.D.1.a	Partial Compliance	Partial Compliance	Non-Compliance
VI.D.1.b	Substantial Compliance	Substantial Compliance	Partial Compliance
VI.D.1.c	Partial Compliance	Partial Compliance	Non-Compliance
VI.D.1.d	Partial Compliance	Partial Compliance	Partial Compliance
VI.D.2	Partial Compliance	Partial Compliance	Non-Compliance
VI.D.3	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored

Provision	County Rating – Prior 11th Status Report	County Rating - Current (12th Status Report)	Most Recent Monitor Rating
VI.E.1	Substantial Compliance	Substantial Compliance	Substantial Compliance
VI.E.2	Partial Compliance	Partial Compliance	Partial Compliance
VI.E.3	Partial Compliance	Substantial Compliance	Partial Compliance
VI.E.4	Partial Compliance	Partial Compliance	Partial Compliance
VI.E.5	Partial Compliance	Partial Compliance	Partial Compliance
VI.E.6	Partial Compliance	Partial Compliance	Partial Compliance
VI.E.7	Non-Compliance	Partial Compliance	Non-Compliance
VI.E.8	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VI.E.9	Partial Compliance	Partial Compliance	Partial Compliance
VI.E.10	Substantial Compliance	Substantial Compliance	Partial Compliance
VI.F.1.a	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VI.F.1.b	Partial Compliance	Substantial Compliance	Partial Compliance
VI.F.2	Partial Compliance	Partial Compliance	Partial Compliance
VI.F.3	Partial Compliance	Partial Compliance	Partial Compliance
VI.F.4	Partial Compliance	Partial Compliance	Partial Compliance
VI.F.5	Partial Compliance	Partial Compliance	Partial Compliance
VI.F.6	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VI.G.1	Partial Compliance	Partial Compliance	Partial Compliance
VI.G.2	Partial Compliance	Non-Compliance	Non-Compliance
VI.G.3	Partial Compliance	Partial Compliance	Non-Compliance
VI.G.4	Partial Compliance	Substantial Compliance	Substantial Compliance
VI.G.5	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VI.H.1	Partial Compliance	Partial Compliance	Partial Compliance
VI.H.2	Partial Compliance	Partial Compliance	Partial Compliance
VI.H.3	Partial Compliance	Partial Compliance	Partial Compliance
VI.H.4	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VI.I.1	Partial Compliance	Partial Compliance	Partial Compliance
VI.I.2	Substantial Compliance	Partial Compliance	Partial Compliance
VI.I.3	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VI.J.1	Partial Compliance	Partial Compliance	Substantial Compliance
VI.J.2	Partial Compliance	Substantial Compliance	Partial Compliance
VI.J.3	Partial Compliance	Partial Compliance	Non-Compliance
VI.J.4	Partial Compliance	Partial Compliance	Not Evaluated
VI.K.1	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VI.L.1	Partial Compliance	Partial Compliance	Partial Compliance
VI.L.2	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VI.L.3	Partial Compliance	Substantial Compliance	Substantial Compliance
VI.M.1	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VI.M.2	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VI.N.1	Partial Compliance	Partial Compliance	Partial Compliance

Provision	County Rating – Prior 11th Status Report	County Rating - Current (12th Status Report)	Most Recent Monitor Rating
VI.N.2	Partial Compliance	Partial Compliance	Partial Compliance
VI.O.1	Partial Compliance	Partial Compliance	Partial Compliance
VI.O.2	Partial Compliance	Partial Compliance	Partial Compliance
VI.P.1	Partial Compliance	Substantial Compliance	Partial Compliance
VI.P.2	Partial Compliance	Partial Compliance	Non-Compliance
VI.Q.1	Substantial Compliance	Partial Compliance	Partial Compliance
VI.Q.2	Non-Compliance	Partial Compliance	Non-Compliance
VI.Q.3	Partial Compliance	Partial Compliance	Non-Compliance
VI.R.1	Partial Compliance	Partial Compliance	Partial Compliance
VII.A.1-2	Substantial Compliance	Substantial Compliance	Partial Compliance
VII.B.1	Partial Compliance	Substantial Compliance	Partial Compliance
VII.B.2	Partial Compliance	Substantial Compliance	Partial Compliance
VII.B.3	Substantial Compliance	Substantial Compliance	Partial Compliance
VII.B.4	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.B.5	Substantial Compliance	Substantial Compliance	Substantial Compliance
VII.B.6	Substantial Compliance	Substantial Compliance	Substantial Compliance
VII.C.1	Substantial Compliance	Substantial Compliance	Partial Compliance
VII.C.2	Substantial Compliance	Substantial Compliance	Partial Compliance
VII.C.3	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.C.4	Substantial Compliance	Non-Compliance	Non-Compliance
VII.C.5	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.C.6	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.D.1	Partial Compliance	Partial Compliance	Partial Compliance
VII.D.2	Partial Compliance	Partial Compliance	Partial Compliance
VII.D.3	Substantial Compliance	Partial Compliance	Partial Compliance
VII.E.1	Partial Compliance	Partial Compliance	Partial Compliance
VII.E.2	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.E.3	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.E.4	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.F.1	Substantial Compliance	Partial Compliance	Non-Compliance
VII.G.1	Partial Compliance	Partial Compliance	Partial Compliance
VII.H.1	Partial Compliance	Substantial Compliance	Partial Compliance
VII.H.2	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.H.3	Substantial Compliance	Substantial Compliance	Substantial Compliance
VII.H.4	Substantial Compliance	Partial Compliance	Partial Compliance
VII.H.5	Substantial Compliance	Partial Compliance	Partial Compliance
VII.H.6	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.I.1	Substantial Compliance	Substantial Compliance	Substantial Compliance
VII.I.2	Substantial Compliance	Substantial Compliance	Substantial Compliance
VII.J.1	Substantial Compliance	Partial Compliance	Non-Compliance

