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13 Attorneys for Plaintiffs

14 UNITED STATES DISTRICT COURT  
15 EASTERN DISTRICT OF CALIFORNIA  
16 SACRAMENTO DIVISION  
17

18 DERRIL HEDRICK, DALE ROBINSON,  
KATHY LINDSEY, MARTIN C. CANADA,  
19 DARRY TYRONE PARKER, individually and  
on behalf of all others similarly situation,

20 Plaintiffs,

21 v.

22 JAMES GRANT, as Sheriff of Yuba County;  
23 Lieutenant FRED J. ASBY, as Yuba County  
Jailer; JAMES PHARRIS, ROY LANDERMAN,  
24 DOUG WALTZ, HAROLD J. "SAM"  
SPERBEK, JAMES MARTIN, as members of  
25 the YUBA COUNTY BOARD OF  
SUPERVISORS,

26 Defendants.  
27

Case No. 2:76-CV-00162-GEB-EFB

**[PROPOSED] ORDER GRANTING  
MOTION TO ENFORCE  
CONSENT DECREE AND FOR  
FURTHER REMEDIAL ORDERS**

Judge: Hon. Garland E. Burrell, Jr.  
Date: November 21, 2016  
Time: 9:00 a.m.  
Crtrm.: 10, 13th Floor

Trial Date: None Set

1 On November 21, 2016, this matter came on regularly for hearing in Courtroom 10,  
2 13th Floor, of this Court, the Honorable Garland E. Burrell, Jr., presiding.

3 Having considered the parties' pleadings and the arguments of counsel, and good  
4 cause existing therefor,

5 **THE COURT HEREBY FINDS AND ORDERS:**

6 Yuba County Jail (the "Jail") is located in Marysville, California. The Jail has a  
7 capacity of 426 prisoners and houses pre-trial detainees, prisoners sentenced to terms of  
8 incarceration in a county jail, and individuals held by the United States Immigration and  
9 Customs Enforcement ("ICE").<sup>1</sup> The ICE detainees are held pursuant to a multi-million  
10 dollar annual contract between ICE and the County of Yuba. The majority of prisoners in  
11 the Jail have not been sentenced.

12 In March 1976, Plaintiffs filed this action against the Sheriff of Yuba County, the  
13 Yuba County Jailer, and members of the Yuba County Board of Supervisors  
14 ("Defendants"), alleging that the Jail subjected prisoners to cruel and unusual punishment  
15 and violated rights secured by the Constitution of the United States. In July 1976, the  
16 Court certified the plaintiff class, consisting of "all prisoners at the Yuba County Jail on  
17 March 24, 1976, or at any time during the pendency of this lawsuit" (Dkt. No. 15)  
18 ("Plaintiffs" or the "Plaintiff Class").

19 On November 13, 1976, the Court granted Plaintiffs' motion for a preliminary  
20 injunction and motions for partial summary judgment, finding ongoing constitutional  
21 violations. In May 1979, the Court entered a comprehensive Consent Decree covering  
22 most aspects of the Jail's operations, including provisions governing medical care, staffing,  
23 grievances, and exercise and recreation, as well as provisions for monitoring conditions at  
24 the Jail. Dkt. No. 120-1.

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26 \_\_\_\_\_  
27 <sup>1</sup> All types of arrestees, detainees, and inmates held at the Jail are hereinafter referred to as  
28 "prisoners."

1 In May 2013, Defendants filed a Motion to Terminate the Consent Decree pursuant  
2 to the Prison Litigation Reform Act (“PLRA”), 18 U.S.C. § 3626(b)(1) and (b)(2). On  
3 April 2, 2014, the Court issued an Order denying the County’s Motion to Terminate the  
4 Consent Decree, which was affirmed by the United States Court of Appeals for the Ninth  
5 Circuit. *Hedrick v. Grant*, 648 F. App’x 715 (9th Cir. 2016).

