

Babu v. Ahern
Consent Decree Seventh Confidential Status Report
Case No. 5:18-cv-07677-NC
Terri McDonald Consulting LLC
Sacramento, CA
October 10, 2025

The following are excerpts from the Consent Decree provisions assigned to Terri McDonald for monitoring. This document will have a summary of those provisions followed by the specific provision language and this Joint Expert's findings and recommendations. Connected provisions have been combined for this status report; however, several will likely be separated in future reports as the County increases compliance. Additional recommendations may also be added in subsequent reports as additional information is gleaned during implementation. While this report is dated October 10, 2025, only information provided January through June 30, 2025 has been included in this reporting period.

The summary chart below reflects an overview of the specific provisions, utilizing the following codes:

DC	Monitoring Discontinued
SC-DC	Recommend Discontinuation of Monitoring
SC	Substantial Compliance
PC	Partial Compliance
INYR-N/A	Implementation Not Yet Required – Not Applicable

Summary of Ratings

Requirement	Current Rating	Prior Rating	Page Number
200. Sufficient Custody Staff to Comply with Consent Decree	PC	PC	6
201. Filling Custody Positions	PC	PC	7
202. Creation of Behavioral Health Access Team	PC	PC	11
203. Creation of Emergency Health Care Access Team and Clinic Deputy Escorts	PC	PC	13
402. Out of Cell Time for Recreate Alone (Step 1) Populations Following Yard Capacity Expansion.	INYR – N/A	INYR – N/A	14
403. Structured Activity Time for Recreate Alone (Step 2) Populations Following Yard Capacity Expansion.	INYR – N/A	INYR – N/A	14
405. Out of Cell Time for Step 2 Populations Following Yard Capacity Expansion,	INYR – N/A	INYR – N/A	14
407. Structured Activity Time for Step 2 Populations Following Yard Capacity Expansion.	INYR – N/A	INYR – N/A	14
409. Out of Cell Time for General Population – Celled Housing	PC	PC	15
410. Structured Activity Time for General Population – Celled Housing	PC	PC	15
411. Out of Cell Time and Structured Activity for Step 1 and Step 2 Populations Effective immediately	PC	PC	21

412. Out of Cell Time and Structured Activity for Step 1 and Step 2 Populations Beginning on the fourth month after the Effective Date of the Consent Decree	PC	PC	21
414. Reconfiguration of Recreation Spaces Within Twenty-four(24) Months of the Effective Date of the Consent Decree	PC	PC	27
415. Access to Bathroom Facilities During Out of Cell Time Activities	SC-DC	SC - DC	29
417. Documenting Exceptions to Out of Cell Activities due to Unusual Circumstances	PC	PC	30
418. Procurement and Activation of Electronic Information System to Track Out of Cell Time	PC	PC	32
419. Notification of Mental Health Staff When Incarcerated Person Repeatedly Refuse to Exit Cell or Neglect Basic Care	PC	PC	33
420. Development of Plan to Reconfigure Recreation Spaces	PC	PC	35
421. Maximize Outdoor Recreational Time	PC	PC	35
422. Behavioral Health Clients Involvement in Programming and Evaluation of Available Work Assigns to Increase Opportunities	PC	PC	37
423. Equal Access to Programming for Behavioral Health Clients and Alternative Custody Opportunities.	PC	PC	37
424. Evaluation of Potential Expansion for Programming Space.	PC	PC	42
500. Update to Use of Force Policies and Training	PC	PC	43
501. Use of Force Policy to Include Specific Mandates.	PC	PC	44
502. Mental Health Staff Role in Pre-Planned Use of Force Incidents	PC	PC	52
503. Use of Force Reviews and Expansion of Fixed Cameras	PC	PC	53
504. On-Going Refinement of Use of Force Policies and Training	DC	SC-DC	61
505. Utilization of Special Restraints and Discontinuation of the WRAP device.	PC	PC	61
506. Medical and Mental Health Staff Role When Specialized Restraints are Used	PC	PC	63
507. Updates to the Special Restraint Policies and Training.	PC	PC	63
600. Access to Grievances and Grievance Trend Analysis	SC	PC	64
712. Alert System to Address Delays in Intake Processing	SC	PC	65
749. Cleaning of Safety Cells.	DC	SC - DC	67
750. Modesty Garments and Safety Cells	SC	Not Rated	70
751. Working Call Buttons in Living Units	PC	PC	69

754. Emergency Response Equipment and Access to Cut Down Tools.	DC	SC - DC	70
760. Clinicians Role in Restricting Property and Privileges Associated with Suicide Precautions.	PC	PC	70
761. Training in Security Checks and Emergency Response to Suicide Attempts	SC - DC	SC	73
763. Supervisor Review of Security Checks.	SC	SC	74
768. Out of Cell Time in Therapeutic Housing Units	PC	PC	77
743. De-escalation Training	PC	PC	83
800. Establishment of Incarcerated Person Advisory Council and Ombudsman Program	PC	PC	84
1200. Development of Consent Decree Implementation Plan.	SC	PC	85

Commonly Used Acronyms

ACSO	Alameda County Sheriff's Office
AFBH	Adult Forensic Behavioral Health
BH	Behavioral Health
BHI	Behavioral Health Incarcerated Person
CCC	Crisis Communications for Corrections
DC	Detention and Corrections Division - ACSO
GO	General Order – ACSO Policy
IOL	Intensive Observation
IP	Incarcerated Person
ITR	Intake, Transfer and Release
NA	Not Applicable
NC	No Change
RFID	Radio Frequency Identification Device
RH	Restricted Housing
STEC	Sandy Turner Education Center
SRJ	Santa Rita Jail
THU	Therapeutic Housing Unit
UNK	Unknown

Associated Policies

The vast majority of the Provisions require an update to policies, forms, post orders and training. The Incarcerated Person Handbook requires updates to comply with the Consent Decree as well. Additionally, each entity responsible for a provision may need their post orders, job descriptions or duty statements updated to comply. The following list of documents is not exhaustive but represents the status of pending or recently updated policies that apply to at least one provision in this report:

1.05 (GO)	Use of Force
1.20 (GO)	Taser X-2
1.21 (GO)	Less Lethal Weapons Systems
3.10 (DC)	Daily Attendance Report – Requires Update

3.21 (DC)	Personnel Selection, Promotions, Retention and Staffing – Published November 21, 2023
3.27 (DC)	Position Control – Published November 21, 2023
3.29 (DC)	Special Management Unit Staffing – Published November 21, 2023
3.30 (DC)	Mandatory and Voluntary Overtime Assignments – Requires Update
4.02 (GO)	Training - Published November 21, 2023
4.01 (DC)	Facility Training Plans – Published November 21, 2023
4.02 (DC)	<i>Facility Personnel Training -Updated February 25, 2023</i>
5.69 (GO)	<i>WRAP Device – Updated and Approved</i>
6.01 (DC)	Repair and Minor Construction ACSO – Updated October 10, 2022
6.02 (DC)	Facility Plant Maintenance – Updated October 10, 2022
7.01 (DC)	Fire Safety – Published January 26, 2024
7.03 (DC)	Emergency Alarm Response – Updated March 10, 2023
7.14 (DC)	Infectious Disease Control – Updated April 5, 2023
8.09 (DC)	Transportation/Movement and Use of Restraints – Addressed in 8.11
8.11 (DC)	Emergency Medical Transportation – Updated January 26, 2024
8.12 (DC)	Incarcerated Person Observation and Direct Visual Supervision – September 5, 2023
8.13 (DC)	Use of Safety Cell – Updated April 6, 2023
8.17 (GO)	Body Worn Cameras – Pending Further Review
8.26 (DC)	Use of Special Restraints – Updated February 24, 2024
8.28 (DC)	Resistant Incarcerated Person Management – Archived – Refer to 21.01.02
8.29 (DC)	Positional Asphyxia – Requires Update
8.31 (DC)	Selection of Housing Unit Inmate Workers – Requires Update
9.01 (DC)	Disciplinary Isolation – Archived
9.02 (DC)	Restrictive Housing – Updated November 21, 2023
9.03 (DC)	Protective Custody – Updated September 25, 2023
9.04 (DC)	Therapeutic Housing Policy – Published July 31, 2024
9.07 (DC)	Deprivation of Authorized Items or Activities – Published July 23, 2024
9.08 (DC)	Contract Agency Inmates – January 27, 2023
9.09 (DC)	Special Incarcerated Person Management Plan – Published August 19, 2025
9.10 (DC)	Max Separation Incarcerated persons – Archived
9.11 (DC)	Effective Communication – Published February 6, 2024
10.01 (DC)	General Security Post Order – Archived
10.02 (DC)	Lieutenant/Watch Commander Post Order – Updated October 20, 2023
10.03 (DC)	Sergeant/Shift/Supervisor Post Order – Updated May 3, 2023
10.04 (DC)	Intake Deputy Post Order – Requires Update
10.05 (DC)	Housing Unit Deputy Post Orders – Updated October 31, 2023
10.08 (DC)	Clinic Officer Post Orders – Updated March 16, 2023
10.09 (DC)	Kitchen Officer Post Orders – Updated October 24, 2023
10.11 (DC)	Intake, Transfer, Release (ITR) Technician Post Order – Updated May 23, 2023
10.12 (DC)	Housing Control Post Orders – Updated June 28, 2023
10.18 (DC)	Yard Deputy Post Order – Updated June 26, 2023
10.30 (DC)	BHAT Deputy Post Orders – Requires Update
10.32 (DC)	ADA Officer Post Orders – Updated August 28, 2023
11.01 (DC)	Intro to Intake – Refer to 10.02
11.02 (DC)	Intake Procedure – Requires Update
12.01 (DC)	Intake Classification – Published January 23, 2024
12.02 (DC)	Reclassification – Updated March 22, 2023
12.08 (DC)	Incarcerated Person Work Program – Requires Update
13.01 (DC)	Medical and Behavioral Health Care – Requires Update
13.02 (DC)	Access to Care Policy – Requires Update

13.06 (DC)	Suicide Prevention – <i>Updated June 30, 2023</i>
13.12 (DC)	Behavioral Health Referral Form – <i>Archived</i>
15.01 (DC)	Sanitation Schedule – Requires Update
15.02 (DC)	Safety and Sanitation Inspection – <i>To be addressed in 15.01</i>
16.01 (DC)	Incarcerated Person Discipline – <i>Updated July 11, 2023</i>
16.02 (DC)	Incarcerated Person Rules and Information – <i>Updated June 21, 2023.</i> Incarcerated Person Handbook – <i>Updated June 21, 2023</i>
16.03(DC)	Incarcerated person Grievance Procedure – <i>Published April 30, 2025</i>
17.02 (DC)	Visiting – <i>Updated October 24, 2023</i>
18.01 (DC)	Intro to Incarcerated Person Services – Requires Update
18.02 (DC)	Incarcerated person Operational Programs – Requires Update
18.05 (DC)	Volunteer Services and Programs – Requires Update
18.07 (DC)	Religious Services – Requires Update
18.09 (DC)	Educational Program Planning – Requires Update
18.10 (DC)	Vocational Training Programs – Requires Update
18.11 (DC)	Social Services Programs – Requires Update
18.12 (DC)	Recreation and Incarcerated person Activity Program – <i>Updated March 9, 2023</i>
18.14 (DC)	Tablet Access – <i>Updated February 29, 2023</i>
18.17 (DC)	Parenting Program – <i>Published November 21, 2023</i>
8.18 (DC)	Inmate Death – <i>Updated June 26, 2023</i>
20-02	Santa Rita Jail Mandatory Overtime Program – <i>Updated January 2020</i>
20-17	Mandatory Overtime Frequently Asked Questions – <i>Updated October 2020</i>
21.01.01 (DC)	Use of Force Addendum In-Custody Use of Force – <i>Updated March 14, 2023</i>
21.01.02 (DC)	Controlled Response to Resistant Inmate – <i>Updated October 4, 2024</i>
21.03.01(DC)	Force Training and Compliance Unit – <i>Instituted July 1, 2022</i>
21.03.02 (DC)	Force Training and Compliance Unit Force Incident Review and Routing – <i>Instituted March 14, 2023</i>

FINDINGS

(200) Defendants shall maintain sufficient mental health and custody staff to meet the requirements of this Consent Decree, including maintaining sufficient mental health clinical staffing to provide for adequate 24-hour coverage, seven days a week, and sufficient custodial staff to ensure that programming, recreation, transportation and movement, out-of-cell and outdoor time and all other jail functions can proceed safely. To the extent possible, Custody staff assigned to positions where mental health training is required, including staff assigned to the Therapeutic Housing Units, shall be strongly encouraged to serve in these roles for at least three years to provide for consistency and to maximize the benefit of the training and expertise of the staff assigned to these areas.

Finding: **Partial Compliance¹**

The ACSO has shown an increase in the average number of deputies assigned per day, increasing from an average of 100 deputies per day in the last reporting period to an average of 112.25 deputies this reporting period. Pursuant to ACSO's 2025 Annual Staffing Certification, the target for the number of deputies assigned on the dayshift is currently seventy-five (75) deputies and forty-five (45) for the overnight shift

¹ The Mental Health Expert will report on mental health hiring and staffing.

for a total of 120 deputies.² While there is a change in the targeted number of staff between days and overnight from the prior report, the total number of target deputies per day remains 120. The ACSO reallocated positions from overnight to work during the days to increase out-of-cell and access to programming, which is an appropriate change.

During this rating period, the County activated and deactivated housing units to accommodate construction associated with the Consent Decree. Housing unit missions were also adjusted in response to population changes, consistent with standard correctional practices. Three pods—Housing Units 1C, 2C, and 9C—were permanently closed and repurposed as program space, thereby reducing the population capacity of these areas. Despite these changes, ACSO maintained the same staffing levels, citing the complex mission requirements of these housing units.

ACSO staffing during this review period averaged 110 deputies per shift, returning to the January through June 2024 level. The Department has reduced reliance on overtime, a trend that may contribute to improved unit stability and staff morale. However, staffing levels remain below both the internal commitment of 120 deputies per day and the requirements outlined in the Consent Decree. ACSO has elected not to use overtime to meet these mandates, although mandatory overtime continues to be required within the jail division. Data reflects an average of 50 deputies per day working overtime during the January through June 2024 review period, compared to 39 per day in the same period of 2025—representing a 23 percent reduction.

Technician staffing averaged 61 per day over the current review period, a decrease from 63 in the previous period.

At present, the County has not established appropriate staffing levels across all housing units and support divisions. While an overall hiring target exists in alignment with the Consent Decree, no strategy has been defined to identify staffing needs for functional areas such as restricted housing, therapeutic units, transportation, emergency response, or the compliance unit. Furthermore, ACSO lacks a standardized scheduling and tracking system capable of monitoring, in real time, staff assigned to posts or redirected for transportation and other duties.

It is recommended that the County establish staffing levels tailored to unit design and classification requirements, define the size and configuration of ancillary units to support operations, and implement staff scheduling software capable of real-time monitoring. Such steps would support compliance, enhance operational efficiency, and reduce reliance on potentially inaccurate end-of-shift reports. The County reports they are exploring the feasibility of conducting a staffing analysis and will provide further detail in the next reporting period.

Recommendations:

1. *³Continue hiring associated with Provision 201.
2. *Consider ending the contract to house federal inmates in the jail.
3. *Evaluate non-Custody divisions of the Sheriff Office to redirect staff into the jails until such time as hiring can increase.
4. *Create a metrics report that trends daily staffing for all shifts and identifies any barriers that the number of available posts, vacancies or redirects have on programming or compliance with the

² Annual Staffing Certification March 13, 2025

³ All recommendations that begin with an asterisk were noted in prior report(s).

Consent Decree.⁴ Work with the Joint Experts to prioritize available resources should that be the case.

5. *Consult with Joint Experts about how adding Technicians or Custody Deputies could improve security checks and jail operations.