Provision	County Rating – Prior 11th Status Report	County Rating - Current (12th Status Report)	Most Recent Monitor Rating
VII.J.2	Substantial Compliance	Substantial Compliance	Substantial Compliance
VII.J.3	Partial Compliance	Partial Compliance	Partial Compliance
VII.J.4	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.J.5	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.K.1	Partial Compliance	Partial Compliance	Partial Compliance
VII.K.2	Partial Compliance	Partial Compliance	Partial Compliance
VII.K.3	Partial Compliance	Partial Compliance	Partial Compliance
VII.L.1	Substantial Compliance	Substantial Compliance	Non-Compliance
VII.M.1	Substantial Compliance	Substantial Compliance	Partial Compliance
VII.M.2	Substantial Compliance	Substantial Compliance	Partial Compliance
VII.M.3	Substantial Compliance	Substantial Compliance	Substantial Compliance
VII.N.1	Substantial Compliance	Substantial Compliance	Substantial Compliance
VII.N.2	Partial Compliance	Partial Compliance	Partial Compliance
VII.N.3	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.N.4	Substantial Compliance	Substantial Compliance	Substantial Compliance
VII.N.5	Substantial Compliance	Substantial Compliance	Partial Compliance
VII.N.6	Substantial Compliance	Substantial Compliance	Substantial Compliance
VII.N.7	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.O.1	Substantial Compliance	Substantial Compliance	Substantial Compliance
VII.P.1	Substantial Compliance	Partial Compliance	Partial Compliance
VII.P.2	Partial Compliance	Partial Compliance	Partial Compliance
VII.P.3	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.P.4	Partial Compliance	Partial Compliance	Partial Compliance
VII.Q.1	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.Q.2	Substantial Compliance	Substantial Compliance	Substantial Compliance
VII.Q.3	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.R.1	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.R.2	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.R.3	Substantial Compliance	Substantial Compliance	Partial Compliance
VII.R.4	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VII.R.5	Substantial Compliance	Substantial Compliance	Partial Compliance
VIII.A.1	Partial Compliance	Substantial Compliance	Partial Compliance
VIII.A.1.a	Partial Compliance	Partial Compliance	Partial Compliance
VIII.A.1.b	Partial Compliance	Substantial Compliance	Partial Compliance
VIII.A.1.c	Partial Compliance	Substantial Compliance	Partial Compliance
VIII.A.1.d	Partial Compliance	Partial Compliance	Partial Compliance
VIII.A.2	Partial Compliance	Partial Compliance	Partial Compliance
VIII.A.3.a	Substantial Compliance	Substantial Compliance	Partial Compliance
VIII.A.3.b	Substantial Compliance	Partial Compliance	Partial Compliance
VIII.B.1	Substantial Compliance	Substantial Compliance	Partial Compliance

