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14 UNITED STATES DISTRICT COURT

15 EASTERN DISTRICT OF CALIFORNIA, SACRAMENTO DIVISION

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

19 Plaintiffs,

20 v.

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

25 Defendants.

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

**SECOND AMENDED CONSENT
DECREE**

Judge: Edmund F. Brennan

Trial Date: None Set

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1 **I. INTRODUCTION**

2 On January 30, 2019, the Court entered an order adopting the Amended Consent
3 Decree (“ACD”). Since that time, Class Counsel have monitored the conditions of the
4 Yuba County Jail for compliance with the ACD. Pursuant to the stipulated order entered
5 by the Court on September 26, 2022, the ACD will expire either on May 31, 2023, or upon
6 the Court’s approval of this Second Amended Consent Decree (“SACD”), whichever is
7 sooner.

8 After extensive meet and confer efforts, the parties have agreed to this SACD. The
9 primary purpose of the SACD is to extend the term of certain provisions of the ACD
10 related to suicide prevention and the treatment of incarcerated people with mental illness
11 and those experiencing drug and alcohol withdrawal.

12 It is the intent of the parties that this SACD shall go into effect as of the date it is
13 approved by the Court. Defendants shall implement the SACD beginning on the date it
14 goes into effect. It is the further intent of the parties that the ACD shall terminate and will
15 no longer be in effect as of the date the Court enters the SACD. In the event the Court
16 denies final approval of the SACD, the ACD will terminate 120 days from the date of such
17 decision, pending any motion by Plaintiffs’ counsel. The SACD is intended to terminate
18 as set forth in Section XII.

19 **II. DEFINITION OF TERMS**

20 All terms used herein shall be interpreted liberally in order to reflect and effectuate
21 the desire of all parties to operate the Yuba County Jail in full compliance with applicable
22 state and federal law. All language shall be construed in its normal and customary usage.
23 In addition, the following provisions shall govern the construction of the terms set forth
24 herein.

- 25 1. Jail – The Yuba County Jail located in the County Courthouse, 215 5th
26 Street, Marysville, California.
27 2. Administrative Segregation – Those portions of the Jail used to house
28 incarcerated persons pursuant to Title 15, § 1053.

- 1 3. Incarcerated Person – A person incarcerated within the Yuba County Jail,
2 including pre-trial detainees, sentenced incarcerated people, and incarcerated
3 people held in cooperation with other agencies.
- 4 4. Correctional Officer – A uniformed employee of Yuba County and the Yuba
5 County Sheriff’s Department who works in the Jail and who is a peace
6 officer pursuant to California Penal Code § 830.1(c).
- 7 5. Jail Supervisor – The Jail Lieutenant employed by the Yuba County Sheriff’s
8 Department in the Jail who is directly responsible for the administration of
9 the Jail.
- 10 6. Maintain – Make available now and in the future in a workable and usable
11 condition, promptly replace when broken or missing, promptly repair when
12 inoperative or malfunctioning, and continue in existence.
- 13 7. Qualified Medical Professionals – These persons include physicians,
14 physician assistants (“PAs”), nurse practitioners (“NPs”), registered nurses
15 (“RNs”), and/or licensed vocational nurses (“LVNs”) and others by virtue of
16 their education, credentials, and experience are permitted by law to evaluate
17 and care for patients.
- 18 8. Qualified Mental Health Professionals – These persons include psychiatrists,
19 psychologists, licensed clinical social workers, licensed marriage and family
20 therapists, and licensed clinical counselors. This definition includes
21 unlicensed clinical social workers, marriage and family therapists, and
22 clinical counselors who are gaining the experience required for licensure and
23 who are registered as “associates” pursuant to Cal. Bus. & Profs. Code
24 §§ 4996.23 *et seq.* The terms and scope of practice of such associates shall
25 not exceed what is permitted of similar persons working in the community,
26 pursuant to Cal. Code Regs., Tit. 15 § 1203.
- 27 9. Segregated Housing – Housing locations in the Jail in which incarcerated
28 persons spend more than twenty-one (21) hours per day locked in their cell.

1 At the time the parties entered into this SACD, the Segregated Housing units
2 in the Jail were A-Pod, Q-1, Q-2, Q-3, S-Tank, and the medical cells.

3 10. Class Counsel – The law firm of Rosen Bien Galvan & Grunfeld LLP, and
4 the University of California at Davis School of Law, King Hall Civil Rights
5 Clinic.

6 11. Monitor – The person who the parties agree to or who is appointed by the
7 court, who is responsible for discharging the duties of the Monitor, as set
8 forth in Section VIII of this SACD.

9 12. Third-party Medical Provider – The entity with which Yuba County
10 contracts to provide medical and mental health care to incarcerated people in
11 the Jail. As of the date the parties entered into this SACD, the Third-party
12 Medical Provider is Wellpath.

13 **III. STAFFING**

14 Defendants shall employ sufficient staff to meet their obligations under the United
15 States Constitution, Title 15 of the California Code of Regulations, and this SACD.

16 **A. Health Personnel**

17 A Physician, NP, PA, and/or RN must be physically present at the Jail twenty-four
18 (24) hours per day, seven (7) days per week.

19 **B. Psychiatrist**

20 The Jail shall employ a psychiatrist or psychiatrists to provide mental health
21 services at the Jail. Psychiatry services will be available three (3) days per week, eight (8)
22 hours per day. The three (3) days of psychiatry services shall not be provided on three (3)
23 consecutive days (e.g., Monday, Tuesday, Wednesday). The Jail may use a telepsychiatry
24 program or an on-site psychiatrist to provide these services, provided Defendants' use of
25 telepsychiatry is consistent with this SACD and the telepsychiatry protocol entitled
26 Wellpath Yuba County California Policies & Procedures 80874 and dated July 15, 2020.

1 **C. Licensed Clinical Social Worker, Licensed Marriage and Family**
2 **Therapist, Licensed Professional Clinical Counselor, Associate Marriage**
3 **and Family Therapist, Associate Social Worker, and/or Associate**
4 **Professional Clinical Counselor**

4 The Jail shall employ Licensed Clinical Social Workers (“LCSWs”), Licensed
5 Marriage and Family Therapists (“LMFTs”), Licensed Professional Clinical Counselors
6 (“LPCCs”), Associate Marriage and Family Therapists (“AMFTs”), Associate Clinical
7 Social Workers (“ACSWs”), and/or Associate Professional Clinical Counselors
8 (“APCCs”). The Jail shall employ LCSWs, LMFTs, LPCCs, AMFTs, ASWs, and/or
9 APCCs for a total of eighty (80) hours per week and at least eight (8) hours per day. At
10 least forty (40) of the eighty (80) hours per week shall be provided by LCSWs, LMFTs,
11 and LPCCs.

12 Individuals in these positions must be able to provide mental health screenings for
13 those identified as possibly needing mental health services, conduct psychosocial
14 assessments to include a mental status examination and diagnosis, conduct suicide risk
15 assessments, develop treatment plans, provide psychosocial therapy as clinically indicated
16 with the intent of coordinating care beyond the walls of the Jail and into the community
17 upon release, refer incarcerated persons for psychiatric evaluation to determine if
18 psychotropic medication is needed, conduct mental health evaluations to determine
19 whether an incarcerated person should be placed in or removed from a safety cell or
20 transferred to a psychiatric hospital, and coordinate care with custody and medical staff as
21 necessary. An AMFT, ASW, or APCC shall not approve the removal of an incarcerated
22 person from a safety or step-down cell unless the AMFT, ASW, or APCC first confers
23 with a psychiatrist, LMFT, LCSW, or LPCC who approves the decision. A psychiatrist,
24 LMFT, LSW, or LPCC must be available for such conferences at all times during which an
25 AMFT, ASW, or APCC is working in the Jail. Any conference between an AMFT, ASW,
26 or APCC and a psychiatrist, LMFT, LSW, or LPCC regarding removing someone from a
27 safety or step-down cell shall be documented in the incarcerated person’s medical record.

1 **IV. MENTAL HEALTH CARE**

2 Although an incarcerated person is entitled to all of the mental health services
3 contained herein, he or she may refuse to accept any or all of the offered services unless
4 ordered by a competent court for involuntary medication administration.

5 **A. Procedures for New Arrestees**

6 Defendants' Intake and Booking Screening Plan shall include standards and
7 timelines to ensure that arriving incarcerated persons are promptly screened for urgent and
8 emergent mental health needs by a PA, NP, or RN in an area that provides for
9 confidentiality. Translators and interpreters will be used whenever necessary to ensure
10 effective communication.

11 As part of the intake process, the PA/NP/RN shall assess whether an arriving
12 incarcerated person must be excluded from the Jail and sent for mental health evaluation
13 and treatment to Rideout Hospital, Sutter-Yuba Behavioral Health Services, or to
14 comparable facilities. The PA/NP/RN shall also review the Jails' medical records to
15 determine if the person has a history of mental illness and/or substance abuse.

16 The PA/NP/RN must also assess whether an arriving incarcerated person is
17 intoxicated and/or suffering from withdrawal or is at high risk for withdrawal from alcohol
18 or other drugs. Only after the examining PA/NP/RN certifies that the new arrestee is fit
19 for incarceration may the arrestee be incarcerated. Incarcerated persons who display signs
20 of non-acute alcohol or drug intoxication or withdrawal will be accepted into the Jail and
21 will be treated in accordance with Wellpath's policy, entitled HCD-110_F-04 Medically
22 Supervised Withdrawal and Treatment, Policy #77029, and dated February 17, 2021..

23 Defendants shall continue treating newly-booked incarcerated people with
24 medication-assisted treatment ("MAT") if medical staff determine MAT is medically
25 necessary for the person (e.g., pregnant women who are taking MAT upon booking).
26 Defendants shall explore ways to create and fund a program to initiate MAT for
27 incarcerated people and to continue MAT for people booked into the Jail who were
28 receiving MAT in the community but for whom MAT is not medically necessary.