(201) Defendants further agree to implement the recommendations contained in the Staffing Report, including: (1) making best efforts to hire a total of two hundred fifty-nine (259) sworn staff and seventy-two (72) non-sworn staff over a three-year period to work in the Jail in order to reach the minimum staffing levels required to safely operate the Jail without employing mandatory overtime, these positions shall be devoted solely to staffing the Jail, and the Sheriff shall certify annually that these positions are used solely for the Jail;⁵

Finding: *Partial Compliance*

Assessment:⁶

Since the onset of monitoring, the County temporarily reduced the hiring goal for *deputy* positions. To maintain a historical record of changes in authorized positions, the following is repeated from prior reports:

The target pursuant to the Settlement Agreement is the employment of 656 *deputies* and 285 *technicians* which were to be filled by August 2024. However, according to the June 2024 Bi-Weekly Staffing report, the number of authorized *deputies* was reduced to 648 positions, or a loss of eight (8) authorized *deputy* positions. The ACSO reports this is a temporary redirect of position authority to support units within ACSO to assist with jail operations by increasing training, background, recruitment and internal affairs staff. This is a reasonable approach to support jail operations and will be reviewed as ACSO is closer to filling all jail deputy positions.⁷

It is noted that the *deputy* vacancies decreased from the Sixth Monitoring Report which documented 305 *deputy* vacancies as of December 21, 2024;⁸ the July 5, 2025 staffing report reflects there were 282 *deputy* vacancies, resulting in a 43 percent vacancy rate.⁹ The County increased the number of *technicians* by eleven staff members, representing an 18 percent vacancy rate in the *technician* classification.

Bi-Weekly Staffing Report Ending July 5, 2025

⁴ The Joint Experts and/or the National Institute of Corrections (NIC) can assist.

⁵ Note due to the complexity of this provision, the provision has been separated into five (5) subsections with the Finding documented below Provision (201)(1) and the Recommendations below in Provision (201)(5)

⁶ These findings are specific to custody positions as the Mental Health Expert will conduct mental health staffing analysis.

⁷ Note: ACSO reported during this monitoring period there has been a historical error in the Expert's position calculation and ACSO under identified filled positions. As the expert was not able to evaluate the error or reconciled positions during this rating period, it has not been corrected. However, the next reporting period will resolve the discrepancy if one exists as well as correct underreporting of positions as appropriate.

⁸ Page 8.

⁹ For calculation, the total required deputies per the Consent Decree is 656, not the currently authorized 647 positions.

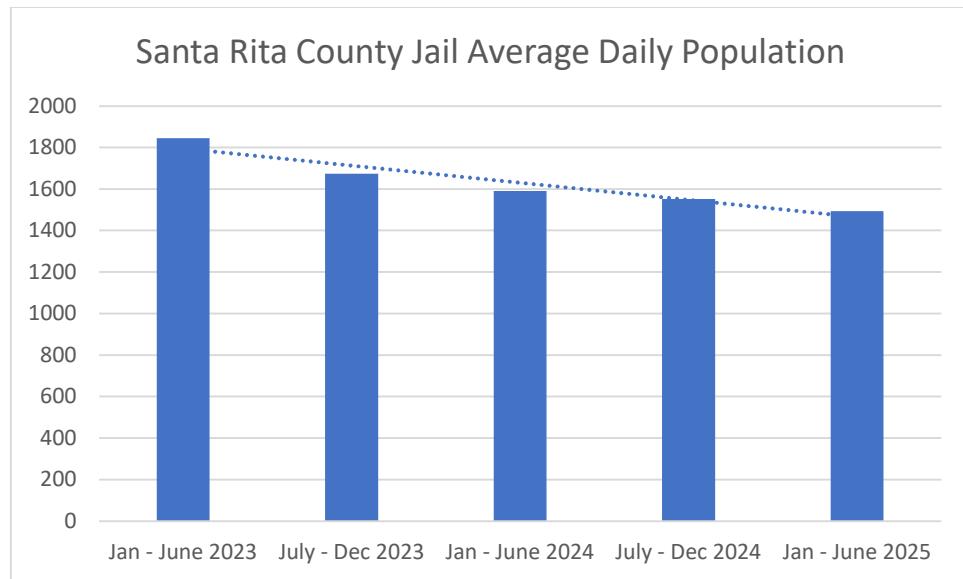
	Ending April 4, 2020	Ending December 21, 2024	Ending July 5, 2025	Change from April 4, 2020	Change Since December 21, 2024
Authorized Badge Positions	404	648	647	243	-1
Authorized Non-Badge Positions	211	281	282	70	+1
Badge On-Site	278	351	365	88	+14
Non-Badge On- Site	182	220	231	49	+11
Background Investigators	4	13.5	15.5*	9.5	0 ¹⁰

*Includes 1 Sergeant, 10 deputies, 7 retired annuitants and 1 human resources technician.

In the previous report, ACSO indicated that 57 new deputies were expected to complete academy training during the review period. While overall staffing levels increased, the custody division saw a net growth of 14 additional deputy personnel, as ACSO needed to allocate staff to patrol, courts, and other critical public safety roles. For the upcoming review period, ACSO projects that 42 additional deputies will graduate from the academy and approximately 40 more will commence their training, which is anticipated to further decrease custody vacancies. ACSO continues to maintain background operations to support the processing of applications.

It is commendable that the County has sustained a reduction in population, thereby alleviating pressures on staff resources. The County experienced a decrease in the incarcerated population between the last six months of 2024 and the first six months of 2025. Specifically, the average daily population (ADP) decreased from 1,551 individuals during July–December 2024 to 1,493 individuals during January–June 2025, reflecting a four percent reduction as illustrated in the chart on the following page.

¹⁰ The prior report did not reflect all staff assigned to the backgrounds unit; therefore, there has been no change this reporting period.



The following represents recommendations from prior reports:

- (1) Ensure salary and benefits are competitive to lure qualified candidates.
- (2) Ensure a strong recruitment strategy with well-resourced hiring teams available to expedite hiring in a hyper competitive market.
- (3) Cancel contracts related to housing federal inmates that are not critical to the County and ACSO's mission.
- (4) Continue in robust and aggressive alternative to custody efforts with the Criminal Justice and community provider partners.
- (5) Carefully evaluate all functions performed by deputies and technicians to determine if civilianization of those functions can occur.
- (6) Evaluate medical guarding and medical transportation practices to bring more services into the jail and cluster hospital guarding into a secure community setting.
- (7) Engage in robust return-to-work and employee wellness strategies.

(201)(2) cease the practice of carrying out-of-division vacancies in the Detentions & Corrections division;

In Compliance. A position reconciliation was conducted during the previous review period and will be repeated again in December 2025. There is no evidence to suggest that ACSO is carrying out-of-division vacancies in the Detentions and Corrections division.

(201)(3) establish and implement a Compliance Unit consisting of at least one sergeant, two lieutenants, and one captain, to oversee the following subject areas: ADA, Grievance and Appeals, the Prison Rape Elimination Act, revisions to and implementation of updated policies and procedures, Litigation Compliance/Internal Compliance including COVID-19 related issues, and Multi-Service Deputies;

In Compliance. The Compliance Unit has (1) captain, two (2) lieutenants, two (2) sergeants, and five (5) sheriff's technicians. While the Team has shown stability and responsiveness during this rating period, the Monitoring Team notes that current resources may not be sufficient to fully support reforms and maintain consistent internal monitoring. The Unit's effectiveness cannot be fully determined until the County further

demonstrates the ability to conduct effective self-auditing and self-correction. At this time, the team is still primarily in the implementation phase of the agreement and has not yet consistently taken full responsibility for internal data collection, analysis, and corrective action.

(201)(4) provide an annual written certification, each year from the Effective Date, to be sent to Class Counsel pursuant to the Protective Order, by the Sheriff certifying the total number of authorized positions for the Jail, including a breakdown by rank and duties, and the total number of positions filled on an average basis over the past calendar year, including an explanation for any vacancies lasting longer than ninety (90) days; and

In Compliance - The County submitted the annual certification on March 13, 2025 as required. The next certification is due in April 2026.

(201)(5) within six (6) months from the Effective Date, creating a plan to transition to a direct supervision staffing model for all Restrictive Housing Units and Therapeutic Housing Units. The Compliance Captain will be strongly encouraged to serve a minimum assignment of three (3) years.

There have been no changes to this sub provision since the Fourth Monitoring report.¹¹ Refer to Provision 414 for information regarding the timeline for installing deputy workstations in the living areas to support a direct supervision model. There was turnover of the Compliance Captain during this review period, but the previous Grievance Lieutenant was promoted to the position, maintaining continuity. The newly promoted Compliance Captain has implemented reforms to the grievance process. Despite turnover in the Compliance Unit, the jail leadership team remains stable and informed about the Consent Decree requirements.

Recommendations:

1. *Continue with hiring plan and utilization of retired annuitants and overtime to fill vacant posts.¹²
2. *Continue to retain Background Unit personnel and augment with retired annuitants as workload dictates.
3. *Continue with aggressive recruitment and retention strategies.
4. *Continue the process of retaining supervisors in custody, rather than transferring to patrol, to allow for consistency and skill development for the sergeants.
5. *Review workload of deputy and technician personnel to determine if any existing deputy assignments can be effectively performed by non-sworn staff.
6. *Continue to designate deputy posts that are best filled by regularly assigned staff, keeping reliance on overtime in higher risk units to a lower percentage than the medium and low risk units.
7. *Implement the measures described above to address the shortage of staff, including:
 - a. Ensure salary and benefits are competitive to lure qualified candidates.
 - b. Ensure a strong recruitment strategy with well-resourced hiring teams available to expedite hiring in a hyper competitive market.
 - c. Cancel contracts not critical to the County and ACSO's mission.
 - d. Continue in robust and aggressive alternative to custody efforts with the Criminal Justice and community provider partners.

¹¹ See page 10.

¹² It is noted that retired annuitants are not currently utilized to work in housing units but do assist with transportation, which lessens the impact on the redirection of housing unit staff and involuntary overtime. The County is encouraged to consider the use of retired annuitants in housing units as well if that would assist with the vacancy challenges.

- e. Carefully evaluate all functions performed by peace officer and technicians to determine if civilianization of those functions can occur.
- f. Evaluate medical guarding and medical transportation practices to bring more services into the jail and cluster hospital guarding into a secure community setting.
- g. Engage in robust return-to-work and employee wellness strategies.

8. Collaborate with an outside expert and/or the Custody Expert to establish agreed upon staffing levels and support positions based on a dynamic staffing model that takes into consideration various classifications, support needs and staff relief pattern requirements.

(202) Defendants have created a dedicated Behavioral Health Access Team (“BHAT”). Custody staff assigned to the BHAT shall be strongly encouraged to serve at least a three (3) year assignment to provide for consistency and to maximize the benefit of the training and expertise of the Custody staff assigned to this unit. The BHAT shall directly work with AFBH to facilitate: (a) clinical interactions in individual and group settings, (b) assist in facilitating evaluations in the Intake, Transfer, and Release Unit, and (c) group programs. Deputies assigned to the BHAT shall be provided with comprehensive Crisis Intervention/Behavioral Health training developed in coordination with AFBH regarding working with Behavioral Health Clients, including training on de-escalation techniques, problem solving, and particular issues that may be raised when interacting with Behavioral Health Clients. The duration and topics for the training shall be mutually agreed upon by the Parties within sixty (60) days of the Effective Date of the Consent Decree and may be combined with the trainings of all Staff to be conducted pursuant to Section IV(A). Deputies assigned to the BHAT will complete this training prior to beginning their BHAT assignment. Current BHAT deputies shall further receive an annual refresher training on the topics, the duration of which shall be mutually agreed upon by the Parties within sixty (60) days of the Effective Date.

Finding: *Partial Compliance*

Assessment:

The County continues to maintain a BHAT program, assigning an average of four deputies per day, exclusive of weekends and holidays. In reviewing the BHAT escort reports, the County has maintained a stable group of BHAT deputies from the previous report period. During this review period, at least two BHAT deputies were assigned on all regular workdays according to the BHAT daily report. The BHAT reports have also started to list the participants in the group which assists with verification.

The following table reflects the average monthly BHAT escorts for the period January through June 2024 (Q1/Q2 2024) and July through December 2024 (Q3/Q4 2024) followed by the monthly breakdown for the period of January through June 2025:

BHAT Monthly Escort Statistics
January 2024 through June 2025

Time Period	Completed	Refused	% Appts Refused	Groups
	Escorts	Escorts		
January through June 2024 Average	400	31	8%	83
July through December 2025 Average	595	54	9%	124
January 2025	666	125	16%	168
February 2025	685	117	16%	165
March 2025	512	97	19%	151
April 2025	711	102	14%	139
May 2025	609	114	19%	134
June 2025	658	95	14%	112
Q1/Q2 Average	591	108	14%	145
Difference	N/A	100%	53%	17%

Between July–December 2024 and January–June 2025, completed escorts remained essentially unchanged (595 vs. 591 per month), but refusals doubled from 54 to 108 per month, with the refusal rate rising from 9% to 14%. At the same time, group activity increased from an average of 124 groups per month to 145 groups per month, representing a 17% increase. This shows that while escort capacity remained consistent and group offerings increased, the sharp rise in refusals signals growing challenges with compliance and participation as group programming expanded. This issue is best addressed by the Mental Health Monitor as group capacity continues to expand. However, Custody leadership should be mindful of increasing refusal rates as this could be an indicator of additional training needs or overwhelmed BHAT deputies who lack sufficient time to encourage participation.

The BHAT deputies have received the Crisis Communications for Corrections (CCC)¹³ training. The County reported that refresher training occurred in July 2025 but that will be addressed in the next reporting period to ensure the training meets the requirement of this provision with approval of the Mental Health Monitor and the Parties.

¹³ Previously referred to Crisis Intervention Training (CIT)

Recommendations:

1. *Continue tracking metrics for BHAT deputies to determine if the existing cohort is sufficient to meet the needs of the jail system. Ensure the metrics are coordinated with AFBH to ascertain the need as clinical resources are increased.
2. *Determine whether there are sufficient BHAT deputy positions to support AFBH, THU and specialized unit operations.
3. *Present to parties for approval the annual training plan previously approved by the Mental Health Monitor. When approved, implement the training.

(203) ACSO also maintains a team of deputies who are assigned to the clinics (“Clinic Deputies”) to transport incarcerated persons between the housing units and the clinic for medical, dental, and some behavioral health appointments. Further, within six (6) months of the Effective Date, ACSO shall develop a team of five (5) deputies per shift who shall be responsible for emergency, medical, and other off-base transportation for incarcerated persons on an as-needed basis (“Emergency Health Care Access Team”). These deputies shall receive training regarding interacting with Behavioral Health Clients.

Finding: *Partial Compliance*

Assessment:

During this review period, the Mental Health Expert determined that the training provided to all deputy sheriffs meets the requirements for interacting with Behavioral Health Clients as part of their assignment to the Emergency Health Care Access Team (ECHATs). Furthermore, ACSO affirmed its commitment to ensuring that clinic deputies complete the formal CCC training, providing documentation that four out of six assigned clinic deputies obtained this certification within the review period.

The County remains committed to assigning five deputies per shift to the ECHATs team, prioritizing patrol overtime personnel as the core ECHAT team members. Nonetheless, ACSO has yet to establish reliable documentation for each shift, specifying assigned staff for ECHATs response and deployment times. The absence of an effective shift scheduling system represents a significant challenge to fulfilling this requirement, as developing consistent end-of-shift reports and daily schedules continues to present difficulties for ACSO. Until proof of practice can be established, this provision will not achieve substantial compliance.

Recommendations:

1. *Finalize the standardized Watch Commander Report for all Teams to assist with establishing the number of staff redirected on a daily basis from the jail for emergency transportation or hospital guarding.