6 In the more than two years since the Court denied termination, Plaintiffs’ counsel  
7 have: interviewed and/or corresponded with over two hundred class members about their  
8 experiences at the Jail; toured the Jail with corrections and mental health experts on three  
9 separate occasions, identifying deficiencies and hazards at the Jail that conflict with the  
10 requirements of the Consent Decree and the United States Constitution; reviewed  
11 thousands of pages of Jail records including medical records, incident reports, and jail logs,  
12 as well as reports including the annual Yuba County Grand Jury Final Reports from 2010-  
13 2016, Board of State and Community Corrections 2012-2014 Biennial Inspection Report  
14 and Yuba County Jail’s Senate Bill 863 Grant Proposal; and met and conferred with  
15 Defendants to raise concerns about the unconstitutional and unlawful conditions at the Jail.  
16 In response to numerous ongoing violations of the Consent Decree and the United States  
17 Constitution, which Defendants refused to remedy, Plaintiffs brought this Motion to  
18 Enforce Consent Decree and for Further Remedial Orders, targeting the issues that are  
19 currently causing the greatest harm to the Plaintiff Class.

20 Defendants Steven Durfor, Sheriff of Yuba County; Captain Brandon Barnes, Yuba  
21 County Jail Division Commander; and Andy Vasquez, Jr., John Nicoletti, Mary Jane  
22 Griego, Roger Abe, and Randy Fletcher, members of the Yuba County Board of  
23 Supervisors<sup>2</sup> are currently violating the Consent Decree and the Fifth, Eighth, and  
24 \_\_\_\_\_

25 <sup>2</sup> Federal Rule of Civil Procedure 25(d) provides that when a public officer being sued in  
26 his or her official capacity is replaced in his or her position, the officer’s successor is  
27 automatically substituted as a Defendant in the case. *See* Fed. R. Civ. P. 25(d). Steven  
28 Durfor has replaced James Grant as Sheriff of Yuba County and therefore is a Defendant  
in this case. Captain Brandon Barnes has replaced Lieutenant Fred J. Asby as Yuba  
County Jailer and therefore is a Defendant in this case. Andy Vasquez, Jr., John Nicoletti,  
(footnote continued)

1 Fourteenth Amendments to the United States Constitution.

2 Plaintiffs have demonstrated that Defendants have violated the Consent Decree and  
3 Plaintiffs' constitutional rights by acting with deliberate indifference to Plaintiffs' serious  
4 medical and mental health needs and by denying Plaintiffs adequate opportunities for  
5 regular outdoor exercise and recreation.

6 Defendants fail to provide a constitutionally adequate medical and mental health  
7 care system and violate Sections IV, V, and XIV of the Consent Decree. Defendants'  
8 intake and booking process is performed by unqualified custody officers and fails to use  
9 proper screening forms, instead inappropriately relying on prisoners' self-reporting.  
10 Defendants' intake and booking process fails to adequately identify prisoners with chronic  
11 or infectious diseases, mental illnesses, developmental disabilities, cognitive impairments,  
12 substance abuse issues, and/or individuals who present a suicide risk, or to timely refer  
13 them for appropriate assessment and treatment.

14 Defendants are deliberately indifferent to prisoners with serious mental illnesses by  
15 placing such prisoners in segregation, increasing the danger of severe deterioration in  
16 mental health, decompensation, self-harm, and suicide in prisoners who are already highly  
17 vulnerable and at risk of harm. Defendants' Jail is rife with suicide risks and Defendants'  
18 only suicide-safe housing consists of two isolation safety cells called the "Rubber Rooms,"  
19 which are punitive, dirty, anti-therapeutic, and dangerous. Defendants place no limit on  
20 the amount of time that a prisoner may be held in an isolation safety cell. These safety cell  
21 conditions encourage prisoners to hide their suicidal impulses to facilitate release from a  
22 safety cell, and discourage prisoners from reporting suicidality in the first instance for fear  
23 of safety cell placement, increasing prisoner risk of suicide. Defendants' policy permits  
24 prisoners placed in safety cells to go up to 24 hours without a mental health evaluation.