1 Defendants shall provide an update to Plaintiffs on a quarterly basis regarding its efforts to
2 create and fund this more expansive MAT program. The update shall be included in the
3 quarterly document production.

4 If an arrestee is taken to an emergency mental health facility for a mental health
5 evaluation and clearance prior to booking, documented evidence of such evaluation,
6 treatment, and clearance must be returned to the Jail so as to become part of the
7 incarcerated person's medical record. The incarcerated person shall be seen at the next
8 mental health sick call to determine the future course of treatment, if any.

9 The mental health condition of a new arrestee found fit for incarceration by an
10 examining health care professional, but requiring mental health care, shall be considered
11 when making housing decisions.

12 Any new arrestee who states that he or she has a mental illness or who the medical
13 booking staff identifies as having a mental illness or knows is receiving care from the
14 Sutter-Yuba Behavioral Health Services, or other similar provider of behavioral healthcare
15 services, must be seen by a Qualified Mental Health Professional within policy timeframes
16 (emergent referrals are addressed immediately, urgent referrals are addressed within
17 twenty-four (24) hours, and routine referrals are addressed within seven (7) days). As part
18 of the intake screening, medical staff shall review the incarcerated person's Jail medical
19 record to determine if records from any prior incarcerations in the Jail reflect issues related
20 to mental health. Medical staff shall consider any relevant information gathered from the
21 medical record review when determining if and how quickly a new arrestee shall be seen
22 by Qualified Mental Health Professional.

23 Any new arrestee accepted into the Jail who the booking medical staff identifies as
24 having any current suicidality shall have a risk assessment completed as soon as possible
25 but no later than within four (4) hours of the identification of current suicidality. Only
26 Qualified Mental Health Professionals, PAs, NPs, or RNs who have been trained regarding
27 how to conduct a suicide risk assessment shall conduct such assessments. A suicide risk
28 assessment shall be conducted by a Qualified Mental Health Professional if one is on-site

1 at the Jail. A suicide risk assessment may be conducted by a PA, NP, or RN if no
2 Qualified Mental Health Professional is on-site at the Jail or there is no Qualified Mental
3 Health Professional available to timely complete the assessment due to servicing the urgent
4 needs of other incarcerated persons. If the PA, NP or RN conducts the risk assessment,
5 within two (2) hours after administering a suicide risk assessment, the staff member who
6 conducted the assessment must consult with a Qualified Mental Health Professional (either
7 on-site or by phone) to determine an appropriate plan of treatment and the appropriate
8 level, if any, of suicide precaution. If the person is placed on suicide watch, safety cell
9 protocol will be followed. If the suicide risk assessment establishes that the incarcerated
10 person is at risk of suicide, the incarcerated person will, at minimum, be placed on the next
11 psychiatrist sick call. The Qualified Mental Health Professional who conducts the suicide
12 risk assessment or with whom the PA, NP, or RN who conducted the assessment consults,
13 can, if necessary, consult with an on-site (if available) or on-call psychiatrist at any time,
14 refer the incarcerated person to be seen by a psychiatrist before the next psychiatrist sick
15 call, or cause the incarcerated person to be transferred to a hospital for evaluation.

16 **B. Access to Mental Health Care**

17 To address the provision of care for incarcerated persons with mental health needs
18 and to ensure they receive timely treatment appropriate to the acuity of their conditions,
19 Defendants are to provide the following:

20 **1. Initial Mental Health Assessment**

21 As part of the initial health assessment required by Title 15 that must be conducted
22 within fourteen (14) days of booking, the Jail shall conduct a mental health assessment of
23 all newly-incarcerated persons, unless an earlier assessment has been conducted by a
24 Qualified Mental Health Professional pursuant to Section IV.A. If, during the 14-day
25 mental health assessment, the incarcerated person states that he or she has a mental illness
26 or is taking psychiatric medications, or if the medical booking staff otherwise identifies the
27 person as having a mental illness or knows the person is receiving care from the Sutter-
28 Yuba Behavioral Health Services or other similar provider of behavioral healthcare

1 services, then the Jail will see the person at the next mental health sick call. As part of the
2 initial health assessment, medical staff shall conduct a full review of the incarcerated
3 person's Jail mental health records to determine if records from any prior incarcerations in
4 the Jail reflect issues related to mental health. Medical staff shall consider any relevant
5 information gathered from the medical record review when determining if and how quickly
6 a new arrestee shall be referred for mental health services.

7 A medical file must be opened for each incarcerated person at the time of
8 assessment. Incarcerated persons must be advised at the commencement of the mental
9 health assessment that they have a right to such an assessment but that they also have a
10 right to refuse all or any portion of the assessment. The health assessment must also
11 include an oral explanation of the health services available. Provision shall be made to
12 communicate this information to non-English speaking incarcerated persons and to
13 incarcerated persons with disabilities. The incarcerated person shall also be informed that
14 detailed mental health education information is available in pamphlet form.

15 **2. Continuity of Mental Health Care**

16 Defendants shall maintain a system of mental health care to provide services that
17 resemble what is provided in the community, including developing treatment plans and
18 providing therapy in confidential settings as clinically indicated, with appropriate language
19 interpretation services, with the intent of coordinating care beyond the walls of the Jail and
20 into the community upon release.

21 **3. Treatment for Chronic Mental Health Conditions**

22 Defendants shall maintain systems for managing patients with chronic mental health
23 conditions through screening, identifying, monitoring, and providing treatment to these
24 patients while detained at the Jail. Any patient whose chronic mental health condition
25 cannot be managed at the Jail will be transferred offsite for appropriate treatment and care.

26 **4. Continuity of Community-Prescribed Mental Health Medications**

27 Continuation and bridging of all medications begun prior to incarceration is
28 essential to the health and well-being of incarcerated persons. The Jail shall make its best

1 effort to ensure that incarcerated persons will not miss any medications.

2 All incarcerated persons who, at the time of booking, are prescribed mental health
3 medications in the community, and it is verified those medication are currently being
4 taken, shall be timely continued on those medications, or prescribed comparable
5 appropriate medication, unless a physician, NP, PA, or psychiatrist makes a clinical
6 determination, via a face-to-face assessment (which includes use of tele psychiatrist under
7 appropriate standards and policies), that the medications are not necessary for treatment,
8 and documents the clinical justification for discontinuing a community-prescribed
9 medication. Defendants shall not discontinue community-prescribed psychiatric
10 medications based solely on an incarcerated person's history of substance abuse.

11 Any incarcerated person who, at the time of booking, reports to Defendants that he
12 or she is taking medications in the community but his or her medications cannot be
13 verified, shall be timely assessed by a physician, PA, NP, or psychiatrist and timely
14 prescribed medications necessary to treat his or her mental health needs, to ensure
15 continuity of care. If there is a question regarding the propriety of a medication, a
16 physician, PA, NP, or psychiatrist must be contacted before the prescription medication is
17 denied.

18 At the time of booking, if an arrestee reports that he or she needs certain psychiatric
19 medications, that person shall be seen at the next psychiatrist sick call, unless it is
20 determined that the person cannot wait until then, in which case the person shall be sent
21 promptly to an appropriate off-site facility for evaluation and treatment.

22 Incarcerated persons who are prescribed psychiatric medication by a physician, PA,
23 NP, or psychiatrist, or who are continued on community-prescribed psychiatric medication,
24 will be re-evaluated by a psychiatrist every thirty (30) days until the condition is stable,
25 then every thirty (30) to ninety (90) days at the clinical discretion of the psychiatrist. More
26 frequent evaluations will be scheduled as determined by the incarcerated person's health
27 care provider.

28

1 **5. Medical Assistance for Intoxicated Incarcerated Persons and/or**
2 **Incarcerated Persons in Withdrawal**

3 If there is reasonable cause to believe that a person is experiencing or will soon be
4 experiencing symptoms of withdrawal from a controlled substance or alcohol, the
5 incarcerated person must be timely assessed and, if indicated, treated by a Qualified
6 Medical Professional at the Jail or transported immediately to an appropriate hospital
7 facility, such as Rideout Memorial Hospital.

8 Detoxification from alcohol, opiates, hypnotics, other stimulants, and sedative
9 hypnotic drugs, when performed in this facility, will be done under medical supervision in
10 accordance with the Third-party Medical Provider's policies and protocols. MAT for
11 withdrawal will be considered.

12 Custody staff shall conduct health and safety checks for those incarcerated persons
13 placed in a sobering cells. Health and safety checks shall occur every 30 minutes at
14 irregular and unpredictable intervals or more frequently if medical or mental health staff
15 believe more frequent checks are necessary to protect the health and safety of an
16 incarcerated person.

17 A Qualified Medical Professional shall evaluate incarcerated persons in sobering
18 cells upon admission and then every six (6) hours thereafter or sooner if requested by
19 custody staff. Defendants shall keep complete, accurate, and contemporaneous logs of
20 each health and safety check and shall review such logs for compliance. Sufficient
21 custody staffing must also be maintained to allow medical staff to enter the sobering cells
22 to make vital checks.

23 Incarcerated persons experiencing severe, life threatening intoxication (an
24 overdose) or withdrawal which cannot be addressed in the Jail by available medical staff,
25 shall be transferred under appropriate security conditions to a hospital or other facility
26 where specialized care is available.

27 **6. Mental Health Services**

28 The Jail will ensure that incarcerated persons are provided timely access to inpatient

1 and outpatient mental health care as needed. Mental health services at the Jail shall
2 include, at a minimum, mental health screenings and evaluations, suicide risk assessments,
3 diagnosis, and treatment – including psychosocial therapy, and psychotropic medications
4 as needed, and referral services. While incarcerated persons are entitled to assessment and
5 treatment, they must be informed that they are also entitled to refuse such treatment.
6 Incarcerated persons requiring services beyond the on-site capability of the Jail shall be
7 referred to appropriate off-site providers.