(402) [Following reconfiguration of recreation space] Individuals who are on “Recreate Alone” status (meaning they cannot recreate with other incarcerated persons) [Step 1] shall be offered at least fourteen (14) hours per week of out-of-cell time, which shall include at least some amount of Structured Time, as set forth below. ACSO shall use best efforts to offer individuals two (2) hours of out-of-cell time per day.¹⁴

(403) [Following reconfiguration of recreation space, Step 1] Defendants shall use best efforts to provide at least five (5) hours per week of Structured Time (which includes therapeutic, educational, substance abuse, self-help, religious or other structured programming), which will count towards the total out-of-cell time. Incarcerated persons may participate in these programs in handcuffs or other appropriate restraints only if necessary to ensure the safety and security of the Jail. If ACSO is unable to meet this requirement, the Parties agree to meet and confer regarding the reasons why and to examine methods of increasing the amount of Structured Time.¹⁵

(405) [Following reconfiguration of recreational space, Step 2] Individuals shall be offered at least twenty-one (21) hours per week of out-of-cell time, which shall include at least some amount of Structured Time, as set forth below. ACSO shall use best efforts to offer individuals three (3) hours of out of cell time per day.¹⁶

(407) [Following reconfiguration of recreational space] Defendants shall use best efforts to provide at least eleven (11) hours per week of Structured Time [for the Step 2 population], which will count towards the total out-of-cell time. Incarcerated persons will participate in Structured Time programs in restraints if necessary to ensure the safety and security of the Jail. Incarcerated persons may participate in these programs in handcuffs or other appropriate restraints only if necessary to ensure the safety and security of the Jail. If ACSO is unable to meet this requirement, the Parties agree to meet and confer regarding the reasons why and to examine methods of increasing the amount of Structured Time.¹⁷

Finding: Implementation Not Yet Required – Rating N/A

Refer to the findings in the Second Monitoring Report¹⁸ as this provision is not yet subject to rating. However, the County anticipates the yard renovations to be complete by January 2026, which means these out-of-cell requirements will be in effect by January 2026. Refer to Provision 414 for additional information on yard construction.

Recommendations:

1. Refer to Provisions 411, 412 and 414.

¹⁴ This Provision refers to Step 1 populations in restricted or administrative separation housing. See Provision 411. This may not be achievable until reconfiguration of recreational space.

¹⁵ This Provision refers to Step 1 populations in restricted or administrative separation housing. See Provision 411. This may not be achievable until reconfiguration of recreational space.

¹⁶ This Provision refers to Step 2 populations in restricted or administrative separation housing. See Provision 411. This may not be achievable until reconfiguration of recreational space.

¹⁷ This Provision refers to Step 2 populations in restricted or administrative separation housing. See Provision 411. This may not be achievable until reconfiguration of recreational space.

¹⁸ Page 13.

(409) Individuals shall be offered at least twenty-eight (28) hours per week of out-of-cell time, which shall include at least some amount of Structured Time, as set forth below. ACSO shall use best efforts to offer individuals four (4) hours of out of cell time per day.

(410) Defendants shall use best efforts to provide at least fourteen (14) hours per week of Structured Time, which will count towards the total out-of-cell time. If ACSO is unable to meet this requirement, the Parties agree to meet and confer regarding the reasons why and to examine methods of increasing the amount of Structured Time.

Finding: *Partial Compliance*

Assessment:

The following introduction is repeated from the Fourth Monitoring Report:¹⁹

There are essentially two types of non-restricted housing units – those units where the majority of the population are compatible and program together; and those units where the classifications of the Class Members are complex, requiring small group activities in the unit, versus allowing the upper tier, lower tier or entire unit out of the cells together. While the classification of housing units can and does change during monitoring periods, in general the housing units in which large groups are compatible include Housing Units 21,²⁰ 22, 25, 31, 33 and 34. The housing units with mixed and diverse populations, often not compatible for out-of-cell activities included: Housing Units 2, 7, 8 and 24.²¹ The analysis of this provision will focus on the complex units for this report.²²

In the previous report, challenges associated with tracking out-of-cell time using the Guardian Radio Frequency Identification (RFID) system were identified. Although it was initially intended to rely exclusively on the Guardian documentation for measuring progress, inconsistent usage of the Guardian system in Housing Unit 7 resulted in significant gaps in data accuracy. As a result, unit logbooks were also consulted to enhance measurement reliability. Substantial compliance with out-of-cell provisions cannot be achieved until this issue is fully addressed and all housing units can be evaluated through a standardized technology solution, as the current method requires considerable staff resources from both ACSO and the Custody Expert for random sampling.²³ Due to these complexities, only a limited number of general population units have been historically evaluated, with further reductions since Housing Unit 2 ceased housing the general population and Housing Unit 8 pods D, E, and F were converted to therapeutic housing in January 2025. Additionally, with the women's population relocating from Housing Unit 24 to Housing Unit 21, these two units will serve as the basis for ongoing progress measurement.

It is encouraging to note that staff have initiated tracking of structured activities using Guardian RFID; however, the documentation remains inconsistent, making it difficult and time-consuming to extract usable

¹⁹ Pages 15-20.

²⁰ Housing Unit 21 was temporarily designed for complex female populations to allow for renovation in Housing Unit 24.

²¹ Housing Units 9 and 35 are addressed in Provision 768.

²² Housing Unit 2 was deactivated and depopulated in October 2024, after this review period.

²³ Current out-of-cell calculation sampling involves requesting one week per month to analyze. The ACSO removes hundreds of RFID entries that do not involve out-of-cell time - primarily security checks. The custody expert then calculates the weekly out-of-cell time using counting rules, such as a refusal equates to one hour offered and court is counted for up to 2 hours out-of-cell time if they are noted out of the unit for most of the day.

data from reports for measurement purposes. It is anticipated that the vendor will be able to assist ACSO in producing meaningful and accurate reports. In the meantime, ACSO has assigned a dedicated technician to refine and organize the data for selected sample weeks, enabling preliminary analysis.

This report will continue to look at general population celled housing units, relying on Housing Unit 7 and Housing Unit 8. The following tables represent sample out-of-cell reviews from December 2023 through June 2025 for general population celled housing units.²⁴

December 2023 Weekly Average Out-of-Cell Time

Housing Unit	2	7	8	24
Unit Average	27.25	24.75	18	16

**Weekly Average Out-of-Cell Time
January through June 2024**

Housing Unit	2	7	8	24
Combined	23.75	41.5	25.5	17.25
% 28 hours +	30%	100%	53%	0%

**Weekly Average Out-of-Cell Time
July through December 2024**

Housing Unit	7	8	24
Combined	44.5	33.5	19
% 28 hours +	100%	83%	0%

During this review period, a sample week was analyzed for Housing Units 7, 8 and 24 to measure the average weekly out-of-cell time as well as the percentage of incarcerated persons who were offered at least 28 hours per week of out-of-cell time. The following table reflects that analysis:

**Weekly Average Out-of-Cell Time
January through June 2025**

Housing Unit	7	8	21
A Pod	35.00	34.00	38.25
B Pod	34.75	33.00	37.25
C Pod	35.25	33.75	20.50
D Pod	35.00	N/A	13.25
E Pod	35.00	N/A	23.00
F Pod	35.00	N/A	14.25
Combined	35.00	33.75	27.50
Total Hours Change from Jan - Dec 2024	-9.5	+.25	+3.5
% 28 hours +	83%	59%	47%

²⁴ Housing Unit 24 is a female housing unit, Housing Units 7 and 8 are male housing units.

Analysis of out-of-cell time between July–December 2024 and January–June 2025 shows diverging trends across the general population celled housing units. Housing Unit 7 experienced a notable decline, falling from an average of 44.5 hours to 35 hours per week, yet still sustained high compliance, with 83 percent of individuals offered at least 28 hours. Housing Unit 8 remained relatively steady, rising slightly from 33.5 to 33.75 hours, but the percentage meeting the 28-hour threshold dropped from 83 percent to 59 percent, indicating a less consistent distribution of access despite stable averages. In contrast, Housing Unit 21 demonstrated meaningful improvement, increasing from 19 hours when the women were housed in HU 24 to 27.5 hours weekly, with nearly half of its population reaching the benchmark for the first time. Overall, these results highlight stable but slightly reduced performance in Units 7 and 8, paired with encouraging, though uneven, progress in Unit 21. The ACSO faces ongoing challenges in accurately measuring out-of-cell time, so the data analysis is not fully accurate, but ACSO has been working with the vendor to improve reporting..

The tables on the following pages provide specific detail for each housing unit assessed.

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Housing Unit 7 General Population

Weekly Out-of-Cell Activity

Unstructured Activities - 28 Hours Per Week

Structured Activities = Best Efforts to Provide 14 Hours per Week (included in 28 Hours)

Pod	Jan	Feb	Mar	Apr	May	Jun	Average
A	10.75	39.00	40.25	34.50	38.25	46.75	35.00
B	10.75	39.00	40.25	34.50	38.25	46.00	34.75
C	11.00	39.00	40.25	34.50	38.25	48.00	35.25
D	10.75	39.00	40.25	34.50	38.25	47.00	35.00
E	10.75	39.00	40.25	34.50	38.25	47.25	35.00
F	10.75	39.00	40.25	34.50	38.25	48.00	35.00
Unit Average	10.75	39.00	40.25	34.50	38.25	47.00	35.00
Total Sample Population	112						
# Over 28 Hours	0						
% Over 28 Hours	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	83%

Unit logbooks used for Feb - May 2025.

Housing Unit 7 consistently exceeds the mandated unstructured out-of-cell time for both pod and yard activities. Upon reviewing worker data and programming reports, as further detailed in Provisions 422/423, it is evident that participation in ACSO or AFBH programming among class members is minimal, with unit pod worker being the sole work assignment identified in ACSO reports for HU 7 class members. Although the out-of-cell hours surpass the provision's minimum requirement, Defendants are not yet able to accurately document that they are making best efforts to provide 14 hours of structured activities per week as outlined by the Provision.

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Housing Unit 8 General Population
Weekly Out-of-Cell Activity
Unstructured Activities - 28 Hours Per Week
Structured Activities = Best Efforts to Provide 14 Hours per Week (included in 28 Hours)

Pod	Jan	Feb	Mar	Apr	May	Jun	Average
A	24.25	24.25	33.25	37.75	44.00	41.00	34.00
B	23.00	24.00	32.50	42.00	36.75	40.00	33.00
C	23.00	24.25	32.75	43.75	40.00	40.00	33.75
Unit Average	23.50	24.25	33.00	41.25	40.25	40.25	33.75
Total Sample Population	57	49	47	53	52	51	51
# Over 28 Hours	1	1	38	47	49	47	30
% Over 28 Hours	2%	2%	81%	90%	93%	93%	59%

Pods D, E and F were converted to THU units in January 2025.

Review of Housing Unit 8 general population out-of-cell activity from January through June 2025 indicates a significant upward trend in both average hours and compliance with the 28-hour benchmark. During January and February, average weekly out-of-cell time remained low at approximately 23–24 hours, with only 2 percent of the population exceeding the required threshold. Starting in March, however, hours increased substantially across all pods, with averages stabilizing between 33 and 41 hours through June 2025. This improvement translated into a sharp rise in compliance, with 81 percent meeting the 28-hour requirement in March and over 90 percent achieving it from April through June. The unit's six-month average reflects this transition, with 33.75 weekly hours and 59 percent overall compliance, underscoring a marked shift toward sustained alignment with program standards following the reconfiguration of Pods D, E, and F into THU units.

Similar to HU 7, the only designated workers in HU 8 are the unit pod workers, representing a limited segment of the population. Clinical groups were offered for THU pods in HU 8 during this reporting period; however, these sessions took place in the THU units rather than pods A, B, or C. HU 8 Class Members participated in additional programming, as documented in provisions 422/423. In the previous report, an average of two HU 8 Class Members were listed on the monthly program report. For this reporting period, an average of 14 HU 8 Class Members were assigned to programming from April through June 2025, with 70 percent originating from the general population unit. While this reflects positive progress, Defendants are not yet able to accurately document that they are making best efforts to provide 14 hours of structured activity.

Housing Unit 21 General Population

Weekly Out-of-Cell Activity

Unstructured Activities - 28 Hours Per Week

Structured Activities = Best Efforts to Provide 14 Hours per Week (included in 28 Hours)

Pod	Jan	Feb	Mar	Apr	May	Jun	Average
A	33.50	33.00	42.25	42.00	33.50	45.75	38.25
B	35.75	32.50	37.25	40.00	35.00	43.75	37.25
C	23.50	24.25	21.75	23.50	17.25	12.75	20.50
D	13.50	18.25	13.75	10.75	12.25	11.25	13.25
E	52.00	18.75	23.00	13.75	16.50	13.25	23.00
F	10.75			17.50	12.75	15.50	14.25
Unit Average	23.00	29.50	28.25	26.50	23.50	34.00	27.50
Total Sample Population			59	60	59		59
# Over 28 Hours			29	28	26		28
% Over 28 Hours			49%	47%	44%		47%

Jan, Feb and June- used Logbooks for Pods A and B, Pods C through F are non-RH and non THI

From January through June 2025, Housing Unit 21 general population showed notable variation in weekly out-of-cell activity across pods. Pods A and B consistently exceeded the 28-hour benchmark, averaging 38.25 and 37.25 hours respectively, while Pods C through F averaged significantly lower, between 13.25 and 23 hours. The overall unit average was 27.5 hours per week, slightly below the 28-hour standard. Out of an average monthly sample population of 59–60 individuals, approximately 47 percent met or exceeded the 28-hour threshold. These findings highlight a disparity in activity levels between Pods A/B and the remaining pods, suggesting uneven access to or participation in structured and unstructured activities across the unit.

Programming in HU 21 continues to expand as outlined in Provision 422/423. Women are assigned to work details, education programming, and AFBH programming. Deputies have begun tracking structured activities in Guardian RFID, with those hours included in the averages shown in the table above. With improved monitoring by deputies and comprehensive analysis of multiple data systems, Housing Unit 21 may reach substantial compliance in the next review period by developing a way to accurately document whether best efforts are being made to offer general population women an average of 14 hours per week of structured activities. There have been notable changes in the women's unit, and both the County and AFBH are encouraged to maintain their ongoing efforts.

Summary

The assessment of general population housing units from December 2023 through June 2025 reflects both progress and persistent challenges in meeting out-of-cell requirements. Housing Unit 7 consistently demonstrated high performance, averaging 35 weekly hours during the most recent review period, though structured activity requirements remain unmet. Housing Unit 8 showed marked improvement following the conversion of Pods D, E, and F into therapeutic housing, with general population averages rising to 33.75 hours and compliance increasing from 2 percent in early 2025 to over 90 percent by June. Housing Unit 21, now serving the women's population previously housed in HU 24, showed meaningful progress, averaging 27.5 weekly hours with nearly half of the population reaching the 28-hour threshold for the first time. Across units, inconsistent use of the Guardian RFID system continues to limit data reliability, though the addition of staff support and expanded programming, particularly for women in HU 21, represent encouraging steps toward substantial compliance in future monitoring periods.

Recommendations:

1. *Work with the Custody Expert to develop a monthly report tracking combined structured and unstructured activities for these units.
2. *Utilize the grievance logs and the monthly program report to evaluate areas for improvement.
3. *Continue to address barriers to yard access, both the large yard and quasi-yards.
4. *Update associated policies and the incarcerated persons' handbook to list the amount of activity required in these provisions.
5. *Recommendations from Provisions 411-412 will assist with compliance with this provision.
6. *Develop a strategy to increase structured activities for housing units unable to attend existing programs or work assignments due to security concerns.

(411) The above minimum out-of-cell times for individuals placed in Step 1 and Step 2 may not be fully achievable until reconfiguration of the Recreation Space (defined to include all outdoor recreation spaces and any interior space within the housing units that will need to be modified to ensure the provision of out-of-cell time), described below in subsection III(D)(2), is completed. Defendants agree to offer at least the following out-of-cell time minimums for the first three months following the Effective Date: (1) seven (7) hours of out-of-cell time, including structured and un-structured time to Restrictive Housing incarcerated persons on Rec-Alone status (Step 1) per week; and (2) fourteen (14) hours of out-of-cell time, including structured and unstructured time to Restrictive Housing incarcerated persons on Co-Recreation status (Step 2) per week.