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27 Mary Jane Griego, Roger Abe, and Randy Fletcher have replaced James Pharris, Roy  
28 Landerman, Doug Waltz, Harold J. "Sam" Sperbek, and James Martin as members of the  
Yuba County Board of Supervisors and therefore are Defendants in this case.

1 Defendants' suicide prevention policies lack a protocol for suicide watch or for  
2 reevaluation of a prisoner's suicide risk. As a result, there have been at least 41 suicide  
3 attempts at the Jail in the past 30 months. Additionally, numerous Plaintiffs have  
4 committed serious acts of self-harm. Defendants fail to timely or adequately respond to  
5 emergency medical situations, including suicide attempts.

6 Defendants' medication practices place prisoners at risk of psychiatric and physical  
7 decompensation and worsening their mental and medical illnesses. Defendants fail to  
8 timely continue or renew community-prescribed medications and engage in a dangerous  
9 blanket practice of denying psychiatric medications for 30 days to some prisoners who  
10 arrive at the Jail with histories of substance abuse. Defendants lack comprehensive  
11 policies relating to detoxification and fail to provide prisoners in withdrawal with  
12 necessary medical assistance. Defendants do not provide prisoners with adequate access to  
13 individual and group psychosocial treatment. Defendants also fail to provide adequate  
14 confidentiality and language interpretation for mental health treatment.

15 Defendants fail to staff the Jail with sufficient numbers of qualified, competent, and  
16 adequately supervised mental health and medical staff to provide adequate medical and  
17 mental health care to prisoners.

18 Defendants fail to provide prisoners in acute psychiatric distress with timely and  
19 appropriate access to inpatient psychiatric care or emergency psychiatric hospitalization.  
20 Defendants fail to provide adequate housing or appropriate mental health care to prisoners  
21 awaiting transfer to, or returning from, a state mental hospital, such as prisoners found to  
22 be incompetent to stand trial, resulting in their decompensation and worsening their mental  
23 health. Collectively and individually, these failures place all prisoners at substantial risk of  
24 serious harm, including increased risk of suicide.

25 In addition, Defendants have violated Section III of the Consent Decree and  
26 Plaintiffs' constitutional rights by acting with deliberate indifference to the substantial risk  
27 of serious harm posed by denying Plaintiffs adequate opportunities for regular outdoor  
28 exercise and recreation. Defendants typically offer exercise and recreation to prisoners

1 only in the early hours of the morning. Defendants allow a single prisoner to decline  
2 participation in exercise and recreation on behalf of an entire cellblock. Defendants fail to  
3 keep adequate outdoor exercise and recreation space safe and in good working order.  
4 Defendants fail to keep adequate functional exercise equipment for prisoner use. These  
5 conditions render Defendants' purported offers of exercise and recreation illusory and  
6 cause prisoners with medical and mental conditions to deteriorate and decompensate. The  
7 absence of regular access to exercise and recreation for prisoners places all prisoners at  
8 substantial risk of serious harm.

9 **WHEREFORE, IT IS HEREBY ORDERED** that Plaintiffs' Motion to Enforce  
10 Consent Decree is GRANTED.

11 **IT IS FURTHER ORDERED** that Defendants shall develop Plans that include  
12 funding, staffing, training, resources, and an implementation schedule. The Plans should  
13 be developed after consultation with Plaintiffs' counsel, and must be filed with the Court  
14 no later than 60 days from the date of this Order. Plaintiffs may file objections to the  
15 Plans, if any, within 20 days and the Defendants shall have 10 days to respond. Given that  
16 there has already been substantial delay in remedying these violations, Defendants' Plans  
17 must provide for rapid implementation and funding. All resources required by the Plans  
18 must be funded as soon as possible and no implementation date in the Plans can be later  
19 than six months from the entry of this Order.