8 Any incarcerated person who, either during the booking process or at any time
9 during their incarceration in the Jail, is identified as having any current suicidality shall
10 have a suicide risk assessment completed within four (4) hours of the identification of
11 current suicidality. Only Qualified Mental Health Professionals, PAs, NPs, or RNs who
12 have been trained regarding how to conduct a suicide risk assessment shall conduct such
13 assessments. A suicide risk assessment shall be conducted by a Qualified Mental Health
14 Professional if one is on-site at the Jail. A suicide risk assessment may be conducted by a
15 PA, NP, or RN if no Qualified Mental Health Professional is on-site at the Jail or there is
16 no Qualified Mental Health Professional available to timely complete the assessment due
17 to servicing the urgent needs of other incarcerated persons. If the PA, NP, or RN conducts
18 the risk assessment, within two (2) hours after administering the risk assessment the staff
19 member who conducted the assessment must consult with a Qualified Mental Health
20 Professional (either on-site or by phone) to determine an appropriate plan of treatment and
21 the appropriate level, if any, of suicide precaution. If the person is placed on suicide
22 watch, safety cell protocol will be followed. If the suicide risk assessment establishes that
23 the incarcerated person is at risk of suicide, the incarcerated person will, at a minimum, be
24 placed on the next psychiatrist sick call. The Qualified Mental Health Professional who
25 conducts the suicide risk assessment or with whom the PA, NP, or RN who conducted the
26 assessment consults, can, if necessary, consult with an on-site (if available) or on-call
27 psychiatrist at any time, refer the incarcerated person to be seen by a psychiatrist before the
28 next psychiatrist sick call, or cause the incarcerated person to be transferred to a hospital

1 for evaluation.

2 Qualified Mental Health Professionals shall evaluate whether an incarcerated
3 person's mental illness or risk of suicide requires that he or she be sent to Sutter-Yuba
4 Behavioral Health Services or an inpatient setting for evaluation and treatment, up to and
5 including psychiatric hospitalization where warranted, and shall issue all suicide
6 precaution orders including placement in or removal from housing for incarcerated persons
7 at risk of suicide, and confidential follow-up assessments at clinically appropriate
8 intervals.

9 On a weekly basis a Qualified Mental Health Professional shall consult with
10 Correctional Officers to exchange information with respect to the mental health of the
11 incarcerated persons. The Qualified Mental Health Professional must respect the
12 confidential nature of communications to him or her, but has an obligation to take steps to
13 assure the safety of an incarcerated person who indicates that he or she may attempt to
14 commit suicide or harm another.

15 Whenever possible, custody staff shall provide medical staff with advanced notice
16 of an incarcerated person's release from the Jail. If medical staff receive sufficient notice
17 of an incarcerated person's release, medical staff shall provide medical discharge planning
18 to the person, including providing written instructions for continuity of essential care, the
19 name and contact information for community providers for follow-up appointments, and a
20 28-day prescription for any chronic care or psychotropic medications the person was
21 receiving at the time of release. Defendants shall call the 28-day prescription into a local
22 pharmacy and pay for seven (7) days of the medication(s).

23 **(a) Telepsychiatry**

24 Defendants shall adhere to the telepsychiatry protocol entitled Wellpath Yuba
25 County California Policies & Procedures 80874 and dated July 15, 2020. Defendants shall
26 provide at least 30-days notice to Plaintiffs' counsel prior to implementing any changes to
27 this protocol. If Plaintiffs object to the changes the parties shall meet and confer before the
28 changes go into effect.

1 Telepsychiatry can be used to provide psychiatry services unless it is determined,
2 prior to or during a telepsychiatry visit, that telepsychiatry services are not appropriate for
3 the incarcerated person. In determining whether telepsychiatry is appropriate, the
4 following will be considered: the incarcerated person's acuity and severity of mental
5 illness, including whether the person's mental illness affects their ability to communicate
6 effectively with the psychiatrist by video; whether the incarcerated person has any
7 disabilities that would make communicating with the psychiatrist by video difficult;
8 whether any language barriers would render communication with the psychiatrist by video
9 ineffective; whether the person has refused to be seen by the telepsychiatrist because the
10 psychiatry services are not being provided in person; and any other considerations relevant
11 to whether telepsychiatry is appropriate for the incarcerated person. If the Qualified
12 Mental Health Professional determines that telepsychiatry services are not appropriate for
13 the incarcerated person, the incarcerated person must be seen expeditiously by a
14 psychiatrist in person.

15 If a telepsychiatrist determines during a telepsychiatry visit that telepsychiatry
16 services are not appropriate for the incarcerated person, the psychiatrist shall note that
17 finding in the medical record and Defendants shall then ensure that the incarcerated person
18 is seen expeditiously by a psychiatrist in person. Reasonable efforts shall be made to
19 ensure continuity of care so that incarcerated persons are seen by same psychiatrist
20 throughout the duration of their incarceration.

21 Before a psychiatrist provides telepsychiatry services to incarcerated people in the
22 Jail, Defendants shall provide the telepsychiatrist with a briefing regarding the mental
23 health and suicide prevention programs at the Jail, the available options if a person
24 experiences a mental health emergency or otherwise requires care at a level not capable of
25 being provided at the Jail, and any other information necessary to treat people in the Jail.
26 The briefing shall also include an in-person or virtual tour of the Jail's safety and step-
27 down cells and, once completed, the new building constructed with SB 863 funding.

28

1 **7. Sick Call**

2 Daily sick call must be provided by an RN/PA/NP to all incarcerated persons
3 requesting mental health attention. All incarcerated persons experiencing mental health
4 issues must be permitted to fill out a sick call request form. Sick call request forms shall
5 be readily available to incarcerated persons, and Correctional Officers shall promptly
6 provide these forms to incarcerated persons upon request. Sick calls slips that raise issues
7 relating to mental health shall be triaged within twenty-four (24) hours. If it is unclear
8 from the language on a sick call slip whether or how quickly a person needs to be
9 evaluated by a Qualified Mental Health Professional, the PA, NP, or RN shall meet with
10 the person and attempt to clarify the person's request for care within twenty-four (24)
11 hours of receipt.

12 If while triaging a sick call slip or other request relating to mental health care the
13 PA, NP, or RN determines that the incarcerated person should see a Qualified Mental
14 Health Professional, or other mental health specialist, the PA, NP, or RN shall make an
15 appropriate referral. For emergent requests, a Qualified Mental Health Professional shall
16 see the person immediately or Defendants shall transfer the person to an outside facility for
17 immediate assessment. For urgent request, a Qualified Mental Health Professional shall
18 see the person within twenty-four (24) hours. For routine requests, a Qualified Mental
19 Health Professional shall see the person within seven (7) days. Correctional Officers shall
20 ensure that the incarcerated person is transported to the proper person or facility.

21 If a healthcare professional or Qualified Mental Health Professional believes that
22 tests, evaluation, or treatment by a mental health specialist are medically indicated, the
23 healthcare professional or Qualified Mental Health Professional shall fill out a referral slip
24 for the test, evaluation, or treatment.

25 Defendants shall develop and implement a process to track and assess the timeliness
26 of providing sick call services for mental health-related requests. Defendants shall review
27 and assess that information on a quarterly basis, at a minimum. Defendants shall produce
28 documentation of these quarterly assessments of mental health sick call timeliness as part

1 of the quarterly production of documents to Class Counsel and the appointed Monitor.
2 The mental health staff shall, on a monthly basis, meet to discuss the provision of mental
3 health care services in the Jail, including addressing the timeliness of sick calls and
4 prescription renewals, identification of causes of systematic delays or other impediments to
5 providing timely access to mental health care, and develop protocols and practices to
6 address such issues. If the cause of any ongoing delays or issues that last for three (3)
7 months or more is related to insufficient mental health staffing, the Jail shall take all
8 reasonable steps to revise their mental health staffing plan and obtain funding to retain any
9 additional positions deemed to be necessary.

10 **8. Emergency Care and Hospitalization**

11 Emergency psychiatric care must be available twenty-four (24) hours per day, seven
12 (7) days a week. In an emergency mental health situation, or at the request of health care
13 personnel, an incarcerated person must be transported to the appropriate hospital for
14 treatment and evaluation. Security requirements and concerns cannot unreasonably delay
15 the incarcerated person's transportation.

16 For individuals who are in acute psychiatric distress and in need of urgent inpatient
17 psychiatric care that cannot be provided at the Jail, whether or not awaiting transfer to a
18 state hospital pursuant to court order, the Jail shall comply with the following plan:

- 19 1. The incarcerated person will be taken to Rideout Hospital, where Sutter
20 Yuba Behavioral Health (SYBH) has staff on site, or similar facility.
- 21 2. The purpose of taking the incarcerated person to Rideout or similar facility is
22 to determine whether the incarcerated person requires care that cannot be
23 provided at the Jail.
 - 24 (a) If a determination is made in writing that the person does not require
25 psychiatric care that cannot be provided at the Jail, that person will be
26 returned to the Jail with instructions for further evaluation and care, if
27 any.
 - 28 (b) If a determination is made that the person does require psychiatric

1 care that cannot be provided at the Jail, the expectation is that SYBH,
2 or similar facility will care for that individual (either at Rideout or its
3 psychiatric care facility) or locate bed space at another facility.

4 3. Jail staff shall, as needed, cooperate with Sutter-Yuba Behavioral Health to
5 locate appropriate bed space at another facility.

6 The Jail shall not, for security reasons, unreasonably deny or delay in providing
7 transportation for emergency psychiatric hospitalization which is medically indicated.