(412) Beginning on the fourth month after the Effective Date, Defendants agree to offer the following out-of-cell time minimums: (1) ten (10) hours of out-of-cell time, including structured and un-structured time to Restrictive Housing incarcerated persons on Rec-Alone status (Step 1) per week; and (2) seventeen (17) hours of out-of-cell time, including structured and unstructured time to Restrictive Housing incarcerated persons on Co-Recreation status (Step 2) per week.

Finding: **411 Superseded by Provision 412 – Partial Compliance**
 412 Partial Compliance

Assessment:

As of June 7, 2022, the requirements for out-of-cell time in restrictive housing units are as follows:

Step 1	Ten (10) Hours to include structured and unstructured time.
Step 2	Seventeen (17) Hours to include structured and unstructured time.

During this review period, restricted housing males were assigned in Housing Unit 1 and restricted housing females were assigned in Housing Unit 24 utilized Pods D, E and F.

Restricted Housing Males Housing Unit 1

During this monitoring period, the County continued to focus on improving tracking out-of-cell time for the Step 1 and Step 2 restricted housing populations but did not demonstrate an overall improvement.

From July to December 2024 to January to June 2025, the data on average weekly out-of-cell time and yard access for males in restricted housing shows both progress and areas of decline. For Step One, the average weekly out-of-cell time decreased slightly from 13.75 hours in the last six months of 2024 to 12.75 hours in the first six months of 2025, though still remaining above the January–June 2024 level of 12 hours. Yard access, however, continued to improve, rising from 94 percent of weeks when yard was offered in late 2024 to 98 percent in early 2025, showing greater consistency.

In Step Two, the pattern was different. Out-of-cell time declined from a peak of 24.25 hours in July–December 2024 to 18.50 hours in January–June 2025, representing a noticeable drop though still higher than the 15.5 hours recorded in early 2024. Similarly, yard access decreased from 93 percent in late 2024 to 75 percent in early 2025, indicating less consistency in providing this opportunity. However, there were only four class members noted in Step 2 during this review period, none noted for the period of April through June 2025.

Overall, the comparison shows that while Step One maintained relatively stable out-of-cell time and continued to improve yard access, Step Two experienced reductions in both measures from the second half of 2024 to the first half of 2025. This suggests that programming and opportunities for Step One participants are becoming more consistent, while Step Two saw setbacks in both structured time out of cell and outdoor access. However, it appears that ACSO is not utilizing Step 2 and releasing Step 1 directly back to general population, reducing utilization of this housing alternative.

The following table reflects average out-of-cell time offering from the period of October 2023 through June 2025:.

Average Weekly Out-of-Cell Time Restricted Housing – Males
October 2023 through June 2025

Step	Oct - Dec 2023 ²⁵	Jan to June 2024 ²⁶	July to Dec 2024 ²⁷	Jan to June 2025
Step One Out-of-Cell	< 8 Hours	12 Hours	13.75 Hours	12.75
Step One Yard Offered	Unavailable	41 %	94%	98%
Step Two Out-of-Cell	<12 Hours	15.5 Hours	24.25	18.50
Step Two Yard Offered	Unavailable	41%	93%	75%

While the County is improving documenting the offering of unstructured out-of-cell time, the County is not yet capturing structured time.

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²⁵ Refer to Fourth Monitoring Report, pages 20-24.

²⁶ Refer to Fifth Monitoring Report, pages 22-23.

²⁷ Refer to Sixth Monitoring Report, pages 21-26

Restricted Housing Males
Sample Weeks January - June 2025 – HU 1
Step 1 – Required 10 Hours Per Week

HU 1	1/12- 1/18	2/9- 2/15	3/9- 3/15	4/13- 4/19	5/4- 5/10	6/5- 6/21	Average
Stable Population	23	19	14	21	16	9	14.5
Average Hours	9.75	11.5	13.25	17.25	18.75	18.75	12.75
Refused 3 Days	0	0	0	0	0	0	0
Total IPs Offered 10+ hours	9	12	13	21	16	9	11.50
% IPs Offered 10+ hours	39%	63%	93%	100%	100%	100%	79%
Average Hours Yard Offer	1.75	2.75	3.25	8.00	7.50	6.75	4.25
Yard Offer % of Total OOC Time	18%	24%	25%	46%	40%	36%	33%
Total IPs Offered Yard	21	19	14	21	16	9	14.25
IPs Accepted Yard	7	5	7	13	9	4	6.50
% Offered yard in week	91%	100%	100%	100%	100%	100%	98%
Yard Acceptance Rate	30%	26%	50%	62%	56%	44%	46%

Weekly Out-of-Cell Activity - Step 2 – HU 1
Average Weekly January through June 2025
Step 2 - Required 17 Hours Per Week

Average	#1	#2	#3	#4	Ave
Pod	11.25	12.75	19.75	23.75	17.00
Yard	7.25	2	1.25	0.25	2.75
Total	18.5	14.75	21	24	19.50
17+ hours	1	0	1	1	75%
Offered Yard	1	1	1	0	75%

The data shows steady improvement in compliance with the Step 1 requirement of 10 hours per week from January through June 2025 for males in HU 1. While only 39% of individuals were offered the required 10+ hours in mid-January, by March that number had climbed to 93%, and from April through June all individuals were consistently offered at least 10 hours, raising the overall average to 79%. Correspondingly, the average hours per person rose from 9.75 in January to 18.75 in May and June, well above the minimum

requirement. Yard access opportunities also expanded significantly, with average hours offered in yard time increasing from under 3 hours in the first two months to over 7 hours by May, comprising roughly one-third to nearly half of total out-of-cell time. However, yard acceptance rates remained relatively modest, averaging 46%, with a low of 26% in February and a peak of 62% in April, suggesting that while access improved, resident participation varied. Overall, the unit demonstrated strong progress in meeting mandated activity hours, though engagement in offered yard time showed more fluctuation.

The County still struggles to meet the structured activity requirement. While plans to add more activities from ACSO and AFBH are promising, it is crucial for the Mental Health Monitor to review these plans and for ACSO and AFBH to collect data demonstrating compliance. With a small, restricted housing population, more space for programs and improved documentation of unstructured activities, significant progress could be shown in the next report.

Restricted Housing Females
Housing Unit 21/24

The County improved in the provision and documentation of out-of-cell time for the restricted housing female population during this review period. The following table reflects average out-of-cell time offering from the period of December 2023 through June 2025:

Restricted Housing Females
Housing Unit 24/21
December 2023 through June 2025

Step	Dec 2023 ²⁸	Jan to June 2024 ²⁹	July to Dec 2024	Jan to June 2025
Step One Out-of-Cell	6.5 Hours	8.5 Hours	11.75	15.5
Step One Yard Offered	Unavailable	31 %	58% ³⁰	50%
Step Two Out-of-Cell	6.5 Hours	2 Hours	16.5	N/A
Step Two Yard Offered	Unavailable	0%	58%	N/A

From July to December 2024 to January through June 2025, females in restricted housing showed notable improvement in out-of-cell time. For Step One, average out-of-cell time increased substantially from 11.75 hours to 15.5 hours, reflecting continued progress in expanding time out of cells. However, the percentage of Step One yard opportunities declined slightly, shifting from 58% to 50%, suggesting a small reduction in outdoor access despite gains in out-of-cell hours. There were no females noted to be placed in Step 2 during this review period, as noted with the males.

The data for Weekly Out-of-Cell Activity for Step 1 during this review period, as demonstrated in the table below, shows that while small in population, HU 21 consistently met or exceeded the required 10 hours per week of out-of-cell time. Average weekly hours ranged from 12 to 19 hours, with an overall average of

²⁸ Fourth Monitoring Report, pages 23-24.

²⁹ Refer to Fifth Monitoring Report, page 25.

³⁰ Combined female Step 1 and Step 2 in measuring yard offering due to low population counts.

15.5 hours, well above the mandate. Importantly, 100% of the individuals offered programming received at least 10 hours, indicating compliance with standards. However, opportunities for yard access were limited and inconsistent. Yard was not documented as offered in January and February 2025, and while yard availability improved in April and May, it represented only about 4% of total out-of-cell time overall, which is substantially below outdoor activities offered for the male restricted housing population. Acceptance rates for yard were also low, with an average of 33%, suggesting either limited interest, scheduling/access barriers or poor documentation. Overall, HU 21 demonstrated strong compliance with required out-of-cell time but showed gaps in consistent yard access and participation. There were not documented restricted housing females for the March and June sample weeks.³¹

Weekly Out-of-Cell Activity - Step 1
Sample Weeks January - June 2025
Step 1 – Required 10 Hours Per Week

HU 21	1/12-1/18	2/9-2/15	3/9-3/15	4/13-4/19	5/4-5/10	6/5-6/21	Average
Stable Population	1	1	0	3	1	0	1.5
Average Hours	12	19	N/A	17.5	13.75	N/A	15.5
Refused 3 Days	1	0	N/A	0	0	N/A	0.3
Total IPs Offered 10+ hours	1	1	N/A	3	1	N/A	1.5
% IPs Offered 10+ hours	100%	100%	N/A	100%	100%	N/A	100%
Average Hours Yard Offer	0.00	0.00	N/A	1.25	1.00	N/A	0.5
Yard Offer % of Total OOC Time	0%	0%	N/A	7%	7%	N/A	4%
Total IPs Offered Yard	0	0	N/A	2	1	N/A	0.8
IPs Accepted Yard	0	0	N/A	2	0	N/A	0.5
% Offered yard in week	0%	0%	N/A	67%	100%	N/A	50%
Yard Acceptance Rate	0%	0%	N/A	67%	0%	N/A	33%

Summary

The review of restrictive housing practices from October 2023 through June 2025 shows measurable progress in meeting required out-of-cell time standards for both males and females, though challenges remain in consistency, structured activities, and yard participation. For males in Step One, weekly out-of-

³¹ It is the Expert's intention to work with ACSO this reporting period to begin self-analyzing out-of-cell time in restricted housing on a daily basis, reducing the need to rely on sample weeks for monitoring compliance.

cell hours improved significantly compared to earlier reporting periods, with 79% of individuals offered at least 10 hours by mid-2025 and yard access provided 98% of the time. Female class members in Step One housing demonstrated even stronger compliance, averaging 15.5 hours weekly with all participants consistently meeting the 10-hour requirement, though yard access remained limited, inconsistent, and underutilized. Across both groups, the data indicates that while unstructured out-of-cell time is being better tracked and expanded, structured activities remain insufficiently documented, and yard acceptance rates are relatively low despite increased opportunities. Overall, the County is on a trajectory of improvement, particularly in meeting minimum out-of-cell requirements, but further progress in structured programming, consistent outdoor access and internal monitoring will be critical for achieving full compliance.

Recommendations:

1. *Continue to evaluate the population to safely reduce the number of incarcerated persons in restricted housing.³²
2. To address resource strain related to out-of-cell time requirements, continue to safely reduce the number of Step 1 incarcerated persons and continue to allow small group activity with the Step 2 population where safe to do so.
3. *ACSO to work with AFBH and the program staff to develop a standardized daily and weekly activity plan to increase out-of-cell structured programming. This should be documented in a master schedule of activities in the restricted housing units and ensure Sergeants are monitoring and addressing non-compliance with the schedule.
4. *Complete the construction projects associated with expanding yard opportunities as noted in Provision 414.
5. *As being explored by the County, conduct an internal staffing assessment to determine if sufficient posts have been activated to ensure maximum utilization of existing and easily expanded space and redirect staff, as necessary.
6. *Update policies, procedures, forms, post orders and training to reflect provision requirements.
7. *Begin internal monitoring of out-of-cell time.

(414) Reconfiguration of all Recreation Spaces shall be completed no later than twenty-four (24) months from the Effective Date. The Parties agree to meet and confer within three (3) months of the Effective Date regarding interim timelines for completion of the following: (1) Installation of custody-grade security desks in Step 1 Housing Unit day rooms; (2) Reconfiguration of Quasi-Yard space, including in Step 1 and Step 2 Housing Units; (3) Creation of outdoor recreation space; and (4) any other reconfiguration projects necessary to effectuate the terms of this Consent Decree.

Finding: **Partial Compliance**

Assessment:

The County achieved considerable advancement on several major projects during this review period, as noted below. However, progress on certain other construction projects has been delayed since the Sixth Monitoring Report due to adverse weather conditions, supply chain disruptions, and unforeseen subterranean obstacles.

³² Refer to Classification Joint Expert Dr. Austin's Monitoring report.

Below are the various projects underway along with the current status.

- (1) Installation of custody-grade security desks and observation platforms. Due date August 22, 2023.
There has been an update regarding the previously reported completion date of early 2026. During this monitoring period, the County renovated Housing Units 1, 2, and 9 to add custody desks, allowing for direct observation into the pods. The County is still determining a suitable location for desks that can be safely placed in dormitory-style housing units and is developing secure desks for non-segregation celled units. This sub provision was partially implemented in Housing Units 1, 2, and 9; however, additional time will be needed to design and construct various configurations of observation platforms across other units on campus. The placement of desks in each unit must also account for existing infrastructure, which may limit available options. Completed construction for the remaining housing units will be established in the next review period.
- (2) Reconfiguration of Large Yard Space. Due date August 22, 2023.
Change in status as previously reported completion date of June 2025. Final completion is estimated to be January 2026.³³
- (3) Quasi-Yard construction projects. Due date August 22, 2023.
Change in status as previously reported completion date of June 2025. Final completion is estimated January 2026.
- (4) Confidential interview spaces. Due date August 22, 2023.
The County has articulated use of Sandy Turner meeting spaces, use of new programming space and other options designed to meet the need County to present alternative plans by December 2025.
- (5) Cell softening project to reduce suicide hazards and improve overall cell conditions.
Construction completed January 2024.
- (6) Security Screen Project – Add additional security screening to upper tier of high-risk housing units.
Construction completed April 2023.
- (7) Accessibility Upgrade – In Construction. Refer to the ADA Expert Report for additional information.
No change in status. - Final Completion is estimated Fall 2026.
- (8) Camera Expansion – Construction began late 2023
Change in status as previously reported late 2026. - Final completion is estimated to be February 2027.
- (9) Mental Health Facility (SB 863) –Completion was estimated to be early 2028.
The County created clinical office space in HU 31, groups space in Pod C of HU 1, 2 and 9 and upgrades to the multipurpose rooms in HUs 1, 2, 9, 24 and 35 as Phase I of the County's strategy. The pods and multipurpose rooms became operational as of July 2025; however, occupancy of the clinical workspace in HU 31 has been postponed due to ongoing construction within the unit. The County has initiated a pilot for temporary use of the F pod in HU 21 for female class members and will evaluate the overall requirements during the next reporting period. Additionally, the County has proposed further concepts for individual interview spaces in the ITR, as well as HU 1,

³³ Does not include installation of sunshade, estimated by summer 2026.

2, and 9 C pod conversions, with plans to provide additional details in the upcoming reporting cycle.

Status updates to all projects will be required for the next monitoring report.

Recommendations:

1. *The County should continue to appraise the monitoring team and class counsel on the status of repurposing of vacant housing units to create a mental health treatment unit.
2. *The ACSO, AFBH and GSA continue to maintain a comprehensive and deliverable project plan to meet compliance with this provision.
3. *During Phase II and III of construction, when necessary the County should evaluate its ability to expedite construction through waivers, sole source and other commonly used strategies for complete priority and emergency projects.

(415) Individuals engaged in Out-of-Cell Activities, including, but not limited to, pod time, structured and unstructured time (including all out-of-cell programming), education, work, vocational training, and yard time (including quasi yard time), shall be provided reasonable access to bathroom facilities as needed.