20 Defendants' Plans, at a minimum, shall include the following:

21 **I. Intake Screening Plan**

22 1. Defendants shall develop and implement an Intake and Booking Screening  
23 Plan that specifies standards and timelines to ensure that arriving prisoners are promptly  
24 screened for urgent and emergent medical and mental health needs and disability  
25 accommodations by a physician, physician's assistant, nurse practitioner, or registered  
26 nurse (a "Qualified Medical Professional") in a location that permits confidentiality and  
27 with any necessary accommodations for effective communication.

28 2. The Intake Screening Plan shall include the development of formal screening

1 questionnaires including: (1) a health assessment for all incoming prisoners sufficient to  
2 identify individuals with infectious diseases and chronic conditions and illnesses, (2) a  
3 mental health assessment tool to be used with all prisoners at intake to determine which  
4 prisoners need a Psychological or Psychiatric Evaluation and on what time frame; (3) a  
5 clinical evaluation of persons in need of detoxification with clinical determinations for any  
6 use of sobering, safety or isolation cells, and (4) a suicide risk assessment tool with clinical  
7 determinations for any use of safety or isolation cells.

8         3.       As part of the intake process, a Qualified Medical Professional shall assess  
9 whether an arriving prisoner must be excluded from the Jail and sent to Rideout Memorial  
10 Hospital for medical evaluation and treatment or to Sutter-Yuba Behavioral Health  
11 Services for mental health evaluation and treatment, and whether an arriving prisoner is  
12 intoxicated and/or suffering from withdrawal or at high risk for withdrawal from alcohol or  
13 other drugs. A Qualified Medical Professional shall also assess whether an arriving  
14 prisoner poses a risk of suicide and quantify the level of risk using a comprehensive  
15 suicide risk assessment tool.

16         4.       Prisoners identified as potentially undergoing withdrawal who are not sent to  
17 Rideout Memorial Hospital for treatment shall be timely assessed and treated by a  
18 Qualified Medical Professional at the Jail. Monitoring shall be structured and documented  
19 using the Clinical Institute Withdrawal Assessment (CIWA), Clinical Opiate Withdrawal  
20 Scale (COWS), or equivalent validated monitoring protocols. Prisoners suffering  
21 withdrawal symptoms shall receive medication as clinically indicated, and shall be  
22 appropriately housed based on their clinical condition. For prisoners who are placed in a  
23 sobering cell, custody staff shall conduct health and safety checks at least once every 30  
24 minutes at irregular and unpredictable intervals. Defendants shall keep complete, accurate,  
25 and contemporaneous logs of each health and safety check and develop measures to ensure  
26 review of such logs for compliance.

27         5.       The Intake Screening Plan must include standards and timelines for referrals  
28 to an on-site physician, physician's assistant, nurse practitioner, on-site psychiatrist,

1 psychologist, or licensed clinical social worker, as necessary.

2 **II. Health Care Implementation Plan**

3 6. Defendants shall develop and implement a Health Care Implementation Plan  
4 to expand the provision of care for prisoners with serious medical and/or mental health  
5 needs and to ensure they receive timely treatment appropriate to the acuity of their  
6 conditions. The Plan shall include the following elements at a minimum.

7 7. All prisoners who, at the time of booking, are prescribed medications in the  
8 community, shall be timely continued on those medications, or prescribed comparable  
9 appropriate medication, unless a Qualified Medical Professional or psychiatrist makes a  
10 clinical determination that the medications are not necessary for treatment via a face-to-  
11 face assessment, and documents the clinical justification for discontinuing a community-  
12 prescribed medication. Defendants shall not discontinue community-prescribed  
13 psychiatric medications based solely on a prisoner's history of substance abuse.