8 The Jail shall provide incarcerated persons with adequate care when they are
9 awaiting transfer to and have returned from such facilities. All incarcerated person
10 returning from emergency psychiatric treatment at an outside facility will be (a) screened
11 at intake for continuity of care (which will include, if necessary, consultation with a
12 physician or psychiatrist for continuity of prescribed medications) and to ensure that the
13 Jail has all relevant records, labs, and orders from the incarcerated person's treatment at an
14 outside facility; (b) seen at the next sick call by a Qualified Mental Health Professional for
15 incarcerated person returning from mental health treatment; and (c) seen at the next
16 available sick call conducted by a psychiatrist.

17 **9. Recordkeeping**

18 Qualified Medical and Mental Health Professionals must maintain complete,
19 current, and accurate records regarding an incarcerated person's mental health care
20 treatment and prescription drug use. An individual record (hereinafter referred to as the
21 "Jail medical record") must be kept for each incarcerated person, and a copy of this record
22 must be kept in a separate file in the Jail or in an electronic database. These records must
23 be standardized so as to facilitate communication among staff. Provision in the records
24 must be made to allow entry of the following information: history, complaints, treatment
25 plan, and progress notes. All entries must be dated and the time noted. In addition,
26 Qualified Medical and Mental Health Professionals must record the fact that a drug or
27 other prescribed treatment was administered, at what time, in what dosage, and by whom
28 on the form available for that purpose.

1 All clinical contacts, diagnoses, and treatments by Qualified Medical and Mental
2 Health Professionals must be entered in the Jail record. All Qualified Medical and Mental
3 Health Professionals shall be trained to recognize the common side effects associated with
4 use of psychotropic medications. If a nurse observes that an incarcerated person is
5 experiencing any of these side effects, they will document their observations in the medical
6 record and schedule the patient to see a medical provider at the next available sick call.

7 If a prescribed substance is refused or withheld, a notation will be made in the
8 incarcerated person's medical record and the prescribing medical provider shall be notified
9 after three consecutive refusals.

10 Following the medication administrations, the nursing staff shall also notify the
11 physician promptly of the following: (a) Any adverse reaction or response by a patient to a
12 medication; and/or (b) Any error in the administration of a medication to a patient.

13 **C. Mental Health Training for Correctional Officers**

14 Defendants shall ensure that all Correctional Officers receive annual training
15 regarding the provisions of this SACD and the requirements of Title 15 related to mental
16 health and suicide prevention.

17 **D. Suicide Prevention**

18 Qualified Mental Health Professionals shall be available on-site seven (7) days per
19 week and on-call as necessary to evaluate whether an incarcerated person's risk of suicide
20 requires that he or she be sent out of the Jail for evaluation and treatment, up to and
21 including psychiatric hospitalization where warranted, and shall issue all suicide
22 precaution orders, including placement in or removal from housing for incarcerated person
23 at risk of suicide, and confidential follow-up assessments at clinically appropriate
24 intervals.

25 Custody and health services staff shall be trained and alerted to the need and
26 continuously monitor incarcerated person behavior for suicide potential during
27 incarceration.

28 Custody, mental health staff shall maintain open lines of communication to ensure

1 that all parties are kept apprised of suicide potential; suicide precaution placement,
2 retention, and release status; monitoring findings including general status reporting
3 through time of event and end-of-shift reporting and on call contacts to insure appropriate
4 continuity of care and follow-up.

5 All custody and health care staff shall receive suicide awareness, preventions, and
6 emergency response training during new employee orientation, and at least annually. All
7 such training shall be provided by or in collaboration with a Qualified Mental Health
8 Professional, or other person qualified to provide training in an area of suicide risk, having
9 expertise in correctional suicide prevention and the use of a suicide risk assessment form.
10 Regularly scheduled training for all custody and health care staff shall include, at a
11 minimum, identification and management of suicidal behavior in a jail setting including
12 high-risk periods of incarceration, suicidal risk profiles, and recognition of verbal and
13 behavioral cues that indicate potential suicide.

14 The Jail shall undertake a mortality-morbidity review for every incarcerated person
15 who dies from suicide while in custody of Defendants, regardless of whether the
16 incarcerated person dies in the Jail or in a hospital or other facilities after being transferred
17 from the Jail.

18 **V. ENVIRONMENTAL HEALTH AND SAFETY CONDITIONS**

19 **A. Suicide Hazards**

20 Pursuant to Section VI.A of the ACD, Defendants retained James Sida and Richard
21 Bryce to conduct evaluations of suicide hazards at the Jail. Mr. Sida issued his report on
22 April 24, 2019, and Mr. Bryce issued his report on April 18, 2022 and a response to issues
23 raised by Defendants on May 6, 2022. As of the date of this SACD, Defendants have
24 remediated the hazards identified in those reports. However, Mr. Bryce indicated in his
25 report that he was unable to complete his evaluation because Defendants did not provide
26 him with some requested information regarding two suicides that took place in the Jail on
27 December 1, 2021, and February 2, 2022. Defendants shall provide Mr. Bryce with
28 information regarding the means and methods of the two suicides (e.g., tie-off points), as

1 well as with any findings regarding failures of staff to comply with policy that may have
2 contributed to the suicides, so that Mr. Bryce can complete his evaluation. If, following
3 the receipt of this information, Mr. Bryce requires additional information to complete his
4 evaluation, Defendants shall provide that information to Mr. Bryce upon request. If, once
5 Mr. Bryce completes his evaluation, he provides any additional recommendations
6 regarding further steps needed to eliminate suicide hazards at the Jail, the parties shall
7 meet and confer regarding the recommendations.

8 For as long as this SACD is in effect, Defendants shall have a qualified consultant
9 conduct a follow up safety assessment of the Jail every two (2) years, at a minimum. The
10 first evaluation shall be completed by no later than May 31, 2024. The Monitor can
11 conduct the follow-up safety assessment if qualified to do so.

12 If any of the changes to the physical plant at the Jail that Defendants made in
13 response to the reports issued by Mr. Sida or Mr. Bryce is damaged, breaks, or otherwise
14 becomes inoperable or ineffective, Defendants shall immediately replace or repair the
15 element.

16 **B. Housing for Incarcerated Persons with Mental Illnesses or Who Are at**
17 **Risk of Suicide**

18 An incarcerated person's serious mental illness and suicide risk will be considered
19 when deciding where to house the incarcerated person. Housing decisions for incarcerated
20 persons with serious mental illness shall take into account that availability of sufficient
21 structured and unstructured out-of-cell time and increased observation and supervision
22 commensurate with the incarcerated person's risk of suicide, as well as the risk posed by
23 suicide hazards in various parts of the Jail.

24 Defendants shall maintain suicide watch and suicide precaution procedures to
25 ensure that incarcerated persons who pose a risk of suicide are not placed in punitive,
26 unsanitary, and dangerous conditions. Where clinically warranted as decided by a medical
27 or mental health care professional, an acutely suicidal incarcerated person shall be placed
28 on suicide watch under constant observation until such time as a Qualified Mental Health

1 Professional determines that the incarcerated person is no longer at risk of self-harm.
2 Health and safety checks shall also be conducted every 15 minutes in locations where
3 incarcerated persons are housed who pose a high suicide risk, and every 30 minutes in
4 locations where incarcerated persons are housed who pose a moderate suicide risk.
5 Whether a person poses a high, moderate, or low risk of suicide shall be determined by a
6 Qualified Mental Health Professional. If it is determined a suicidal incarcerated person
7 cannot be safely monitored and cared for within the Jail, the incarcerated person shall be
8 transferred to the hospital for inpatient psychiatric care. All steps taken to expeditiously
9 transfer such incarcerated persons shall be documented.

10 Defendants shall limit the use of Segregated Housing, including Administrative
11 Segregation and safety cells, for incarcerated persons with serious mental illness or who
12 present a serious suicide risk, and shall have procedures to mitigate the impact of
13 Segregated Housing on persons with mental illness. Custody staff shall conduct health and
14 safety checks for incarcerated person who are at risk of suicide in a manner that allows
15 staff to personally view the incarcerated person to assure his or her well-being and
16 security. Health and safety checks shall require visual observation and, if necessary to
17 determine the incarcerated person's well-being, verbal interaction with the incarcerated
18 person. Custody staff shall conduct the checks at irregular and unpredictable intervals to
19 minimize incarcerated persons' ability to plan around anticipated checks, and shall
20 document their checks in a format that does not have pre-printed times. Video surveillance
21 may not be used as an alternative to rounds by custody staff. Defendants shall keep
22 complete, accurate, and contemporaneous logs of each health and safety check and develop
23 measures to ensure review of such logs for compliance.

24 **C. Safety Cells**

25 Defendant shall maintain a Safety Cell Policy. As set forth in that policy, an
26 incarcerated person shall only be placed in a safety cell if the incarcerated person is
27 identified as an imminent threat to himself/herself or others, and then only as a temporary
28 measure until the incarcerated person is able to be transferred to different housing or,

1 where clinically warranted, to a hospital or inpatient facility.

2 Custody staff must visually observe each incarcerated person who is placed in a
3 safety cell at least twice every thirty (30) minutes. The observations must be conducted at
4 irregular and unpredictable intervals and must be documented.

5 An incarcerated person must receive a medical assessment by a physician, PA, NP,
6 or RN within one (1) hour (unless unsafe to do so under the circumstances of placement
7 into a safety cell), to determine whether said placement is appropriate. The physician, PA,
8 NP, or RN must evaluate whether the incarcerated person can safely be housed in a less
9 restrictive environment than a safety cell and/or requires transfer to an inpatient medical or
10 mental health facility. If the physician, PA, NP, or RN is unable to conduct a hands-on
11 assessment of the incarcerated person, including a check of vital signs, within six (6) hours
12 of placement in the safety cell, the incarcerated person shall immediately be transferred to
13 a hospital.