Finding: *Substantial Compliance – Consider Discontinuation of Monitoring*

Assessment:

As previously reported in the Third Monitoring Report,³⁴ ACSO updated all policies and training regarding this provision. During the previous review period, concerns were raised by class counsel relative to complaints that they reportedly received from class members concerning restroom access during pod and recreation time. As a result of the concerns raised by class counsel, ACSO conducted another series of briefings concerning expectations in June 2025.

During this review period, only one formal grievance was recorded that could suggest class members were not provided with bathroom access during pod time. Although this grievance does not claim that individuals were denied access to bathrooms during pod time, it states that the showers had a strong smell of urine. This may suggest that some class members use the showers as a restroom during pod time.

During the July 2025 monitoring tour, interviews with class members in the housing units and pod workers were conducted regarding bathroom access during pod and recreation periods. Pod workers reported that some class members, especially in mental health units, urinate in the shower instead of requesting to return to their cell during a security check. Most class members indicated they are permitted to use the bathroom in their cell during security checks but noted difficulty when deputies do not wait to allow immediate reentry to the dayroom. A minority of class members stated they are not allowed to use the bathroom until pod time concludes. All interviewed deputies and supervisors affirmed their responsibility to provide bathroom access during pod time or outdoor recreation. No complaints concerning bathroom access have been received from laundry and kitchen workers or students in classrooms.

There may have been instances where an employee did not facilitate restroom access; however, there is no available information indicating that providing restroom access is not standard practice. The policy has

³⁴ Pg 20.

remained in effect for over 24 months, with staff receiving initial and ongoing training, including coverage during briefing sessions. Only one grievance was filed during this review period, which did not specifically address denial of restroom access but suggested that some individuals may be using the shower instead of their cells to urinate.

The Expert has determined that the County has demonstrated substantial compliance with this provision over the past four ratings periods, representing more than eighteen months. The Expert advises that the parties may wish to consider seeking termination of this provision from the Consent Decree.

(417) These minimum requirements for out-of-cell time are subject to exceptions including, but not limited to, disturbances that require staffing to be re-directed to other areas of the Jail on an emergency and temporary basis, healthcare emergencies, natural disasters, and any other emergencies that restrict movement and out-of-cell time of incarcerated persons to preserve the safety and security of incarcerated persons and staff. Any limits on out-of-cell time due to the aforementioned exceptions shall be documented (to include the reason and length of the time limit), and the limits will last only as long as necessary to address the underlying reason for the exception and shall be approved and reviewed by the Watch Commander. Individuals in Restrictive Housing who are unable to safely participate in out-of-cell time because they are violent, combative, and/or assaultive are not subject to the minimum out-of-cell time requirements described in this section for such period of time as they are determined to be unsafe outside of their cell. This determination shall be documented and approved by the Restrictive Housing Committee and shall be revisited on a weekly basis. Individuals engaged in Out-of-Cell Activities, including, but not limited to, pod time, structured and unstructured time (including all out-of-cell programming), education, work, vocational training, and yard time (including quasi yard time), shall be provided reasonable access to bathroom facilities as needed.

Finding: *Partial Compliance*

Assessment:

During the January–June 2025 review period, the County demonstrated measurable progress in refining its processes for documenting and managing restrictions on out-of-cell time at both the facility and individual levels. The Alameda County Sheriff’s Office (ACSO) introduced standardized forms designed to improve oversight and accountability: one to capture the rationale for housing unit or facility-wide lockdowns, and another requiring watch commander approval for individualized restrictions. These steps represent a positive shift toward consistent documentation and supervisory review.

In addition, management plans continued to be applied to class members with repeated violent behavior during recreation. While this tool provides an added layer of control and safety, the available documentation indicates that usage remains limited to a small number of individuals across the reporting period. The County has procured programming chairs for use with violent class members with the intention of safely increasing their out-of-cell time and program participation. Those chairs are long awaited and scheduled to be installed in the next review period.

The County has not yet provided monitors with confirmation that all required documentation is consistently captured. To strengthen compliance, the County should produce a consolidated monthly report that summarizes lockdowns (both institutional and individualized) and identifies class members placed on management plans. Such a report would enable monitors to cross-reference source documents and verify

alignment with policy requirements. This task is feasible to implement in the next review period and is necessary to demonstrate substantial compliance.

From January through June 2025, seven lockdown incidents and 23 individual restrictions were documented, alongside three individuals placed on management plans. The grievance unit reported grievances related to pod and recreation access, averaging 11 per month, with the highest volume observed in January. These grievances underscore the importance of accurate lockdown documentation and timely communication with the incarcerated population regarding access restrictions. The responses also do not consistently admit to the class member when staffing challenges or other barriers inhibited access and that should be remedied to improve credibility with the grievance process.

The following tables document lockdowns and management plans and pod/recreation grievances for the period of January through June 2025:

Documented Lockdowns

January – June 2025

Month	Unit Lockdowns	Individual Lockdowns	Management Plans
January	None Noted	None Noted	Love, Mabry
February	None Noted	None Noted	None Noted
March	HU 22 A 3/31/25	8	None Noted
April	HU 22 A 4/1/25	6	Mabry, Stephenson
May	Facility 5/13/25; HU 8 B 5/14/25; HU 4 5/28/25	4	None Noted
June	HU 1 F 6/1/25; Facility 6/8/25	5	None Noted
Total	7 Incidents	23 Incidents	

Note: Lockdown documentation reflects incidents reported; verification of complete documentation is pending.

Grievances – Pod and Dayroom

January – June 2025

Month	Grievances
January	23
February	13
March	3
April	15
May	8
June	4
Average	11

Note: Grievance data for May and June 2025 was not available at the time of this review; averages are therefore incomplete.

There has been notable progress in documentation practices and clear opportunities to achieve substantial compliance through regular consolidated reporting and continued implementation of standardized oversight measures.

Access to bathrooms is discussed further in Provision 415.

Recommendations:

1. *Update all relevant policies, post orders, forms and training to comply with this provision.
2. *Update Policy 9.09 to ensure the policy complies with the provision.
3. *Continue to maintain master yard and dayroom schedule and create system for daily monitoring of compliance with mandatory documentation when there is significant deviation from the master schedule.
 - a. Consistently include documentation in Watch Commander End of Shift or other location to ensure standardization in documenting deviation.
4. *Finalize the installation of programming chairs to support the RHC in treatment planning for the most unpredictable population.
5. To address security risks and special handling requirements that arise from unsecured shower doors inhibiting pod time, complete the shower renovation project as funding and approvals permit.
6. Continue to accurately respond to class member grievances when out-of-cell time had to be modified or cancelled due to lockdown or other security reasons.

(418) In order to properly track out-of-cell time, Defendants shall replace the prior practice of using paper logs with an electronic information technology system to allow for comprehensive tracking of out-of-cell time and refusals within twelve (12) months of the Effective Date. In the interim, Defendants shall develop and implement a process for tracking out-of-cell time in the restrictive housing units including a paper for each person incarcerated on the unit showing out-of-cell time including program hours, showers, dayroom, outdoor recreation times, and visiting for a period of no less than one week at a time. These logs, and the information technology system once implemented, are intended to assist ACSO and AFBH Staff in evaluating socialization needs and identifying persons who are isolating or at risk of mental health decompensation. ACSO Supervisors shall also review programming and out-of-cell logs in the administrative separation units and any other Restrictive Housing Units and Therapeutic Housing Units to determine whether any incarcerated persons are not being afforded out-of-cell time opportunities pursuant to policy or whether routine refusals are occurring. Defendants shall further update their policies and training to include a requirement that staff must attempt more than once to meaningfully communicate the importance of out-of-cell time where individuals initially refuse to come out of their cells.

Finding: **Partial Compliance**

Assessment:

No significant modifications have been made to this provision. The County utilizes the Guardian RFID system to track out-of-cell time; however, it does not offer real-time reporting. Staff methods for documenting out-of-cell time differ between housing units, occasionally requiring a review of unit pod logs to determine out-of-cell durations. Structured activity is sometimes recorded through the Guardian system,

but practices are not uniform across all units. As previously reported, the Guardian system currently lacks a real-time reporting feature for unit sergeants to monitor out-of-cell time.

During the review of out-of-cell time for THU and restricted housing for this reporting period, it was observed that only one class member had remained in her cell for three consecutive days. This individual was well known to the clinical staff assigned to Housing Unit 21, and both AFBH and Custody consistently encouraged her participation in out-of-cell activities.

This provision remains on hold pending the reconfiguration of the Guardian system to enable real-time reporting or the implementation of real-time review of out-of-cell tracking logs by ACSO. Additionally, the County has yet to revise relevant policies and procedures regarding the promotion of out-of-cell time for individuals who refuse participation; however, it is encouraging that such instances are infrequent and are primarily managed through rounds in the THU and restricted housing units.

Recommendations:

1. *Continue the RFID refinement and training program.
- *Revise the recreational policy and related post orders to ensure that more than one staff member encourages out-of-cell time when a Class Member is isolating in their cell.
2. *Develop and implement a formal process for notification to AFBH when a Class Member has not left their cell in three days despite encouragement from custody. The new policy should include proof of practice for both internal and external monitoring.
 - a. AFBH will also require a policy for the clinician(s)' role when referrals are received.
3. *Continue to update relevant policies, post orders and training to reflect the out-of-cell requirements for each category of incarcerated individuals.
4. *Establish a formal process to conduct supervisory and managerial reviews of the tracking reports prepared by the Compliance Unit.
5. *Develop a system to track out-of-cell time for all out-of-cell activity, including structured activities.

(419) Defendants shall also develop and implement policies requiring ACSO Staff to notify supervisors and AFBH Staff when incarcerated persons are, on a repeated basis, refusing to come out of their cells, refusing to shower, or are clearly neglecting other basic care and grooming and where they visually appear to be depressed, withdrawn or delusional. Once notified, AFBH Staff shall follow-up with the incarcerated person within twenty-four (24) hours of receiving the initial notification or change in status. Defendants shall also ensure there is sufficient supervisory presence in all housing units and that supervisors play a pronounced role in monitoring out-of-cell and program activities and are visibly present in the units.

Finding: *Partial Compliance*

Interviews with clinical and custody staff during the July 2025 monitoring tour indicate cooperation between custody and clinical teams to identify class members isolating in their cells. When a referral to AFBH is necessary, custody can inform AFBH staff at the intake center, who are responsible for tracking these referrals. During this review period, there were 11 documented referrals associated with isolation jail wide, including one case where the class member declined out-of-cell time for three consecutive days. The clinical and custody teams assigned to the THU and restricted housing also state that isolation is addressed during the huddle rounds but not always documented.

The following table depicts all mental health referrals tracked on the referral tracking logs for the months of January through June 2025:

Referral Log Entries	
Jan through June 2025	
Month	Total Referrals
January 2025	326
February 2025	295
March 2025	311
April 2025	344
May 2025	337
June 2025	362
Average	329

Between January and June 2025, referrals concerning refusal or isolation behaviors were noted intermittently in the ITR logs. In this period, 140 referrals were documented for instances where inmates declined to leave their cells or pods, engaged in isolation, or exhibited changes in behavior. Examples include declining pod time, showers, or meals, exhibiting unusual behavior, and cases where deputies or medical staff reported concerns related to mental health. The data indicates that such incidents required mental health intervention across multiple units and types of refusals and shows that custody staff throughout the facility are making use of the referral system.

Of the two referrals recorded as declining pod time for three consecutive days, one individual was ultimately persuaded by the deputy to exit their cell later that day. In the second case, the log did not indicate an assessment within 24 hours; however, the individual did attend a medical appointment the following day. It appears there may be insufficient guidance provided to AFBH regarding the requirement for evaluation of these referrals within 24 hours. Additionally, multiple omissions in the log concerning timely assessments hinder their effectiveness as an evaluative tool.

ACSO sergeants have adjusted to their responsibilities in maintaining orderly operations. They are seen during tours and are knowledgeable about the duties of their assigned units. In force reviews, sergeants demonstrate leadership and address relevant issues. Although sergeants cannot generate reports on out-of-cell compliance, they are expected to monitor and ensure that out-of-cell activities take place according to established movement schedules.

Recommendations:

1. *The County should continue to use the ITR referral log to document when a deputy is advising AFBH when a class member refuses out-of-cell for three consecutive days.
 - a. *ACSO should finalize the process for documenting AFBH notification within 24 hours when a Class Member is isolating.
2. *The Compliance Unit should develop an auditing process to evaluate compliance.
3. *Policies, forms, post orders and training should be updated as appropriate.

(420) Defendants shall provide Class Counsel their plan to reconfigure the Recreation Space within six (6) months of the Effective Date and meet and confer with Class Counsel regarding the plan and any additional methods of expediting construction and/or maximizing out-of-cell time in the interim, in accordance with the terms of this Consent Decree. The plan shall include a timeline for reconfiguring the large yard within twenty-four (24) months of the Effective Date. Due to the urgency of reconfiguring the Recreation Space, the County shall take all steps necessary to expedite all planning and construction activities. Reconfiguration of the Recreation Space shall include, but not be limited to, dividing Recreation Space to allow for multiple incarcerated persons to recreate simultaneously, increasing lighting for evening recreation, and using recreational therapists or other clinicians for Behavioral Health Clients. In the absence of conditions that would preclude outdoor access, including, but not limited to, severe or unsafe inclement weather, disturbances (as defined above), healthcare emergencies, natural disasters, and any other emergencies that restrict movement and out-of-cell time of incarcerated persons to preserve the safety and security of incarcerated persons and staff, all incarcerated persons shall be provided access to outdoor recreation. Any limits on out-of-cell time due the aforementioned exceptions will last only as long as necessary to address the underlying reason for the exception and shall be documented and approved by the Watch Commander.

Finding: *Partial Compliance*

Assessment:

The reconfiguration of recreation space is addressed in Provision 414. Cancellation of yard and the role of the watch commander is addressed in Provision 417. Further assessments and recommendations will be included when the reconfiguration of the recreations spaces is more viable.

(421) Outdoor recreation time is included within the minimum amount of out-of-cell time listed above. Defendants shall implement policies and procedures to ensure that outdoor recreation time is maximized to the extent feasible for all people including those in restrictive housing.

Finding: *Partial Compliance*

Assessment:

As with the prior report, the County has struggled to maximize utilization of the large yard, partially driven by staffing shortages and had mixed utilization of the quasi-yards with some areas doing better and no change in others. The County also may be struggling with ensuring the staff are documenting utilization of the large yard and quasi-yard, an on-going issue. Quasi-yard out-of-cell utilization is addressed in Provisions 409-412 and 768, so this provision will focus on large yard utilization data.

The following chart represents the average weekly utilization of the large group yards and the average number of incarcerated persons who utilized the yard during the week.

Average Available Hours and Utilization of the Large Group Yard

JANUARY TO JUNE 2025

Month	Average Weekly Hours	Average Weekly Participants
January	19.5	214
February	1.25	15
March	8	81
April	13.5	156
May	10.25	118
June	18.5	247
Monthly Average	12	138
<u>Jan – June 2024</u> ^[1]	24	390
<u>July - December 2024</u>	17.25	238
Difference Q1/Q2 2024	-50%	-65%

[1] Fifth Monitoring Report, pg. 33-34.

From January through June 2025, yard use fell sharply from the same period in 2024, with average weekly hours down 50 percent (24 to 12 hours respectively) and participants down 65 percent (390 to 138 class members respectively). The decline was driven by very low activity in February and weak levels in March and May, which offset stronger results in January and June. Compared with late 2024, both hours and participation slipped further, showing inconsistency across months. Ensuring adequate staffing, maximizing utilization during daylight hours, stabilizing weekly availability and avoiding prolonged low periods appear key to improving access.

It is troubling this provision has lost ground this review period as many other provisions have shown improvement. The County will not reach substantial compliance until the yards are utilized to the maximum reasonable level, and the expanded yards are constructed as discussed in Provision 414.