14 8. All prisoners who, at the time of booking, report to Defendants that they are  
15 taking prescribed medications in the community but whose medications cannot be verified,  
16 shall be timely assessed by a Qualified Medical Professional or psychiatrist and timely  
17 prescribed medications necessary to treat their medical or mental health needs, to ensure  
18 continuity of care.

19 9. In addition, as per Section V.C. of the Consent Decree, "if [a prisoner] does  
20 not have certain medication in his or her possession at the time of arrest, but it is  
21 determined that this certain medication is necessary for his or her health, the arresting  
22 officer must either transport the [prisoner] to an appropriate medical facility or arrange to  
23 get the proper medication."

24 10. Prisoners who are prescribed psychiatric medication by a Qualified Medical  
25 Professional or psychiatrist, or who are continued on community-prescribed psychiatric  
26 medication, shall receive timely follow-up face-to-face evaluations with a psychiatrist as  
27 needed, but no later than 30 days following the initial assessment.

28 11. Defendants must also develop a system of care to provide services that



1 resemble what is provided in the community, including developing treatment plans and  
2 providing individual and group therapy in confidential settings as clinically indicated, with  
3 appropriate language interpretation services, with the intent of coordinating care beyond  
4 the walls of the Jail and into the community upon release.

5 **III. Suicide Prevention Plan**

6 12. Qualified Medical Professionals shall conduct appropriate, confidential, and  
7 timely evaluation of all arriving prisoners to assess whether a prisoner poses a risk of  
8 suicide and to quantify the level of risk for all prisoners who display signs of suicidality,  
9 using a comprehensive suicide risk assessment tool. Prisoners displaying any signs of  
10 suicide risk shall be referred to an on-site psychiatrist, psychologist, or licensed clinical  
11 social worker (a “Qualified Mental Health Professional”) immediately for a confidential  
12 evaluation.

13 13. Qualified Mental Health Professionals shall evaluate whether a prisoner’s  
14 mental illness or risk of suicide requires that he or she be sent to Sutter-Yuba Behavioral  
15 Health Services or an inpatient setting for evaluation and treatment, up to and including  
16 psychiatric hospitalization where warranted, and shall issue all suicide precaution orders,  
17 including placement in or removal from housing for prisoners at risk of suicide, and  
18 confidential follow-up assessments at clinically appropriate intervals.

19 14. Defendants shall conduct a safety assessment of the Jail, with a particular  
20 focus on the unrenovated portion of the Jail (the “Old Jail”), to identify and remove tie-off  
21 points and other hazards that pose an unreasonable risk of being used by prisoners to harm  
22 themselves or attempt suicide, and to identify any locations where the absence of security  
23 cameras creates an unreasonable risk to prisoner safety. Defendants will retain a qualified  
24 consultant to develop and implement a plan to reduce suicide hazards and improve safety  
25 and security, with particular focus on the Old Jail. Unless and until such suicide hazards  
26 are removed, prisoners who are identified through evaluation at intake or by follow-up  
27 assessment to pose any heightened risk of suicide, or who have serious mental illnesses,  
28 shall not be housed in the Old Jail or in any other location where suicide hazards are

1 present.

2 15. Defendants shall adopt safe and appropriate housing for prisoners with  
3 mental illnesses and/or who are at risk of suicide that provides for sufficient structured and  
4 unstructured out-of-cell time, and in which suicide hazards have been eliminated and  
5 where custody staff will provide for increased observation and supervision commensurate  
6 with the prisoner's risk of suicide.

7 16. Defendants shall adopt suicide watch and suicide precaution procedures to  
8 ensure that prisoners who pose a risk of suicide are not placed in punitive and/or  
9 unsanitary conditions. Where clinically warranted, an acutely suicidal prisoner shall be  
10 placed on suicide watch in non-punitive and sanitary housing under constant observation  
11 until such time as a Qualified Mental Health Professional determines that the prisoner is no  
12 longer at risk of self-harm.