14 If a Qualified Mental Health Professional is on site at the time an incarcerated
15 person is placed in a safety cell, the Qualified Mental Health Professional shall conduct an
16 evaluation of the person, including a suicide risk assessment, as soon as possible but no
17 later than within four (4) hours of placement.

18 If a Qualified Mental Health Professional is unable to conduct an evaluation within
19 four (4) hours of placement of a person in a safety cell—either because a Qualified Mental
20 Health Professional is not on site during the four (4) hour period or is on site but is unable
21 to timely evaluate the person because he or she is addressing the urgent needs of other
22 incarcerated people—then a Physician, PA, NP, or RN shall conduct a suicide risk
23 assessment as soon as possible, but no later than within four (4) hours of safety cell
24 placement. Only Physicians, PAs, NPs, or RNs who have been trained regarding how to
25 conduct a suicide risk assessment shall conduct such assessments.

26 If a Physician, PA, NP, or RN conducts the suicide risk assessment, within two (2)
27 hours after administering the suicide risk assessment, the staff member who conducted the
28 suicide risk assessment must consult with a Qualified Mental Health Professional (either

1 on-site or by phone) to determine an appropriate plan of treatment and the appropriate
2 level, if any, of suicide precaution. In addition, if a Physician, PA, NP, or RN conducts the
3 suicide risk assessment, then a Qualified Mental Health Professional must evaluate the
4 person as soon as possible but no later than within two (2) hours of the start of the next
5 shift of a Qualified Mental Health Professional.

6 If the person is placed on suicide watch, safety cell protocol will be followed. If the
7 suicide risk assessment established that the incarcerated person is at risk of suicide, the
8 incarcerated person will, at a minimum, be placed on the next psychiatrist sick call. The
9 Qualified Mental Health Professional who conducts the suicide risk assessment or with
10 whom the Physician, PA, NP, or RN who conducted the suicide risk assessment consults,
11 can, if necessary, consult with a psychiatrist at any time, refer the incarcerated person to be
12 seen by a psychiatrist before the next psychiatrist sick call, or cause the incarcerated
13 person to be transferred to a hospital for evaluation.

14 For incarcerated persons who are found to be at risk of suicide, the suicide risk
15 assessment shall be used to determine the level of suicide precautions necessary in the
16 immediate term (e.g., constant observation), and whether the incarcerated person needs to
17 be transferred to an in-patient psychiatric facility or hospital in lieu of suicide
18 watch/suicide precautions at the Jail.

19 All incarcerated persons placed in safety cells shall be evaluated at least once every
20 seven (7) hours by medical staff and at least once every thirteen (13) hours by a Qualified
21 Mental Health Professional.

22 Defendants recognize that the goal is to have the incarcerated person remain in a
23 safety cell for the shortest possible amount of time. Every thirteen (13) hours, custody,
24 medical, and mental health care staff must review whether it is appropriate to retain an
25 incarcerated person in a safety cell or whether the incarcerated person can be transferred to
26 a less restrictive housing placement.

27 An incarcerated person who has been placed in a safety cell for twenty-four (24)
28 consecutive hours or for thirty-six (36) total hours in any one-hundred-and-twenty (120)

1 hour period must either be transferred to a less restrictive setting or transferred to an
2 inpatient mental health facility or to a hospital emergency room for assessment and care.
3 In addition, an incarcerated person may not be placed in a safety cell more than two times
4 in any one-hundred-and-twenty (120) hour periods. If Defendants seek to place an
5 incarcerated person in a safety cell for a second time within any one-hundred-and-twenty
6 (120) hour period, Jail medical or mental health staff shall consult with a psychiatrist
7 regarding that placement. An arriving incarcerated person that is unable to care for his/her
8 personal needs despite being provided food, clothing, and shelter by the Jail, shall not be
9 maintained in a safety cell and instead shall be immediately transferred to a hospital for
10 treatment.

11 A Qualified Mental Health Professional may authorize the release of an
12 incarcerated person from a safety cell. The order authorizing the release of an incarcerated
13 person from a safety cell shall, if appropriate, include instructions regarding transitioning
14 the incarcerated person from suicide precautions or suicide watch.

15 An incarcerated person released from a safety cell or a step-down cell to housing
16 will be seen at the first mental health sick call following their release and at least two (2)
17 additional times within seven (7) days of their release.

18 Defendants shall ensure that a safety cell is clean before placing a person in it.
19 Defendants shall also ensure than an occupied safety cell is cleaned at least twice per day
20 at approximately 8:00 a.m. and 8:00 p.m., unless it is not possible to do so because of
21 safety concerns. Defendants shall clean a safety cell once a person is removed from it.
22 Defendants shall indicate on the safety cell log when an occupied safety cell is cleaned.

23 Defendants shall not close the shutters to the windows on the safety cell doors.
24 Defendants may, upon request of an incarcerated person in a safety cell or if circumstances
25 otherwise warrant, cover up to half of the window on a safety cell door in order to protect
26 the privacy of the incarcerated person in the safety cell or incarcerated persons in other
27 parts of the booking area. If Defendants cover any part of a window on a safety cell door,
28 Defendants shall document the reasons on the safety cell check sheet. Defendants shall

1 never cover or obstruct the windows at the back of the safety cells.

2 Incarcerated persons held in safety cells shall be offered food at least three times
3 within a 24-hour period. Incarcerated persons held in safety cells shall be provided water
4 with each meal and upon request. Defendants shall record on each incarcerated person's
5 safety cell log each time the incarcerated person is provided with or declines an offer of
6 food or water.

7 **D. "Step-Down" Cell**

8 Defendants shall maintain a "step-down" cell. The purpose of the step-down cell is
9 to house incarcerated persons who, because of their risk of suicide, require increased
10 monitoring and a suicide-safe environment, but do not require housing in a safety cell. For
11 purposes of this SACD, the step-down cell is a less restrictive setting than a safety cell.
12 The step-down cell shall be free of suicide hazards. Defendant shall, either by constructing
13 a surface on which incarcerated persons can sleep or by providing an alternative sleeping
14 surface, ensure that all incarcerated persons placed in the step-down cell have a sleeping
15 surface off the ground. Staff shall ensure that the step-down cell is clean and sanitized.

16 Custody staff must visually observe each incarcerated persons who is placed in the
17 step-down cell at least once every thirty (30) minutes. The observations must be
18 conducted at irregular and unpredictable intervals and must be documented.

19 If a person is placed directly into a step-down cell for mental health issues or
20 suicidality, and is not first placed in a safety cell, then the requirements set forth in
21 Section V.C regarding timelines for initial medical and mental health evaluations and a
22 suicide risk assessment shall apply.

23 All incarcerated persons placed in the step-down cell shall be evaluated at least
24 once every seven (7) hours by medical staff and at least once every thirteen (13) hours by a
25 Qualified Mental Health Professional.

26 Incarcerated persons may be housed in a step-down cell for more than twenty-five
27 (25) consecutive hours so long as every twenty-five (25) hours a Qualified Mental Health
28 Professional, after consulting with the psychiatrist, agrees to continued placement in the

1 step-down cell.

2 If an incarcerated person has been housed for one-hundred-and-twenty (120)
3 consecutive hours in a combination of safety cells and the step-down cell cannot be
4 returned to a setting in the Jail that is less restrictive than the step-down cell, he or she
5 shall be immediately transferred to an inpatient mental health facility or to a hospital
6 emergency room for assessment and care.

7 The parties agree that as part of the first monitoring report prepared by the Monitor,
8 the Monitor shall evaluate the policy set forth in the preceding paragraph. In advance of
9 the evaluation, the parties shall meet with the Monitor to discuss the parameters of the
10 evaluation. In the first monitoring report, the Monitor shall provide a recommendation
11 regarding whether the policy should remain as is and, if not, what alternative policy or
12 policies should be put in place. The parties shall then meet and confer regarding the
13 recommendation.

14 **VI. DUE PROCESS IN DISCIPLINE FOR INCARCERATED PERSONS WITH**
15 **MENTAL ILLNESS**

16 If the Jail Supervisor believes that an incarcerated person's mental illness was a
17 significant factor in causing a rule violation, the incarcerated person shall be referred for a
18 mental health evaluation and possible treatment.

19 Should the Jail Supervisor charge a person determined to have a mental illness
20 which caused or contributed to the violation, the Jail Supervisor must consult with a
21 Qualified Mental Health Professional prior to imposing any sanction in order to determine
22 whether the proposed sanction is likely to exacerbate an incarcerated person's mental
23 health symptoms and expose the incarcerated person to an increased risk of danger. If
24 there is a danger that a proposed sanction will exacerbate an incarcerated person's mental
25 illness or expose him to increased risk of danger, an alternate sanction shall be imposed, if
26 at all, unless safety security reasons dictate otherwise.

27 **VII. ADMINISTRATIVE SEGREGATION AND SEGREGATED HOUSING**

28 Administrative Segregation is a housing classification decision. Every assignment

1 of a person to Administrative Segregation shall be based on a written report providing an
2 explanation of the facts and circumstances requiring the segregation. This report shall be
3 written as soon as possible and in no case later than forty-eight (48) hours after the
4 initiation of the assignment to Administrative Segregation. Said reports shall be retained.

5 Custody staff shall conduct appropriate health and welfare checks on all
6 incarcerated people placed in Segregated Housing sufficient to ensure safety and security
7 and minimize the risk of suicide.

8 Incarcerated persons moved from the general population to Segregated Housing
9 who either (a) have not yet received their 14-day Initial Health Assessment or (b) have
10 received their 14-day Initial Health Assessment and are on the mental health case load will
11 be screened for suicide risk by a Qualified Mental Health Professional as soon as possible
12 but no later than forty-eight (48) hours after placement.

13 A Qualified Mental Health Professional shall conduct rounds for those in
14 Segregated Housing four (4) times per week.