Recommendations:

1. *Conduct an in-depth evaluation of all available outdoor recreation spaces and create a master schedule that can be implemented and monitored daily by supervisors.
2. *Require the Watch Commander and Sergeants to monitor daily utilization and address any barriers to yard access every shift.
3. *Create a formal report to the Compliance Unit documenting the reason the outdoor recreation area was not used and all efforts to return to normal operations.
4. *Provide training and corrective follow-up to ensure compliance.

5. *Increase available yard access hours to seven days per week and expand to evening hours where possible.

(422) Defendants shall provide programming within the facility consistent with classification level, including providing access to the Sandy Turner Education Center and Transition Center services for Behavioral Health Clients, as a means of suicide/self-harm prevention and in order to provide equal access to incarcerated persons with disabilities. AFBH will designate an individual to coordinate identification and implementation of internal and external group resources and partnerships. In evaluating current and future programming and work opportunities for incarcerated persons, Defendants shall evaluate worker assignments for incarcerated individuals to determine whether additional work opportunities could be created to assist with facility improvements and programming, such as creating programs for deep cleaning, student tutor/merit masters, and access to program support aides. Defendants shall further establish a daily tracking system for programs provided and incarcerated individuals who attended.

(423) When appropriate and consistent with individual clinical input, Behavioral Health Clients shall have equal access and opportunity to participate in jail programming, work opportunities, and education programming for which they are qualified. Similarly, Behavioral Health Clients shall further receive, at minimum, privileges consistent with their classification level regardless of where they are housed. Defendants shall review and update any policies and practices related to program eligibility to maximize the number of persons eligible for programming. Defendants shall consult with various incarcerated person services providers, including educational providers, faith-based providers, and mental health providers, to evaluate and expand program offerings throughout the Jail. ACBH, including AFBH, shall continue to cooperate with the Alameda County Behavioral Mental Health Court and to seek options for alternatives to custody through community-based organizations and treatment providers.

Finding: *Partial Compliance*

Assessment:

As will be discussed below, these are complex provisions but have not been fully evaluated due to the goal of quantifying the programming provided. Prior reports have attempted but each reporting period, the manner in which data is provided varies, making comparison report to report difficult. It is positive to report that the County continues to provide programming and work activities for the behavioral health population.

In evaluating access to ACSO operated programming through work assignments and the Sandy Turner Educational Center (STEC), the County has been able to incorporate the mental health level of care (LOC), which allows for a measurement of behavioral health class members engaged in programming. For this review period, the ACSO provided monthly reports for the period of April through June 2025 for work assignments and programs that incorporated the housing location and LOC for each participant.

The following two tables provide a summary of that information:

Program Participants³⁵
April through June 2025

Month	Total	LOC 1	LOC 2	Combined	Pct LOC 1	Pct LOC 2	PCT LOC
April 2025	90	56	6	62	62%	6%	68%
May 2025	109	74	9	83	67%	8%	76%
June 2025	115	63	10	73	54%	8%	63%
Average	105	64	8	73	61%	8%	70%

Worker Assignments
April through June 2025

Month	Workers	LOC 1	LOC 2	Combined	Pct LOC 1	Pct LOC 2	PCT LOC
April 2025	106	14	3	17	13.2%	2.8%	16%
May 2025	112	18	3	21	16.1%	2.7%	19%
June 2025	112	25	6	31	22.3%	5.4%	28%
Average	110	19	4	23	17%	4%	21%

During April–June 2025, the percentage of behavioral health class members depicts two different patterns between the Work Crew participants and Program participation. Among Work Crew, behavioral health class members rose month-over-month: 16 percent in April, 19 percent in May and 28 percent in June, indicating a steady expansion of behavioral health class-member representation in work assignments as summer approached. In contrast, Program participation maintained consistently high class-member involvement but fluctuated: 68 percent in April, peaking at 76 percent in May, then easing to 63 percent in June. In short, programs consistently are comprised of a large percentage of behavioral health class members each month, while work assignments show an upward trend—especially for LOC 1 class members—culminating in the strongest inclusion in June.

The summaries below indicate the housing locations of program participants involved in STEC programming and work activities with concentrated in overlapping—but not identical—housing areas. Program participation was anchored in general population unit HU 32, with strong representation also in HUs 23 and 25, and a meaningful presence in HUs 04, 06, 08, 21 and 22. Worker assignments, by contrast, are dominated by HU 25, with additional clusters in HUs 04, 07, 22, 23, 33 and 35. The common hubs across both ACSO programs are HUs 23 and 25, indicating these units function as shared centers for general population class member activity. Meanwhile, HU 32 is notably program-heavy but not a leading worker location, and HU 33 shows the reverse pattern—worker-heavy with relatively modest program participation. Overall, the location patterns suggest that ACSO operated programs and work opportunities are both available but tend to concentrate in different core units, with a few key prefixes serving as bridges

³⁵ The participants represent discrete class members who are counted only once per month but may be counted in multiple months.

between the two. The following tables represent discrete class member participation each month from April through June 2025 for programs operated and overseen by ACSO:

STEC Program Participation by Housing Unit

April through June 2025

HU	April 2025	May 2025	June 2025	Average	%
32	35	22	30	29	19%
25	29	28	8	22	14%
23	5	13	37	18	12%
08	19	13	9	14	9%
04	13	11	15	13	8%
21	17	17	4	13	8%
06	7	17	11	12	8%
22	9	7	15	10	7%
35	1	6	10	6	4%
07	1	6	8	5	3%
33	2	7	5	5	3%
02	3	3	7	4	3%
03	3	2	1	2	1%
09	2	1	3	2	1%
01	2	2	0	1	1%
Total	148	155	163	155	100%

Workers by Housing Unit

April through June 2025

HU	April 2025	May 2025	June 2025	Average	Total	%
25	47	52	45	48	144	41.7
33	11	13	14	12.7	38	11
23	10	11	7	9.3	28	8.1
07	5	4	9	6	18	5.2
04	6	5	5	5.3	16	4.6
22	6	6	3	5	15	4.3
35	5	4	6	5	15	4.3
03	2	6	6	4.7	14	4.1
21	4	5	5	4.7	14	4.1
02	4	4	5	4.3	13	3.8
06	3	2	5	3.3	10	2.9
32	6	2	2	3.3	10	2.9
08	2	3	3	2.7	8	2.3
01	0	1	1	0.7	2	0.6

While ACSO program and work participation is concentrated in HUs 23 and 25, AFBH and AFBH contractors also offer programming in other housing units. To help quantify, the monthly BHAT escort reports now list participants for each group, allowing analysis of participant distribution by location and month. These reports reveal that BHAT group attendance during this review period included individuals from HUs not served primarily by ACSO programming - especially units 02, 08, 09, 21, and 35. While the STEC program and work activities occur largely in general population units, BHAT groups engaged residents from therapeutic units, as represented in the table below for the period of January through June 2025:

Number of Discrete Class Members who attended a BHAT Escort Group per Month³⁶
January through June 2025

Housing Unit	Jan	Feb	Mar	Apr	May	Jun	Ave	Percentage
09 (relocate to 2)	62	62	57	26	0	0	52	35.6
35	20	28	38	17	12	12	21	21.9
02 – (relocation of 9)	0	0	0	28	37	50	38	19.9
08	10	10	10	10	11	11	11	10.7
21	2	0	0	20	22	11	9	9.5
04	0	2	0	0	2	0	1	0.7
01	0	1	0	0	2	0	1	0.5
07	1	1	0	0	0	0	1	0.3
25	0	0	0	1	0	1	1	0.3
22	1	0	0	0	0	0	0	0.2
Total	96	104	106	102	86	84	135	100

It is evident from the BHAT group escort report, that the male transitional THU, which was operational in HUs 2, 8 and 9 this review period; the male transitional THU (HU 35); and the women's THU (HU 21) were appropriately the target locations for BHAT escort groups. It is also noted that the women's THU increased BHAT groups this review period starting in April 2025, which is a positive development.

While the County's data has been challenging to receive and analyze and has not been consistently provided review period to review period, combining the January through June 2025 BHAT escort reports, the April through June 2025 Sandy Turner attendance reports and April through June 2025 Worker assignment rosters, it is clear the County is attempting to offer a variety of programs throughout the facility.

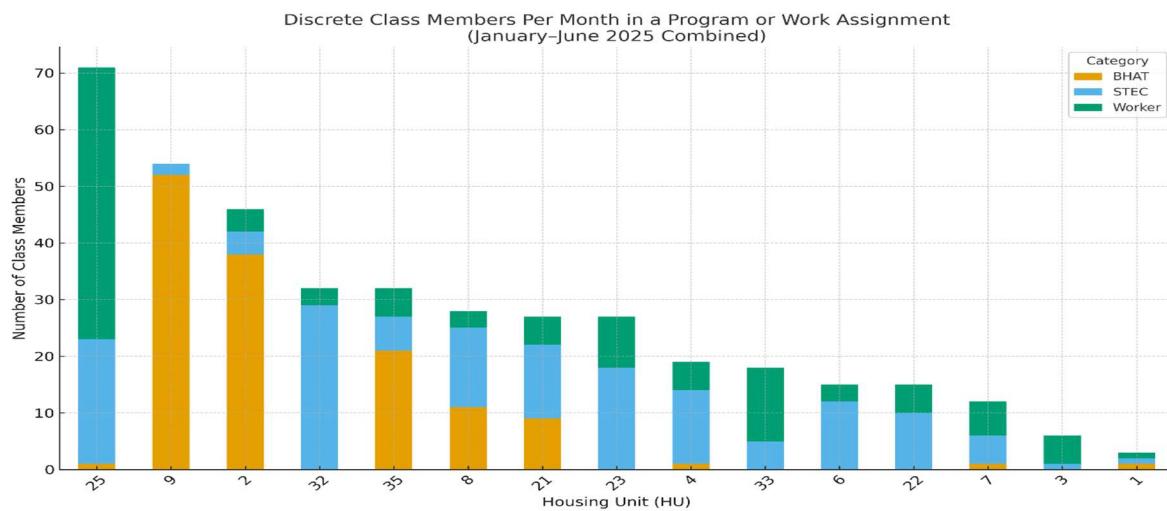
³⁶ Chart represents discrete PFN numbers by month. For example, if PFN124 was in a group on three days in January and four days in February, they would be counted as 1 for January and 1 for February.

The following table and graph depicts various program offerings by housing unit:

Discrete Class Members Per Month in a Program or Work Assignment

January through June 2025 Combined³⁷

HU	BHAT	STEC	Worker	Grand Total
25	1	22	48	71
9	52	2	0	54
2	38	4	4	46
32	0	29	3	32
35	21	6	5	32
8	11	14	3	28
21	9	13	5	27
23	0	18	9	27
4	1	13	5	19
33	0	5	13	18
6	0	12	3	15
22	0	10	5	15
7	1	5	6	12
3	0	1	5	6
1	1	1	1	3
Total	135	155	115	405



³⁷ STEC and Workers represents only April through June 2025.

Overall, the County demonstrates consistent delivery of programs to a majority of BH class members, steady growth in work participation, and targeted BHAT group offerings to reach therapeutic housing units. Together, these efforts illustrate a broad commitment to structured engagement across the BH population.

Moving forward, more consistent reporting across review periods will be critical to track progress, ensure comparability, and allow for deeper analysis of quality and equity. It is recommended that ACSO and its contractors begin regular self-analysis of this data and disaggregate provisions into sub-components, so that future reviews can evaluate not only participation but also the effectiveness and accessibility of services across housing units.

These two provisions are complex and have multiple steps that remain underreported due to a focus on program quantification. The County is expected to improve data reporting and begin self-analysis. Therefore, in the next review period, these provisions will be evaluated separately with specific attention to their sub-provisions.

Recommendations:

1. *Continue the refinement of program tracking and include the housing locations where those programs are offered or the location where the IP participants reside.
2. *Work with the Joint Experts to standardize monthly reports for all programming and work assignments occurring in the jail.
3. *Continue to identify the workers in the monthly worker report who are assigned to the behavioral health caseload.
4. *The Compliance Unit should begin the process of evaluating monthly trends regarding programs offered and work assignments afforded to show growth over time.
5. *The County should begin to report on alternatives to custody efforts for the behavioral health populations.
6. *Previous recommendations from the First Monitoring Report are noted but deferred to focus on refining data and baselining programming.
7. *Update associated policies, post orders, training and orientation information to comply with provisions.
8. *Prepare a quarterly report that reflects attempts to expand services in the facilities.

(424) Defendants shall ensure there is adequate space for program offerings including evaluating whether additional classroom capacity can be created through modular construction or other means, such as relocating administrative space.

Finding: **Partial Compliance**

Assessment:

As indicated earlier, the County achieved significant progress during this review period by expanding programming spaces in HUs 1, 2, and 9, as well as updating existing areas in HUs 1, 2, 9, 24, and 35. All of these spaces have now been activated; however, activation occurred subsequent to the review period.

The County acknowledges the need for further analysis of available space and recognizes opportunities to establish programming pods, where program activities are conducted directly within the dayroom—an approach commonly employed in correctional settings when all residents of a pod participate in the same

program. In response to ongoing assessments of program space requirements, the County has decided to convert HU 25 from a general population male unit to a THU due to the availability of classroom space within the unit. Consequently, during the next review period, HU 35 will be decommissioned as a THU, and its population will be relocated to HU 25.

Additionally, ACSO will pilot the deactivation of a pod in the women's HU 24 to explore repurposing that unit for programming purposes. The experts will continue to collaborate with the County on appropriate female THU beds and programming spaces. Renovations have also commenced on the chapel to transform it from a single-use facility into a multi-purpose area suitable for non-denominational faith-based programs and additional classroom space. The County has purchased programming chairs for installation in units such as 1, 2, 9, and 24, providing individuals who have had difficulty engaging safely in programming activities with others the opportunity to participate in small group sessions. Finally, upon completion, new small yards and quasi-yard areas will further facilitate programming opportunities when weather conditions allow.

The County is advancing its understanding of the need to expand programming space for the broader population and has been actively evaluating and piloting a range of strategies. As new facilities become operational, ACSO will be able to further assess emerging requirements. The County has maintained open collaboration with the Monitoring team, consistently welcoming feedback in a constructive and responsive manner.

Recommendations:

1. *Continue to refine the daily program offering report the County developed since the last reporting period. The report reflects the location for the programming, which is excellent.
2. *Conduct an existing space assessment to determine if the opportunity exists to expand programming in underutilized spaces, such as the classroom space in the various housing units.
3. *Conduct space needs assessment based on current status of the mental health treatment building being on hold.
4. *Continue with the County's strategy to repurpose empty housing units to utilize as programming space.
5. *Ensure Phase II and Phase III address inadequate space in Housing Unit 24 as well as lack of programming opportunities and space for the higher security populations.
6. Complete the transition of HU 35 to HU 25.

(500) Defendants shall work with the agreed-upon joint subject matter expert, as discussed in Section IV(A), to develop and implement an updated written use-of-force policy, and any necessary forms as well as associated training materials, for those persons incarcerated at the Jail, within six (6) months of the Effective Date. The updated use-of-force policy shall address the issues identified in the McDonald expert report for all uses of force both planned and un-planned. Under that policy, use of force shall only be authorized in the type, amount, manner, and circumstances authorized by that policy. When force must be used, ACSO staff shall only use that amount of force that is objectively reasonable and appears necessary to control the situation or stop the threat, and the force must be in the service of a legitimate correctional objective. Staff shall be trained on any and all updated policies and forms as detailed in Section IV(A) and Defendants shall consult with joint expert Terri McDonald on the content and provider of de-escalation training to address and reduce ACSO staff using force, to include striking and kneeing during use-of-force scenarios at the Jail.