Provision	County Rating – Prior 11th Status Report	County Rating - Current (12th Status Report)	Most Recent Monitor Rating
VIII.B.1.a	Substantial Compliance	Substantial Compliance	Partial Compliance
VIII.B.2	Partial Compliance	Partial Compliance	Partial Compliance
VIII.B.3	Substantial Compliance	Substantial Compliance	Partial Compliance
VIII.B.4	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VIII.B.5	Substantial Compliance	Substantial Compliance	Partial Compliance
VIII.B.6	Substantial Compliance	Substantial Compliance	Partial Compliance
VIII.C.1.a	Partial Compliance	Partial Compliance	Partial Compliance
VIII.C.1.b	Partial Compliance	Substantial Compliance	Partial Compliance
VIII.C.1.c	Partial Compliance	Substantial Compliance	Partial Compliance
VIII.C.1.d	Partial Compliance	Substantial Compliance	Partial Compliance
VIII.C.1.e	Partial Compliance	Substantial Compliance	Partial Compliance
VIII.C.2.a	Partial Compliance	Substantial Compliance	Partial Compliance
VIII.C.2.b	Partial Compliance	Partial Compliance	Partial Compliance
VIII.C.3.a	Partial Compliance	Partial Compliance	Partial Compliance
VIII.C.3.b	Partial Compliance	Substantial Compliance	Partial Compliance
VIII.D.1	Partial Compliance	Partial Compliance	Partial Compliance
VIII.D.2.a	Partial Compliance	Partial Compliance	Partial Compliance
VIII.D.2.b	Partial Compliance	Partial Compliance	Partial Compliance
VIII.D.3	Substantial Compliance	Substantial Compliance	Not Evaluated
VIII.E.1.a	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VIII.E.1.b	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VIII.E.1.c	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VIII.E.2.a	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VIII.E.2.b	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VIII.E.2.c	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VIII.E.2.d	Substantial Compliance	Substantial Compliance	Not Evaluated
VIII.E.2.e	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VIII.E.2.f	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VIII.E.2.g	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VIII.E.3.a	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VIII.E.3.b	Substantial Compliance	Partial Compliance	Partial Compliance
VIII.E.3.c	Substantial Compliance	Substantial Compliance	Partial Compliance
VIII.F.1	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VIII.F.2	Substantial Compliance	Substantial Compliance	Partial Compliance
VIII.F.3	Substantial Compliance	Partial Compliance	Partial Compliance
VIII.F.4	Substantial Compliance	Substantial Compliance	Substantial Compliance
VIII.F.4.a	Substantial Compliance	Substantial Compliance	Substantial Compliance
VIII.F.4.b	Substantial Compliance	Substantial Compliance	Not Evaluated
VIII.F.4.c	Substantial Compliance	Substantial Compliance	Substantial Compliance
VIII.F.5	Substantial Compliance	Substantial Compliance	Substantial Compliance

Provision	County Rating – Prior 11th Status Report	County Rating - Current (12th Status Report)	Most Recent Monitor Rating
VIII.G.1	Substantial Compliance	Substantial Compliance	Partial Compliance
VIII.G.2	Substantial Compliance	Substantial Compliance	Not Evaluated
VIII.G.3	Partial Compliance	Substantial Compliance	Partial Compliance
VIII.G.4	Substantial Compliance	Substantial Compliance	Not Evaluated
VIII.G.5	Partial Compliance	Substantial Compliance	Partial Compliance
VIII.G.6	Partial Compliance	Partial Compliance	Partial Compliance
VIII.G.7	Partial Compliance	Substantial Compliance	Partial Compliance
VIII.G.8	Substantial Compliance	Substantial Compliance	Partial Compliance
VIII.G.9	Substantial Compliance	Substantial Compliance	Substantial Compliance
VIII.G.10	Substantial Compliance	Substantial Compliance	Substantial Compliance
VIII.G.11	Substantial Compliance	Substantial Compliance	Partial Compliance
VIII.H.1	Substantial Compliance	Substantial Compliance	Not Evaluated
VIII.H.2	Partial Compliance	Substantial Compliance	Not Evaluated
VIII.I.1	Substantial Compliance	Substantial Compliance	N/A – Self-Monitored
VIII.J.1	Substantial Compliance	Substantial Compliance	Not Evaluated
VIII.J.2	Partial Compliance	Partial Compliance	Not Evaluated
VIII.J.3	Partial Compliance	Partial Compliance	Not Evaluated
IX.A.1	Partial Compliance	Partial Compliance	Partial Compliance
IX.A.2	Substantial Compliance	Substantial Compliance	Partial Compliance
IX.A.3	Substantial Compliance	Partial Compliance	Partial Compliance
IX.B.1	Substantial Compliance	Substantial Compliance	Partial Compliance
IX.B.2	Substantial Compliance	Partial Compliance	Partial Compliance
IX.B.3	Substantial Compliance	Partial Compliance	Partial Compliance
IX.C.1	Partial Compliance	Partial Compliance	Partial Compliance
IX.C.2	Partial Compliance	Partial Compliance	Partial Compliance
IX.C.3	Substantial Compliance	Substantial Compliance	Partial Compliance
IX.C.4	Partial Compliance	Partial Compliance	Non-Compliance