15 Defendants shall not house incarcerated persons with serious mental illness in
16 Administrative Segregation (A-Pod, S-tank) or the medical cells unless those incarcerated
17 persons demonstrate a current threat to Jail security, safety of incarcerated persons, or
18 officer safety, as documented by custody staff, that prevents them from being safely
19 housed in less restrictive locations. Incarcerated persons shall not be housed in
20 Administrative Segregation solely because they have a mental illness.

21 **A. Out-Of-Cell Time and Other Recreation and Treatment for**
22 **Incarcerated People in Segregated Housing**

23 Defendants shall maximize out-of-cell time for incarcerated people in Segregated
24 Housing. Defendants shall offer incarcerated persons in Segregated Housing the use of
25 their respective day rooms or equivalent indoor recreation space continuously from 6 a.m.
26 to 10 p.m. All incarcerated persons in Segregated Housing shall be offered, at a minimum,
27 one (1) hour out-of-cell time in the day room or other indoor area per day. After each
28 incarcerated person in a Segregated Housing unit has been offered one (1) hour out-of-cell

1 time during a given day, the remaining hours of day room availability shall be offered to
2 the incarcerated persons in the Segregated Housing unit in a manner such that the
3 incarcerated persons are offered approximately equal additional out-of-cell time measured
4 on a weekly basis. Defendants shall document the time that each incarcerated person in
5 Segregated Housing spends out-of-cell.

6 To the maximum extent possible, Defendants shall offer each incarcerated person in
7 Segregated Housing the opportunity for out-of-cell time with as many other incarcerated
8 persons as possible, so long as concerns over safety and security do not prevent the
9 incarcerated person from being placed in the same space as other incarcerated persons.

10 All incarcerated people in Segregated Housing shall be offered a minimum of at
11 least fifteen (15) combined hours of indoor and outdoor out-of-cell time per week. In
12 addition, the Jail shall undertake reasonable and good faith efforts to provide additional out
13 of cell time. This may include, but is not limited to, additional day room use, additional
14 use of the outdoor recreation yards, programing time, or mental health contacts.

15 Defendants shall continue to provide radios to incarcerated persons in Segregated
16 Housing. Issuance of radios is deemed a deterrent to sensory deprivation experienced by
17 some incarcerated persons in Segregated Housing. One radio shall be provided per
18 Segregated Housing cell. The Jail will maintain a policy regarding use of the radios,
19 which will include the right of custody staff to remove the radio from a cell and/or an
20 incarcerated person for safety, security or disciplinary reasons.

21 As of the date of the parties entered into this SACD, the Jail has made available a
22 number of electronic tablets for use by incarcerated persons in Segregated Housing and
23 other areas of the Jail. Defendants shall continue to permit incarcerated persons in
24 Segregated Housing to use the tablets.

25 As of the date the parties entered into this SACD, persons in Segregated Housing
26 have generally only been able to use the tablets when they are outside of their cells.
27 Defendants shall make reasonable efforts to provide incarcerated persons in Segregated
28 Housing with opportunities for in-cell access to the tablets, taking into account the number

1 of available tablets and the number of incarcerated persons in Segregated Housing who are
2 eligible for tablet use.

3 Defendants may deny persons the right to use tablets for safety, security or
4 disciplinary reasons. Defendants shall not be required to provide tablets to persons in
5 Segregated Housing in accordance with the preceding two paragraphs if the cost of
6 providing tablets unreasonably increases or the service of providing tablets becomes
7 unavailable for all in the jail.

8 Incarcerated persons in Administrative Segregation shall have access to a telephone,
9 a television, and a bicycle exercise machine. Board games, cards, and other recreation
10 equipment shall be maintained and available to administratively segregated incarcerated
11 persons upon request.

12 Defendants shall strive to limit the placement of incarcerated persons in Segregated
13 Housing for prolonged periods of time. An incarcerated person may request a review of
14 classification or placement in Segregated Housing by completing an incarcerated person
15 request slip. Classification shall also review the placement of incarcerated persons in
16 Segregated Housing at least once a month, though more frequently if necessary for certain
17 categories of incarcerated persons, such as individuals with serious mental illness.
18 Classification shall also consult medical staff concerning each incarcerated person's
19 progress toward the goal of placing the incarcerated person in general population. If other
20 reasonable housing options exist that will provide for the safety of the incarcerated person,
21 the incarcerated person should be moved out of segregation. In reviewing an alternative
22 housing decision, the safety of the incarcerated person shall receive the utmost
23 consideration.

24 Defendants have broken ground on construction of a new building at the Jail using
25 state funding pursuant to SB 863. Defendants agree that, once they have begun to plan for
26 the manner in which the building will be used, Defendants will meet and confer with
27 Plaintiffs regarding the mental health services to be offered in the building if the SACD is
28 still in place.

1 **VIII. MONITORING**

2 **A. Third-Party Monitor (“Monitor”)**

3 Prior to execution of this SACD, the parties will meet and confer and attempt to
4 reach an agreement as to the identity of an independent third-party who shall be appointed
5 to monitor Yuba County’s compliance with the terms of the SACD (“the Monitor”). If the
6 parties cannot reach agreement on appointment of the Monitor, the parties shall provide
7 names of proposed monitors to the Court, which will then select the Monitor.

8 The Monitor’s role is to assess and advise the parties and the Court concerning
9 whether the Jail is in substantial compliance with the terms and conditions of this SACD.
10 The parties shall cooperate in good faith so that the Monitor may fulfill the obligation sets
11 forth below. The parties may, but are not required to, communicate with the Monitor on
12 an *ex parte* basis.

13 The Monitor shall:

- 14 1. Participate in an initial orientation meeting and Jail tour within thirty (30)
15 days of the SACD being approved. The purpose of this meeting and tour is
16 to provide the Monitor with general background and information about the
17 Jail and the issues addressed in this SACD.
- 18 2. Review documents including those provided on a quarterly basis, as
19 described below.
- 20 3. Conduct one Jail monitoring tours every 6-month period from the date the
21 SACD is approved.
- 22 4. Prepare monitoring reports within thirty (30) days of each monitoring tour.
- 23 5. Investigate complaints relating to Defendants’ compliance with the SACD.
- 24 6. Provide testimony, if required, in any court proceeding concerning the
25 SACD.

26 **B. Review of Documents**

27 On a quarterly basis, Defendants shall provide the Monitor with all relevant
28 documents in each of the categories identified in **Exhibit A**. If, after the effective date of

1 this SACD, either party or the Monitor wishes to modify the list of documents that are
2 produced on a quarterly basis, the parties and the Monitor shall meet and confer on the
3 issue.

4 In addition to these quarterly document productions, the Monitor may request any
5 other documents maintained by the County or the Third-party Medical Provider which
6 relate to compliance with this SACD. The County shall produce records requested within
7 a reasonable time. Any documents requested by and provided to the Monitor shall also be
8 provided to Class Counsel.

9 Records and documents requested that contain class members' protected health
10 information shall be produced consistent with the Stipulation and Order entered by the
11 Court on May 17, 2021, Dkt. 265. Defendants and any third-party with whom Defendants
12 contract to provide medical or mental health care to class members in the Yuba County
13 Jail, including but not limited to the Third-party Medical Provider or its affiliated entities,
14 shall produce to the Monitor medical and mental health records for specific class members
15 so long as the Monitor articulates in its request for such records a statement of good cause
16 and the time period covered by the request. The term "good cause" shall mean that the
17 Monitor has articulated a reason for reviewing the records that is related to its monitoring
18 of Defendants' compliance with the SACD.

19 If a dispute arises as to the existence of good cause for the production of requested
20 records, the parties and the Monitor shall meet and confer to resolve such issues. If the
21 parties and the Monitor cannot resolve a dispute over whether good causes exists for the
22 production of requested records, the Monitor may seek relief in Court.

23 Medical and mental health records produced to the Monitor are subject to the
24 Stipulated Protective Order entered by the Court on February 7, 2017, Dkt. 188.

25 **C. Jail Tours**

26 The Monitor shall conduct a minimum of one Jail tour during each 6-month period
27 that the SACD remains in effect. The Monitor shall conduct a minimum of four Jail tours.
28 The Monitor shall conduct three tours by no later than April 15, 2024. The Monitor shall

1 be conduct the fourth tour by no later than August 15, 2024. If the SACD is extended
2 beyond January 31, 2025, the Monitor shall conduct one monitoring tour every six months
3 until the SACD is terminated.

4 The Monitor and his or her experts shall be entitled to an inspection of the Jail upon
5 written notice provided at least (72) hours prior to said inspection. The tour shall be
6 conducted in a manner that does not unreasonably interfere with Jail operations. The
7 Monitor shall have reasonable access to all parts of the Jail that are covered by or involve a
8 provision of this SACD. During the tour, if reasonable and practical under the
9 circumstances, the Monitor shall have access to Jail staff, staff of the Third-party Medical
10 Provider (including, but not limited to, Qualified Mental Health Professionals and
11 administrators), and incarcerated people.

12 If, at any time other than a Jail tour, the Monitor requests to speak to Jail staff, staff
13 of the Third-party Medical Provider, or incarcerated people in order to discharge the
14 Monitor's duty to monitor Defendants' compliance with the SACD, the Jail shall
15 reasonably cooperate in making the person available to the Monitor.

16 The parties agree that after this SACD becomes effective, the Monitor should
17 conduct the first monitoring tour as soon as practicable.

18 **D. Monitoring Reports**

19 Within thirty (30) days of each monitoring tour, the Monitor shall issue a draft
20 monitoring report that states his or her opinion as to whether Defendants are in substantial
21 compliance with the terms of the SACD and shall identify those provisions, if any, with
22 which Defendants are not in substantial compliance. Within thirty (30) days of the
23 issuance of each draft monitoring report, the Parties may provide written responses to the
24 draft monitoring report. The Monitor shall consider these responses, if any, and shall issue
25 a final monitoring report that addresses these responses no later than thirty (30) days
26 following issuance of the draft monitoring report. If neither Party submits a written
27 response to a draft monitoring report, the draft report shall become the final report thirty
28 (30) days after issuance of the draft report.