(501) *The use-of-force policy shall include at least the following components: (1) reiterate supervisory and managerial responsibility to address tactical mistakes or unnecessary or excessive force in a steadfast and unapologetic manner; (2) require consistent use of the ACSO Personnel Early Intervention System (“PEIS”), which has the capability to track use of force and prevalence rates as one of the metrics evaluated in a use of force review; (3) require clinical engagement by AFBH where appropriate in developing behavior plans with incarcerated individuals who are engaged in multiple force incidents; (4) be clear that incarcerated individuals shall not be hit on the head or face nor kneed or kicked absent extenuating circumstances where there is a deadly threat or assaultive behavior, defined consistent with Section 240 of the California Penal Code as intent coupled with the present ability to inflict violent injury; (5) address the pre-planned use of force on individuals with known Psychiatric Disabilities, including coordinating with AFBH on de-escalation measures, such as use of cooling down periods or other appropriate methods, to avoid or otherwise limit the use of force as much as possible; and (6) training on best practices for staff who conduct use of force reviews.*

Finding: *Partial Compliance*

Assessment:

The County has updated all use of force policies and remains committed to ongoing evaluation and refinement of both policy and training, as well as force review processes, to ensure continuous improvement. For instance, during this review period, the ACSO determined that staff required further instruction on promptly placing class members in a recovery position after a force incident, opting to address this need through enhanced training rather than policy changes. Leadership and supervisory teams continue to advance their incident reviews to identify opportunities for minimizing reliance on force and mitigating any negative effects associated with its use.

Quarterly reports on use of force statistics are regularly provided by the County; however, a clear demonstration of how trend analyses are informing force reduction strategies—such as targeted de-escalation training in high-use areas or expanded programming to reduce idleness—is still forthcoming.

During this review, the ACSO also facilitated additional training on two specific force techniques: personal body weapons (strikes) and tasers, especially in instances where less intrusive alternatives could have been considered. While the use of these methods was within policy, staff involved were trained in alternative approaches. Additionally, the Force Training and Compliance Unit (FTC) has conducted comprehensive briefings for all personnel focused on alternative methods, providing scenario-based examples and supplementary training on ground control techniques and the use of oleoresin capsicum (OC). OC is frequently an effective alternative to a taser, as it avoids the risk of injury associated with uncontrolled falls.

When viewed against longer-term trends, the Q4 2024 and Q1 2025 distributions of Category I and Category II force incidents³⁸ reflect continuity more than change. In 2023, Category I accounted for 75 percent of total force, declining modestly to 72 percent in 2024. According to ACSO statistics, as represented in the table below, Q4 2024 Category I incidents reduced to 67 percent while Category II rose to 33 percent. By Q1 2025, Category I rebounded to 74 percent, nearly identical to the 2023 baseline and more aligned with preferred reliance on Category I over Category II. In contrast, Category II contracted to

³⁸ Category I use of force incidents are generally physical force and ground takedowns; Category II is generally use of personal body weapons, chemical agents, impact weapons, group incidents involving more than five (5) IPs or injuries to staff or IPs as a result of force not considered a serious bodily injury; Category III are serious bodily injuries due to the incident, impact weapons strikes to the head or other head strikes likely to cause serious bodily injury; use of impact weapons, chemical agents or strikes on a restrained IP.

25 percent, moving closer to prior averages. Category III has consistently remained negligible, at or below 2 percent. Overall, the Q4 2024 and Q1 2025 results suggest short-term fluctuations but reinforce that the distribution of force continues to trend towards the less impactful Category I responses over reliance on Category II.

The following tables represent use of force incidents by category for the period of January 2023 through March 2025:

2023 Use of Force Incidents by Category

Category	Q1	Q2	Q3	Q4	Average
Cat I	96	99	100	97	98
Cat II	43	21	32	25	30
Cat III	3	2	2	4	3
Total	142	122	134	126	131

2024 Use of Force Incidents by Category

Category	Q1	Q2	Q3	Q4	Average	Diff vs 2023
Cat I	93	98	79	74	86	-12
Cat II	16	37	37	37	32	2
Cat III	1	3	0	0	1	-2
Total	110	138	116	111	119	-12

2025 Q1 Use of Force Incidents by Category

Category	Q1	Average	Diff vs 2024
Cat I	87	87	1
Cat II	29	29	-2
Cat III	1	1	0
Total	117	117	-2

The County also tracks the types of force used for each incident. It is important to understand that a single force incident could include the use of more than one force option. For example, in an incident one staff may use oleoresin capsicum (OC Spray) followed with a control hold or ground controls and another utilize a taser. The County will measure four force options in this scenario – Taser, OC Spray, ground control and control hold.

The following tables depict force options that were employed during calendar year 2023 followed by the force options utilized in the first nine months of 2024.

Types of Force Used by Quarter
January 2023 through March 2025

2023

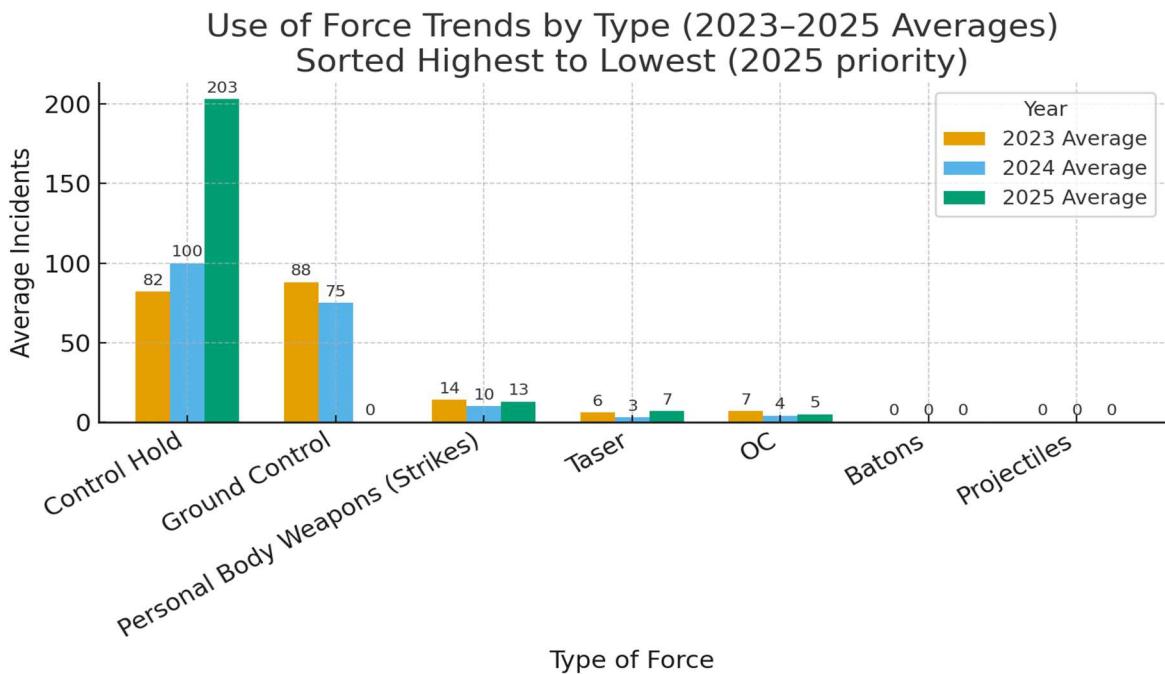
Type of Force	Q1	Q2	Q3	Q4	Average	Share of Total (%)
Control Hold	98	90	71	69	82	42%
Ground Control	82	66	112	90	88	44%
OC	11	3	5	8	7	3%
Taser	9	3	6	6	6	3%
Personal Body Weapons (Strikes)	19	10	16	12	14	7%
Batons	0	0	0	0	0	0%
Projectiles	0	0	1	1	1	0%

2024

Type of Force	Q1	Q2	Q3	Q4	Average	Share of Total (%)	Change vs 2023 (Average)
Control Hold	60	79	85	175	100	52%	-18
Ground Control	92	67	52	88	75	39%	13
OC	3	5	5	5	5	2%	-2
Taser	2	2	3	6	3	2%	-3
Personal Body Weapons (Strikes)	10	11	7	14	11	5%	-3
Batons	1	0	0	0	0	0%	NC
Projectiles	0	0	0	0	0	0%	-1

2025 (January through March)

Type of Force	Q1	Average	Share of Total (%)	Change vs 2024 (Average)
Control Hold	203	203	64%	103
Ground Control/Takedown	99	99	28%	22
OC	5	5	2%	2
Taser	7	7	2%	4
Personal Body Weapons (Strikes)	13	13	4%	2
Projectiles	0	0	0%	NC
Batons	0	0	0%	NC



Between 2023 and 2025, use of force trends illustrate both continuity and significant shifts in tactics used, which is based on evolution of training in some respects. The most striking development was in Control Holds, which more than doubled from an average of 100 in 2024 to 203 in 2025. Taser deployments also rose year-over-year, from an average quarterly utilization of 3 to 7 events. Personal Body Weapons (strikes) also increased from an average of 13 utilizations in Q1 2025 compared to 11 in 2024, though still remained lower than the 2023 average. Taken together, the 2025 data reflects a marked escalation in reliance on control-oriented tactics, especially Control Holds, contrasting with the more moderate and in some cases declining averages reported in 2024. However, ACSO recognized an increase in the use of taser and personal body weapons during this review period and, as mentioned, engaged in retraining staff on alternatives.

Custody has continued to identify the housing units with the highest prevalence of force. The following tables reflect the highest force utilization units per quarter beginning the calendar year 2023 followed through March 2025:

**Use of Force Locations
Calendar Year 2023**

Q1 (Jan-Mar)	Q2 (Apr-Jun)	Q3 (Jul-Sep)	Q4 (Oct-Dec)	Average	Percentage of high use units
Intake Area	20	21	19	26	29%
Housing Unit 9	22	29	24	25	28%
Housing Unit 1	21	19	21	19	21%
Housing Unit 21	N/A	N/A	18	10	11%
Housing Unit 24	10	11	12	10	11%
Housing Unit 2	6	8	N/A	N/A	Closed
Housing Unit 23	10	5	N/A	N/A	Closed

Use of Force Locations

Calendar Year 2024

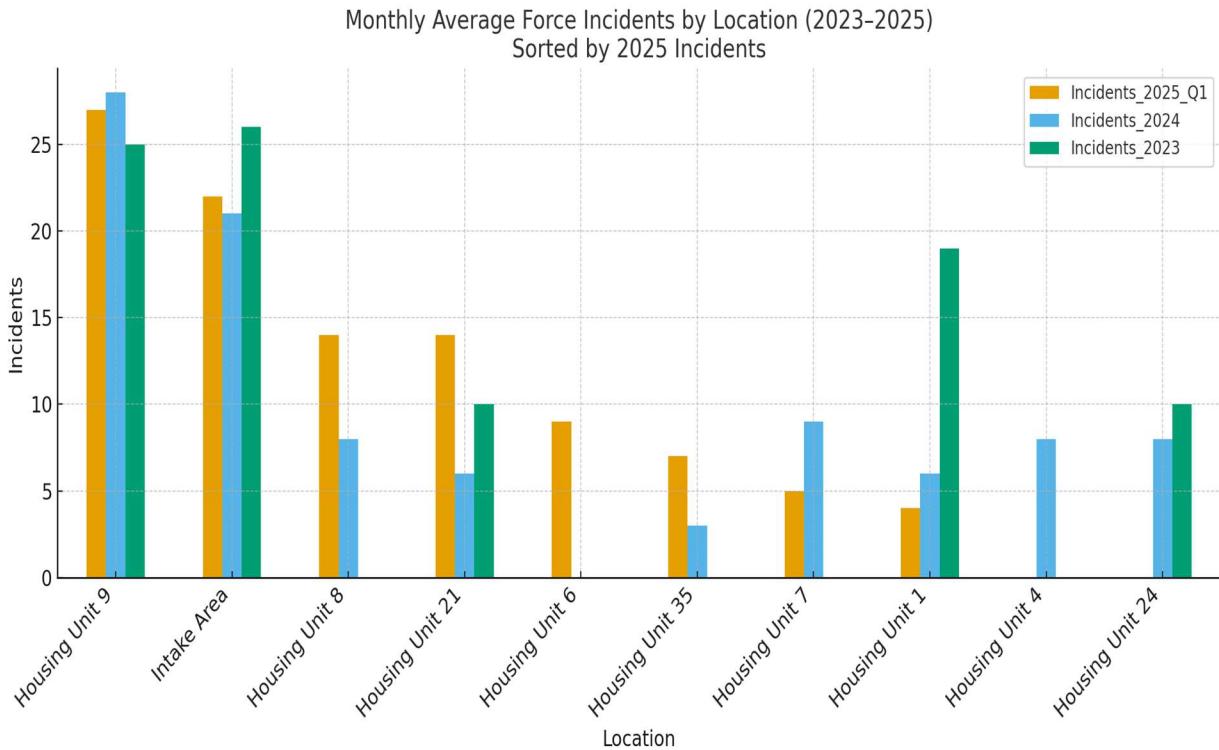
Q1 (Jan-Mar)	Q2 (Apr-Jun)	Q3 (Jul-Sep)	Q4 (Oct-Dec)	Average	Percentage of high use units
Housing Unit 9	17	23	15	28	29%
Intake Area	23	24	33	21	22%
Housing Unit 7	N/A	N/A	N/A	9	9%
Housing Unit 4	N/A	N/A	N/A	8	8%
Housing Unit 8	N/A	11	7	8	8%
Housing Unit 24	12	N/A	17	8	8%
Housing Unit 1	9	14	5	6	6%
Housing Unit 21	N/A	N/A	N/A	6	6%
Housing Unit 35	N/A	10	7	3	3%
Housing Unit 2	8	11	5	0	Closed
Housing Unit 33	N/A	N/A	3	N/A	N/A
Housing Unit 3	N/A	N/A	3	N/A	N/A

Use of Force Locations

Q1 2025 (January – March 2025)

Q1 (Jan-Mar)	Total Incidents	Percentage of high use units
Housing Unit 9	27	26%
Intake Area	22	22%
Housing Unit 8	14	14%
Housing Unit 21	14	14%
Housing Unit 6	9	9%
Housing Unit 35	7	7%
Housing Unit 7	5	5%
Housing Unit 1	4	4%

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In both 2024 and early 2025, Housing Unit 9 and the Intake Area remain the primary drivers of use-of-force incidents, consistently representing nearly half of all recorded events. In 2024, HU 9 averaged 28 incidents per month (29 percent of all incidents), while the Intake Area averaged 21 incidents (22 percent), clearly establishing these areas as the highest-use units. This concentration persisted into Q1 2025, with HU 9 at 27 incidents (27 percent) and Intake at 22 incidents (22 percent), showing little decline in overall prevalence. Notably, HU 8 and HU 21 rose in activity during Q1 2025, each accounting for nearly 14 incidents (14 percent), marking a significant increase compared to their more moderate presence in 2024. Other units, including HU 6 and HU 35, contributed smaller but still visible levels of activity.

Overall, the trend indicates stability in the dominance of HU 9 and the Intake Area, while 2025 has also seen emerging hotspots in HU 8 and HU 21, signaling a potential shift in where force-related incidents may concentrate in the future. While ACSO does not yet track the percentage of force incidents involving behavioral health class members, it is clear from reviewing the incidents and the location, that there is a clear nexus between force utilization and mental health – informing that greater attention to mental health programming and de-escalation training are necessary.