13 17. Defendants shall limit the use of administrative segregation or isolation for  
14 prisoners with serious mental illness and shall adopt procedures to mitigate the impact of  
15 administrative segregation or isolation on persons with mental illness.

16 18. A prisoner shall not be placed in a safety cell unless the prisoner is identified  
17 as being so impaired as to be an imminent threat to himself/herself or others, and then only  
18 as a temporary measure until the prisoner is able to be transferred to safe and appropriate  
19 housing for prisoners at risk of suicide or, where clinically warranted, for inpatient  
20 treatment. A prisoner must receive a medical assessment by a Qualified Medical  
21 Professional and a suicide risk assessment by a Qualified Mental Health Professional prior  
22 to, or within 15 minutes of, safety cell placement.

23 19. A prisoner shall remain in a safety cell for the shortest possible amount of  
24 time, and never more than 24 hours over a multi-day period. If a prisoner has not  
25 stabilized such that he or she can be safely returned to a less restrictive setting within 24  
26 hours, he or she shall be transferred to a hospital setting or an inpatient psychiatric facility.  
27 An arriving prisoner whose behavior prevents a face-to-face medical intake screening shall  
28 not be held in a safety cell for more than 6 hours, but instead shall be transferred to a

1 hospital. An arriving prisoner that is gravely disabled, and therefore unable to care for  
2 his/her personal needs despite being provided food, clothing, and shelter by the Jail, shall  
3 not be placed in a safety cell at all, and instead shall be transferred to a hospital.

4         20. Custody staff shall conduct health and safety checks for prisoners placed in  
5 safe and appropriate housing for prisoners who are at risk of suicide in a manner that  
6 allows staff to view the prisoner to assure his or her well-being and security. Health and  
7 safety checks require visual observation and, if necessary to determine the prisoner's well-  
8 being, verbal interaction with the prisoner. Custody staff shall conduct checks at irregular  
9 and unpredictable intervals to minimize prisoners' ability to plan around anticipated  
10 checks, and shall document their checks in a format that does not have pre-printed times.  
11 Video surveillance may not be used as an alternative to rounds and direct supervision by  
12 custody staff. Health and safety checks shall be conducted every 15 minutes in locations  
13 where prisoners are housed who pose a high suicide risk, and every 30 minutes in locations  
14 where prisoners are housed who pose a moderate suicide risk. Whether a person poses a  
15 high, moderate, or low risk of suicide shall be determined by a Qualified Mental Health  
16 Professional. Nursing staff shall conduct daily mental health rounds in segregation and in  
17 all locations where prisoners are housed who pose any heightened risk of suicide.  
18 Defendants shall keep complete, accurate, and contemporaneous logs of each health and  
19 safety check and develop measures to ensure review of such logs for compliance.

20         21. Defendants shall never deprive prisoners of sensory inputs by shuttering the  
21 windows in the safety cells.

22         22. Defendants shall take steps to improve the punitive and unsanitary conditions  
23 in the safety cells.

24         23. Defendants shall develop and implement a policy that requires custody staff  
25 to provide immediate life support to a prisoner found in a life threatening or emergency  
26 situation until medical staff arrive to initiate or continue life support measures, irrespective  
27 of whether the obligation to do so is part of the particular custody staff member's duty  
28 statement. Defendants shall train custody staff to provide immediate life support,

1 including first-aid and cardiopulmonary resuscitation, and ensure sufficient access to all  
2 emergency response equipment necessary to implement this policy.

3         24. Defendants shall require deputies to carry emergency response equipment on  
4 themselves at all times and shall make emergency response equipment sufficiently  
5 accessible.

6         25. All custody and health care staff shall receive suicide awareness, prevention,  
7 and emergency response training during new employee orientation, and at least annually.  
8 All such training shall be provided by a Qualified Mental Health Professional having  
9 expertise in correctional suicide prevention, rather than simply by custody officers.