1 The Monitor shall issue a minimum of four (4) monitoring reports. The third
2 monitoring report shall be issued no later than July 15, 2024. The fourth monitoring report
3 shall be issued no later than November 15, 2024. If the SACD is extended beyond
4 January 31, 2025, the Monitor shall issue a minimum of one (1) monitoring tour report
5 every six months until the SACD is terminated.

6 The monitoring reports shall not be confidential, but shall not be publicly posted
7 unless the parties comply with the Stipulated Protective Order, Dkt. 188.

8 The first monitoring report shall make a recommendation regarding the issue
9 identified in Section V.D of the SACD concerning step down cells.

10 **E. Investigation of Complaints**

11 The Monitor shall investigate relevant complaints or reports relating to Jail
12 conditions related to the SACD received from class members or from Class Counsel.
13 Class members may submit complaints or other information about conditions at the Jail
14 directly to the Monitor, who shall then investigate any relevant issues raised by the class
15 member or class members. Defendants shall cooperate in good faith with the Monitor's
16 investigations. The Monitor shall identify the resolution of any complaints in the
17 monitoring reports. Nothing in the SACD shall be interpreted as precluding Class Counsel
18 from conducting their own investigations of complaints related to Defendants' compliance
19 with the SACD.

20 **F. Fees for Monitoring**

21 The Monitor shall be entitled to reasonable fees for work performed. Twice a year,
22 the Monitor shall submit a fee request to the County of Yuba. Those fees shall be paid
23 within thirty (30) days. If there is a dispute as to the fees, an undisputed portion shall be
24 paid within that thirty (30) day timeframe. Any dispute as to fees may be submitted to the
25 Court for resolution.

26 **G. Class Counsel**

27 Class Counsel has been appointed by the court to represent the interests of the class
28 members as to issues raised in the SACD. Nothing in the SACD shall be interpreted as

1 limiting Class Counsel’s ability to represent the Class in this matter or to monitor
2 Defendants’ compliance with the SACD. However, Class Counsel acknowledges that the
3 intent of the parties in agreeing to have a Monitor is to have the Monitor be primarily
4 responsible for monitoring Defendants’ compliance with the SACD.

5 The County shall produce to Class Counsel all documents produced to the Monitor.

6 Class Counsel shall be permitted to accompany and observe the Monitor during all
7 of the Monitor’s tours of the Jail.

8 On a quarterly basis, Defendants shall provide to Class Counsel the same
9 documents, set forth in **Exhibit A** that are produced to the Monitor.

10 In addition to these quarterly document productions, Class Counsel may request any
11 other documents maintained by the County or its contracted mental health provider which
12 relate to compliance with this SACD. The County shall produce records requested within
13 a reasonable time.

14 Records and documents requested that contain class members’ protected health
15 information shall be produced consistent with the Stipulation and Order entered by the
16 Court on May 17, 2021, Dkt. 265. Defendants and any third-party with whom Defendants
17 contract to provide medical or mental health care to class members in the Yuba County
18 Jail, including but not limited to the Third-party Medical Provider or its affiliated entities,
19 shall produce to Class Counsel medical and mental health records for specific class
20 members so long as Class Counsel articulates in its request for such records a statement of
21 good cause and the time period covered by the request. The term “good cause” shall mean
22 that Class Counsel has articulated a reason for reviewing the records that is related to its
23 monitoring of Defendants’ compliance with the SACD.

24 If a dispute arises as to the existence of good cause for the production of requested
25 records, the parties shall meet and confer to resolve such issues. If the parties cannot
26 resolve a dispute over whether good causes exists for the production of requested records,
27 Class Counsel may seek relief in Court.

28 Medical and mental health records produced to Class Counsel are subject to the

1 Stipulated Protective Order entered by the Court on February 7, 2017, Dkt. 188.

2 Nothing in this SACD shall affect Class Counsel's ability to obtain medical or
3 mental health records for individual class members by presenting a signed authorization to
4 Defendants that authorizes the release of such records to Class Counsel. Medical and
5 mental health records produced by Defendants to Class Counsel in response to a signed
6 authorization shall not be subject to the Stipulative Protective Order in this case.

7 Class Counsel and their designated agents shall be allowed to interview any
8 incarcerated person within the Jail related to Defendants' compliance with the SACD,
9 unless that particular incarcerated person states that he or she does not want to speak to
10 Class Counsel. Class Counsel will not seek attorney fees for communications that are not
11 related to Defendants' compliance with the SACD. Visits by Class Counsel or their
12 designated agents to speak with incarcerated persons shall be handed the same as all
13 attorney visits. Students enrolled in the King Hall Civil Rights Clinic at the University of
14 California at Davis School of Law shall be permitted to conduct attorney visits with
15 incarcerated persons without their supervising attorney being physically present at the Jail
16 so long as the Supervising Attorney for the Clinic sends, in advance and in writing, the
17 names of any Clinic students to the Jail Captain and Jail Lieutenant.

18 As set forth in the Section X, Class Counsel shall be entitled to fees for work related
19 to this SACD.

20 **H. Reporting of Non-compliance**

21 The Sheriff shall be responsible for reporting to the Monitor and Class Counsel any
22 material variances between the procedures and practices in the Jail and the provisions of
23 this SACD. Such variances must be reported in writing within ten (10) days of becoming
24 aware of the variance.

25 **I. Notice to Incarcerated People of the SACD**

26 At the time of booking, each new arrestee shall be given a copy of a booklet which
27 accurately summarizes the provisions of this SACD. Spanish translations of this booklet
28 must be made available. If an individual cannot read the booklet, good faith efforts must

1 be made to read or otherwise inform the incarcerated person of the content of the
2 summary.

3 Defendants shall provide notice of the SACD and the names and contact
4 information of the Monitor and Class Counsel on a poster, prominently displayed in
5 English and Spanish (1) in the booking area in a place where all incarcerated people being
6 booked into the Jail can see it, (2) in all housing units, (3) in the library, (4) in the area of
7 the Jail where Defendants provide mental health care to incarcerated people, and (5) in the
8 Jail Handbook.

9 **IX. PROCESS FOR APPROVAL OF THE SACD**

10 **A. Court Approval**

11 The SACD will be subject to approval by the Court. The parties agree that time is
12 of the essence and that all reasonable efforts will be made to have final approval of this
13 SACD granted as soon as possible.

14 **B. Preliminary Approval by the Court**

15 As soon as possible, but no more than fifteen (15) days of signing the fully executed
16 SACD, Plaintiffs and Defendants will jointly submit a request to the Court to:

17 (i) preliminarily approve the SACD, including a preliminary finding that the SACD
18 satisfies the requirements of 18 U.S.C. § 3626(a)(1)(A); (ii) direct notice to the Class; (iii)
19 set forth procedures and deadlines for comments and objections to the SACD; and (iv)
20 schedule a fairness hearing.

21 **C. Notice to Class of the SACD Pursuant to Federal Rule of Civil
22 Procedure 23(e)**

23 The Parties will jointly request approval by the Court of notice pursuant Federal
24 Rules of Civil Procedure Rule 23(e). To the extent the Court determines that any
25 modifications to the notice are required, the parties will make such modifications prior to
26 distribution of the notice to the class. Following the Court's issuance of a preliminary
27 approval order, the parties will immediately provide notice of the proposed SACD,
28 advising members of the Class of the terms of the proposed SACD and their right to object

1 to the proposed SACD. The parties will jointly request that the Court order a thirty (30)
2 day period for members of the Class to object to the SACD. Within three (3) days after the
3 Court has issued a Preliminary Approval Order the notice will be posted: (1) on the
4 County's official website (www.co.yuba.ca.us/); and (2) in all Jail facilities operated by
5 Defendants, including, but not limited to, in all dayrooms, all medical clinic spaces, the
6 visiting area, and the intake area.

7 **D. Objections to the SACD**

8 Incarcerated people may object to the proposed SACD by submitting their objection
9 to the Court in writing no later than a date set by the Court in this case after preliminary
10 approval of the SACD.

11 **E. Fairness Hearing**

12 The Parties will jointly request that the Court schedule and conduct a fairness
13 hearing to decide whether to grant approval to the SACD. At the fairness hearing, the
14 Parties will jointly move for the Court: (i) to grant final approval to the SACD, including a
15 finding that the SACD satisfies the requirements of 18 U.S.C. § 3626(a)(1)(A) in that the
16 SACD is narrowly drawn, extends no further than necessary to correct the violation of the
17 Federal right, and is the least intrusive means necessary to correct the violation of the
18 Federal right of the Plaintiffs; (ii) to retain jurisdiction over the parties to enforce the terms
19 of the SACD until the date the SACD terminates.

20 **X. ATTORNEYS' FEES, COSTS, AND EXPENSES**

21 The parties acknowledge that Plaintiffs' counsel has a right to request
22 reimbursement of reasonable attorneys' fees, expenses, and costs incurred for representing
23 the Class.

24 Plaintiffs may petition the Court for an award of no more than \$75,000 per year in
25 attorneys' fees, expenses, and costs arising from representing the Class. The lodestar used
26 for all monitoring work shall be at the hourly rate then authorized by the PLRA. The
27 monitoring year for purposes of attorneys' fees, expenses and costs shall begin on the date
28 the SACD is approved by the Court. The parties have agreed that once a Monitor is

1 selected, that person is to immediately begin monitoring responsibilities set forth in section
2 VIII. The parties acknowledge the need to take all necessary steps to make the monitoring
3 process as cost efficient as possible. To that end, Defendant shall cooperate in good faith
4 in providing requested information to Class Counsel, including the quarterly documents
5 required to be produced as set forth in this SACD, and Plaintiffs shall use the University of
6 California at Davis School of Law Clinic as may be reasonable under the circumstances for
7 monitoring.

8 If in a given year Plaintiffs believe additional reimbursement for representing the
9 Class is required, the parties shall meet and confer to attempt to resolve the issue. If the
10 issue cannot be resolved, then Plaintiff's counsel may file a motion to establish good cause
11 for the need for additional reimbursement for representing the Class.

12 The \$75,000 annual cap does not apply to litigation in the District Court or future
13 appeals, if any. If Plaintiffs' counsel pursues litigation or appeal, a separate motion for
14 attorneys' fees, expenses, and costs must be filed. Prior to doing so, the parties are to meet
15 and confer and attempt to reach an agreement on the attorneys' fees, expenses, and costs.

16 The parties agree that Plaintiffs' counsel shall submit, on a semi-annual basis,
17 requests for attorneys' fees, litigations expenses, and costs to Defendants to cover their
18 reasonable fees and costs spent on representing the Class. Prior to submitting any
19 application or motion for attorney fees, expenses, and costs, the parties shall meet and
20 confer in order to attempt to come to an agreement on the amount that is recoverable. As
21 part of the meet and confer process, Plaintiffs' counsel shall provide all documentation
22 relating to the attorneys' fees, expenses, and costs being claimed.

23 **XI. RESERVATION OF JURISDICTION AND ENFORCEMENT**

24 The parties consent to the reservation and exercise of jurisdiction by the Court over
25 all disputes between and among the parties arising out of this SACD. Defendants will not
26 assert, after the final approval by the Court of the SACD, that the Court lacks the authority
27 to enforce the terms of this SACD, or raise any jurisdictional defense to any enforcement
28 proceedings permitted under the terms of this SACD.

1 If Class Counsel believes the Defendants are violating any provision of this SACD,
2 they shall first meet and confer in good faith with Defendants to attempt to remedy the
3 claimed violation, as set forth below. If the meet and confer efforts fail, Class Counsel
4 may file a motion with the Court to seek an order that the Defendants are not in substantial
5 compliance with the SACD. In the event the Court finds that Defendants have not
6 substantially complied with the SACD, it shall in the first instance require Defendants to
7 submit a plan for approval by the Court to remedy the deficiencies identified by the Court.
8 Plaintiffs shall have an opportunity to file objections to any plan submitted to the Court by
9 Defendants. In the event the Court subsequently determines that the Defendants' Court-
10 approved plan did not remedy the deficiencies, the Court shall retain the power to enforce
11 this SACD through all remedies provided by law.

12 The Court shall retain jurisdiction to enforce the terms of this SACD through
13 specific performance and all other remedies permitted by law or equity.

14 The Court shall be the sole forum for the enforcement of this SACD. Any order to
15 achieve substantial compliance with the provisions of this SACD shall be subject to the
16 applicable provisions of the Prison Litigation Reform Act, 18 U.S.C. § 3626.

17 As identified above, the parties are required to meet and confer prior to involving
18 the Court in any dispute. If Class Counsel believes that Defendants are not substantially
19 complying with any of the acts required by this SACD they shall notify Defendants in
20 writing of the facts supporting their belief. Defendants shall investigate the allegations and
21 respond in writing within thirty (30) days. If Class Counsel are not satisfied with
22 Defendants' response, the parties shall conduct negotiations to resolve the issue(s). If the
23 parties are unable to resolve the issue(s) satisfactorily, either party may move the Court for
24 any relief permitted by law or equity. In cases of particular urgency that are central to the
25 purpose of the SACD, a party may opt to bring disputes directly to the Court.

26 This SACD may be enforced only by the parties hereto. Except as set forth above,
27 nothing contained in this SACD is intended or shall be construed to evidence an intention
28 to confer any rights or remedies upon any person other than the parties hereto.

1 **XII. TERMINATION AND EXTENSION**

2 The SACD shall terminate on January 31, 2025, unless prior to December 1, 2024,
3 Plaintiffs file a motion to extend the term of the SACD, in which case the SACD shall
4 remain in place until the Court rules on Plaintiffs’ motion. If the Monitor does not, as
5 required by Section VIII.D, file its fourth monitoring report by November 15, 2024, then
6 Plaintiffs’ deadline for filing a motion to extend the term of the SACD shall be extended
7 by the number of days by which the Monitor’s fourth report exceeds the November 15,
8 2024 deadline.

9 By no later than August 1, 2024, the parties shall meet and confer regarding
10 whether Defendants are not in substantial compliance with all or part of the SACD. Prior
11 to the meet and confer, Plaintiffs shall, in writing, provide Defendants with notice of any
12 provisions of the SACD with which Plaintiffs contend Defendants are not in substantial
13 compliance. At the meet and confer, the parties shall in good faith attempt to resolve any
14 disputes about compliance. The Monitor shall attend and participate in the meet and
15 confer. If the parties are unable to reach agreement, the parties shall also meet and confer
16 regarding a discovery plan in connection with a motion to extend the term of the SACD.

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1 Nothing in this Second Amended Consent Decree shall limit the parties' rights to
2 challenge or appeal any finding as to whether Defendants are not in substantial compliance
3 with the Second Amended Consent Decree or consequent orders entered by the District
4 Court.

5 IT IS SO STIPULATED.

6
7 DATED: February 02, 2023

MICHAEL J. CICCOZZI
County Counsel for Yuba County

8
9 By: 
10 Michael J. Ciccozzi
11 Joseph Larmour

12 DATED: _____, 2023

PORTER SCOTT
A Professional Corporation

13
14 By: _____
15 Carl L. Fessenden

16 Attorneys for Defendants

17 DATED: _____, 2023

ROSEN BIEN GALVAN & GRUNFELD LLP

18
19 By: _____
20 Gay Crosthwait Grunfeld

21 DATED: _____, 2023

UC DAVIS CIVIL RIGHTS CLINIC

22
23 By: _____
24 Carter C. White

25 Attorneys for Plaintiffs
26
27
28

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2 challenge or appeal any finding as to whether Defendants are not in substantial compliance
3 with the Second Amended Consent Decree or consequent orders entered by the District
4 Court.

5 IT IS SO STIPULATED.

6
7 DATED: _____, 2023 MICHAEL J. CICCOZZI
8 County Counsel for Yuba County

9 By: _____
10 Michael J. Ciccozzi
11 Joseph Larmour

12 DATED: February 22, 2023 PORTER SCOTT
13 A Professional Corporation

14 By: /s/ Carl L. Fessenden
15 Carl L. Fessenden
16 Attorneys for Defendants

17 DATED: February 22, 2023 ROSEN BIEN GALVAN & GRUNFELD LLP

18 By: Gay Crosthwait Grunfeld
19 Gay Crosthwait Grunfeld

20
21 DATED: February 22, 2023 UC DAVIS CIVIL RIGHTS CLINIC

22
23 By: /s/ Carter C. White
24 Carter C. White

25 Attorneys for Plaintiffs
26
27
28

Exhibit A

Quarterly Document Production

- A list, generated on the last day of each month in the quarter, of all incarcerated people who are on the mental health case load
- A list, generated on the last day of each month in the quarter, of all incarcerated who are prescribed psychotropic medication
- Check Sheets prepared by the County and Wellpath for following cells: Safety/Isolation Cells; Sobering Cells; Holding Cells; Step-Down Cells
- All memoranda documenting late safety and security checks on people in safety and Step-Down
- Exercise Yard Logs for Restrictive Housing units, including, but not limited to, A-Pod; S-Tank; M-Cells; Q-1; Q-2; Q-3; Safety Cells; Holding Cells
- Mental Health Sick Call Logs for the 2d, 5th, 13th, 14th, 18th, 24th, 26th, and 30th of each month
- Quarterly Analysis for QA Meetings that relate to mental health care or any other issues covered by the Second Amended Consent Decree.
- Wellpath Staffing Reports created for the county, if any
- Random Selection of Monthly Intake Health Screenings consisting of 10% of all forms completed each quarter, unless Plaintiffs make a showing that an additional number shall be produced for a certain month
- All non-confidential or non-attorney-client Death in Custody Reports and Morbidity & Mortality Reports and meeting minutes
- All non-confidential or non-attorney-client privileged Quality Assurance and/or Quality Improvement documents, if provided to the county, that are related to the provision of mental health care or any other issues covered by the Second Amended Consent Decree. These may include Wellpath morbidity and mortality reports.
- Quarterly assessment of the timeliness of providing sick call services for mental health-related requests
- Complete set of all County and Wellpath Policies related to mental health care or any other issues covered by the Second Amended Consent Decree that were updated within the last quarter

- Hallway Logs which show out-of-cell time for incarcerated people in all Restrictive Housing, including, but not limited to: A Pod; S-Tank; M-Cells; Q-1; Q-2; Q-3; Safety Cells; Holding Cells
- Logs of all prisoners found incompetent to stand trial showing how long they have been at the Jail
- A monthly point in time snapshot list of incarcerated people placed in Administrative Segregation during the quarter generated on the last day of each month in the quarter
- 25% of Classification Reports during the quarter for incarcerated people placed or retained in Administrative Segregation
- 100% of clearance forms received by Wellpath from Rideout or other local hospitals allowing the return of incarcerated people to the jail after emergency mental health treatment
- Referral Forms generated by Wellpath when transferring incarcerated people to an inpatient psychiatric or other mental health facility or local hospital for emergency or mental health care
- Documents reflecting the involuntary administration of psychotropic medications
- 25% of logs documenting Wellpath Mental Health Rounds in Administrative Segregation, unless Plaintiffs make a showing that an additional number shall be produced for a certain month
- A list of all incarcerated people referred to tele-psychiatry
- Update regarding Defendants' efforts to create and fund a more expansive medication-assisted treatment program