10 **IV. Inpatient Care Plan**

11         26. For individuals who are in acute psychiatric distress and in need of urgent  
12 inpatient psychiatric care, whether or not awaiting transfer to a state hospital pursuant to  
13 court order, the Jail must develop a plan to provide timely inpatient psychiatric care in a  
14 licensed facility. The Jail must also provide prisoners with adequate care when they are  
15 awaiting transfer to and have returned from such facilities. As part of this process, the Jail  
16 must implement a system of tracking individuals who have been found incompetent to  
17 stand trial.

18 **V. Staffing Plan**

19         27. Defendants shall develop and implement a Clinical Staffing Implementation  
20 Plan to establish and maintain Qualified Medical Professional and Qualified Mental Health  
21 Professional staffing at the Jail sufficient to ensure all necessary medical and mental health  
22 care twenty-four hours a day, seven days a week, including intake, sick call, chronic and  
23 emergency care, detoxification, individual and group therapy, medication management,  
24 follow-up medical attention for prisoners discharged from the hospital, and suicide  
25 prevention. The plan will identify all needed positions based on current and projected Jail  
26 population, and the number and qualifications of medical and mental health care staff to  
27 cover each position, with shift relief.

28         28. The Tele-Psychiatry program must provide that tele-psychiatry referrals be

1 made only after a prisoner has first received face-to-face care from a psychiatrist to start  
2 treatment and must limit the use of tele-psychiatry during a mental health crisis.

3 **VI. Exercise and Recreation Plan**

4 29. Defendants shall hire a recreation specialist to ensure adequate prisoner  
5 access to exercise and recreation, including regularly scheduled periods of outdoor  
6 exercise and recreation for prisoners.

7 30. Defendants shall adopt sufficient staffing and policies to assure that outdoor  
8 exercise is offered at appropriate times of the day and in sufficient amounts. Defendants  
9 shall repair and regularly use the exercise yard above the Old Jail to offer exercise and  
10 recreation to all prisoners, including those with disabilities. Defendants shall not allow  
11 any prisoner to decline an exercise or recreation opportunity on behalf of another prisoner.  
12 Defendants shall devote sufficient corrections staff to supervise prisoners while the Old  
13 Jail exercise yard is in use.

14 31. Defendants shall maintain an adequate amount of functional exercise and  
15 recreation equipment for suitable use of the exercise and recreation facilities of the Jail,  
16 including by prisoners with disabilities.

17 32. Prisoners held in Administrative Segregation shall be given a minimum of 20  
18 hours a week outside of their cells, including at least 10 hours a week of outdoor exercise.

19 33. Defendants shall keep complete and accurate logs of each offer of exercise  
20 and recreation made to each prisoner, the time at which the offer was made, and the  
21 prisoner's response.

22 **VII. Miscellaneous Relief**

23 34. The parties shall agree on a mechanism for promptly addressing concerns  
24 raised by Plaintiffs' counsel regarding individual class members and emergencies.

25 35. Throughout the Jail, Defendants shall post posters of at least 12" × 18"  
26 giving notice of the existence of the Consent Decree and the names and addresses of class  
27 counsel.

28 The Court finds that the relief ordered is narrowly drawn, extends no further than

1 necessary to remedy the current and ongoing violations of prisoners' federal rights due to  
2 the acts and omissions of Defendants, and is the least intrusive means necessary to correct  
3 these violations as it grants considerable leeway to Defendants to craft a remedy that  
4 complies with the terms of this Order.

5 This Order shall apply to Defendants, their agents, employees, successors in office,  
6 and all persons with knowledge of it. No person who has notice of this injunction shall fail  
7 to comply with it, nor shall any person subvert the injunction by any sham, indirection, or  
8 other artifice.

9 **IT IS SO ORDERED.**

10  
11 DATED: \_\_\_\_\_, 2016

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14 GARLAND E. BURRELL, JR.  
15 Senior United States District Judge  
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