The following tables represent ACSO's internal monitoring of the timeliness of force reviews by category for Calendar Year 2023 through the first three months of 2025:

Average Days to Complete a Use of Force Review Package

Calendar Year 2023

Category	Q1 Average Days	Q2 Average Days	Q3 Average Days	Q4 Average Days	Overall Average
Category I	47	36	37	41	40
Category II	113	75	74	96	90
Category III	103	65	142	72	96

Average Days to Complete a Use of Force Review Package

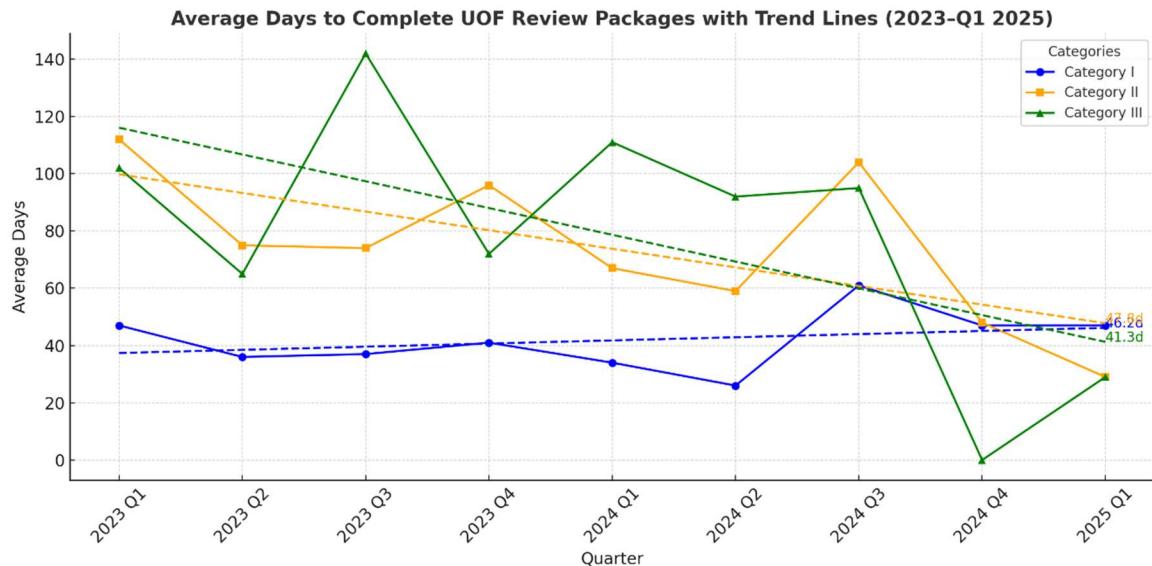
Calendar Year 2024

Category	Q1 Average Days	Q2 Average Days	Q3 Average Days	Q4 Average Days	Overall Average	Days Difference from 2023
Category I	34	26	61	47.5	42	2
Category II	67	59	104	44.7	69	-21
Category III	111	92	96	0	100	4

Average Days to Complete a Use of Force Review Package

Calendar Year 2025 (YTD)

Category	Q1 Average Days	Overall Average	Days Difference from 2024
Category I	47	47	5
Category II	29	29	-40
Category III	0	0	N/A



Across the review period, Category II and III show the strongest improvement. For example, the Category II reviews dropped from an average of 90 days to complete the review in 2023 to 69 days in 2024, and then to only 29 days in early 2025, signaling major efficiency gains and much faster feedback to force incidents. The timeliness of Category III review packages improved in the first quarter of 2025, with the single review completed in 29 days, compared to prior quarters in 2023–2024 that often exceeded 90–140 days. This marks a notable reduction in processing time and demonstrates progress toward more timely completion of the most complex review packages. Category I remained stable near 40 days through 2023–2024 but has risen to 47 days in 2025, but it is too early to determine if that is a new trend for 2025.

The County has demonstrated ongoing commitment to refining use of force policy, training, and oversight, emphasizing improved staff instruction, scenario-based alternatives, and timely reviews. While quarterly data show short-term fluctuations, force distributions remain consistent with long-term trends favoring Category I responses over more intrusive Category II, with Category III remaining negligible. At the tactical level, 2025 reflects an escalation in control-oriented measures, particularly control holds, though leadership has paired this with retraining on de-escalation and alternatives. Force activity continues to concentrate on Housing Unit 9 and the Intake Area, with emerging hotspots in Housing Units 8 and 21 that warrant closer monitoring. Importantly, review timeliness has markedly improved, with Category II review times reduced from 90 days in 2023 to 29 days in early 2025, reflecting stronger oversight. Overall, these results indicate both progress and challenges: the County is strengthening review efficiency and reinforcing reliance on less impactful categories of force but must continue to address high-use locations and ensure that tactical shifts align with policy goals of minimizing reliance on force and mitigating its effects. The County must also commit to address its force utilization involving behavioral health class members through enhanced mental health services and increased de-escalation training. The Mental Health and Custody Expert can assist in the development of a violence reduction plan to assist.

Recommendations:

1. *Continue to work collaboratively to update all custody use of force policies, forms and associated training as trends emerge.
 - a. *Continue to work with AFBH to address complex incarcerated persons to develop meaningful behavioral plans and engage in programming designed to reduce reliance on force.
2. *Continue to focus on supervisory review of incidents, which will result in improved outcomes by providing direct and focused feedback to assist staff in decision making and de-escalation as well as informing policy and training revisions that are necessary.
3. *Continue to ensure policy and training reviews are an aspect of the supervisory review to continue to refine as trends and concerns arise.
4. *See Provisions 502-504 for additional recommendations.
5. Work with the Mental Health and Custody Expert to develop a plan to develop a violence reduction plan to reduce reliance on force in the intake area and therapeutic housing units.
6. Begin tracking percentage of force incidents, by category, involving behavioral health class members

(502) Defendants shall ensure AFBH clinical staff is present in advance of all pre-planned use-of-force incidents so that they may attempt to de-escalate the situation. Defendants shall document all de-escalation attempts. To the extent possible, AFBH staff shall not be present during the actual use of force, in accordance with their MOU.

Finding: *Partial Compliance*

Assessment:

During this review period, eight documented pre-planned use of force incidents occurred. In each instance, AFBH was contacted prior to the event, demonstrating adherence to policy requirements. An additional incident involved notification to AFBH; however, force was ultimately not utilized.

Despite this positive compliance, at least eight other incidents reviewed appeared to present sufficient opportunity to engage in a pre-planned response. The majority of these were identified as problematic in the ACSO review. This indicates an ongoing gap in staff recognition of circumstances that warrant a pre-planned approach.

Incident reports reflect improvement in documenting de-escalation efforts and often include body-worn camera footage of staff and AFBH attempting to gain compliance without force. These practices represent progress in accountability and transparency.

Nonetheless, until custody staff consistently identify situations that allow for pre-planning and summon AFBH and other personnel accordingly, the provision cannot be considered in substantial compliance. The County is encouraged to reinforce deputy and supervisor training on pre-planned force requirements. With improved recognition of these opportunities, coupled with AFBH's continued engagement in de-escalation, the County has a viable path to achieving substantial compliance.

Recommendations:

1. *The Force Training and Compliance Unit (FTC) should improve evaluation of AFBH involvement in de-escalation and elevate non-compliance issues by AFBH-to-AFBH leadership.
2. The ACSO should continue to train deputies and sergeants regarding their responsibility to follow the pre-planned force policy when time and circumstances permit

(503) Defendants shall further: (a) ensure there is supervisory review of all use-of-force incidents; (b) develop an independent custodial use-of-force review team within the Compliance Unit to identify and address systems and training issues for continuous quality improvement to include de-escalation techniques; (c) work with ACSO Support Services to regularly review the use-of-force policy with respect to the circumstances when less lethal impact weapons are warranted and to determine when chemical agents may be used in cell extractions; and (d) ensure fixed cameras are placed throughout the Jail for security and monitoring purposes with priority for cameras to be placed in intake areas and areas with highest prevalence of force.

Finding: *Partial Compliance*

Assessment:

This is a complex provision, best broken down by the various elements:

(a) ensure there is supervisory review of all use-of-force incidents;

No Change: The County continues to comply with this subsection of the provision and has provided proof of practice on reviews of requested use of force packages. The quality of those reviews is addressed in *(b)*.

(b) develop an independent custodial use-of-force review team within the Compliance Unit to identify and address systems and training issues for continuous quality improvement to include de-escalation techniques;

The County continues to maintain the FTC, comprised of one (1) lieutenant, three (3) sergeants and (1) analyst. The FTC continues to improve in identification of potential force trends that require either a policy update or enhance training. The FTC is also exploring the best method to track force utilization at the individual level as the current early warning system utilized by ACSO is proving insufficient to identify staff who may require additional training or intervention based on assessing individual force trend reports. As described in the Second and subsequent Monitoring reports, the Unit Sergeant and Unit Lieutenant utilize the Blue Team software to conduct reviews of all force incidents and are the initial reviewers of all incidents.³⁹ The FTC has a responsibility for independently reviewing all Category II and III incidents as well as no less than 10% of Category I incidents. During this rating period, the Custody Expert reviewed a random sample of Category I incidents, and all completed Category II and Category III incidents.

³⁹ Category I use of force incidents are generally physical force and ground takedowns; Category II is generally use of personal body weapons, chemical agents, impact weapons, group incidents involving more than five (5) IPs or injuries to staff or IPs as a result of force not considered a serious bodily injury; Category III are serious bodily injuries due to the incident, impact weapons strikes to the head or other head strikes likely to cause serious bodily injury; use of impact weapons, chemical agents or strikes on a restrained IP.

For this review period, the Custody Expert requested a total of ninety-five completed use of force packages for the period of October 2024 through May 2025 to allow time for the packages to complete the review process. All incidents were provided for review but three lacked sufficient detail or video for the Custody Expert to make a final determination as to whether ACSO's review process engaged in a meaningful and accountable review.

In assessing whether the County is engaged in thoughtful analysis of their use of force review process, it is important to assess the concurrence rate between the unit supervisors who conduct the Blue Team review and the findings of the FTC. During this rating period, the FTC continued to internally track concurrence rates. In 2023, the concurrence rate between the reviewing sergeant and the FTC was 82 percent. That increased in 2024 to 91 percent. The first quarter of 2025, the concurrence rate between the reviewing sergeant and the FTC remained at 90 percent. This suggests the review concepts are permeating to the initial sergeant and lieutenant reviews, which is a positive aspect of the review system.

The Custody Expert also provides a concurrence rate and continues to assess unit sergeant reviews of Category I incidents not reviewed by the FTC, as well as completed FTC reviews. During the rating period from October 2024 through April 2025, a total of 95 force review packages were requested and fully examined. The 56 percent were Category II cases, followed by Category I cases (43 percent), with one Category III case. The Custody Expert agreed with the overall findings in 65 percent of cases, partial agreement in 21 percent, and disagreement in 11 percent, indicating that about one-third of reviews required further consideration of factors related to the force incident. In 10 cases (11 percent), the final review did not identify or adequately address potential policy violations or issues with proper de-escalation. While agreement and alignment between the ACSO and the expert have increased, the continued presence of partial or non-agreement suggests ongoing areas for improvement in frontline reporting and review consistency.

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The following table represents the use of force reviews for the period of October 2024 through April 2025:

Custody Expert Review of Completed Force Review Packages
October 2024 - April 2025

Month	Requested	Reviewed	Category			Concur		Disagree	
			I	II	III	Overall	Partial	BT	FTC
Oct-24	11	11	4	7		3	4	3	1
Nov-24	14	14	5	9		10	2	1	1
Dec-24	16	16	11	5		9	4	0	2
Jan-25	13	13	5	8		10	3	0	0
Feb-25	12	12	5	7		9	3	0	0
Mar-25	14	14	5	8	1	9	2	0	2
Apr-25	15	15	6	9		12	2	0	0
Ave	95	95	41	53	1	65% (n=62)	21% (n=20)	11% (n=10)	

^ BT = Blue Team review by the Unit Sergeant and Unit Lieutenant. FTC = Force Training and Compliance Team

Undetermined due to insufficient video coverage: Dec 24-16647; March 25-03157; April 25-04431

The table below shows trends in Custody Expert Reviews of Completed Force Review Packages between October 2022 and April 2025. Early in the review process (Oct 2022–Apr 2023), overall concurrence was relatively low at 36 percent, with a high rate of non-concurrence at 34 percent. In the following period (May–Oct 2023), concurrence dropped slightly to 33 percent while partial concurrence rose to 39 percent, suggesting more cases required qualifications or modifications. From late 2023 onward, concurrence rates steadily improved: 50 percent in November 2023–April 2024 and 51 percent in May–September 2024, with non-concurrence falling to 26 percent and 19 percent, respectively. By October 2024–April 2025, concurrence reached its highest level at 65 percent, while non-concurrence dropped to just 11 percent. Overall, the data shows a clear upward trend in agreement with reviews and a corresponding decline in disagreements, indicating improved alignment and quality in force review packages over time.⁴⁰

⁴⁰ It is critical to reinforce that concurrence does not mean that policies were followed, it reflects that the review identified and appropriately addressed any policy violations identified.

The following table depicts the concurrence rate between ACSO and the Custody Expert since October 2022:

Custody Expert Review of Completed Force Review Packages
October 2022 - April 2025

Month	Requested	Reviewed	Concur		Disagree
			Overall	Partial	
Oct 22-Apr 23	16	16	36%	30%	34%
May 23-Oct 23	13	13	33%	39%	28%
Nov 23-Apr 14	11	11	50%	24%	26%
May 24- Sept 24	15	15	51%	30%	19%
Oct 24-Apr 25	14	14	65%	21%	11%

The following is a summary of force incidents during the October 2024 through April 2025 review period where the custody expert did not concur with the final finding of the ACSO review:

Comments on Non-concurrence with Final Review⁴¹

October 2024

- A class member on suicide observation engaged in self-abuse. The staff responded and used force to eliminate the self-abusive threat but failed to summon a mental health clinician to reassess the class member.
- A new intake was acting in a bizarre and unusual manner, but a deputy attempted to escort him to his assigned housing unit without support. The class member became resistive and aggressive during the escort, resulting in force. The staff failed to seek input from a mental health clinician prior to moving the class member to permanent housing and should not have engaged in the escort alone.
- A mentally ill class member refuses to move into a cell and resists staff. Staff engaged in force to restrain him but utilized force that did not appear to be objectively reasonable, which was not identified in the review.
- A class member was in a holding cell and refusing rehousing. The sergeant authorized a cell extraction without adequate planning or summoning mental health to assist.

⁴¹ Unless stated, the disagreement does not involve the use of force, level of force or force options utilized but rather an adjacent issue that may have contributed to the need to use force.

November 2024

- In a use of force review, the final decision by the Commander was the force was outside of policy, which was appropriate. However, there was no training provided to the sergeant and lieutenant who initially found the force within policy.
- Staff attempted to house a new intake into a cell with an existing occupant. The cell was unsanitary, and the occupant was clearly decompensated, yet staff continued to try and house the new class member in the cell. The decompensated class member pushed the deputies and force was utilized. Staff should not have attempted to place another class member in that cell and should have summoned mental health staff to assist with assessing the decompensated incarcerated person.

December 2024

- A class member became agitated in the dayroom and staff intervened. Poor planning and lack of de-escalation led to a use of force, which better communication might have prevented.
- In the intake area, a class member being escorted in a wheelchair was resistive to being searched. A verbal exchange occurred between the deputy and the incarcerated person, resulting in a use of force that did not appear to be objectively reasonable. The review found the force within policy.

January 2025

- None

February 2025

- None

March 2025

- A class member experiencing mental illness was in a holding cell and obtained contraband, refusing to surrender the item. A cell entry was performed without adequate planning, leading to an assault on a deputy, who responded with a personal body weapon strike. Inadequate planning and tactics were contributing factors in the application of force.
- An incident occurred in a dayroom in which staff responded unprofessionally and acted inappropriately after a class member attempted to assault a deputy. The review failed to identify all of the relevant policy violations.

April 2025

- None

Improvements noted this monitoring period:

- All of the improvements noted in prior monitoring reports have been maintained.
- The FTC continues to improve identifying trends and engaging in individual and group training.
- The final reviews are more comprehensive with a demonstrated willingness to address training or policy violations in a more formalized manner.

- The initial reviewing supervisors continue to improve in the quality and thoroughness of reviews.
- On site staff are improving in ensuring class members are placed in a recovery position and being more mindful of placing weight on the upper back and chest area when involved in force.
- Staff continue to step in to redirect agitated class members and tap out a colleague who may have become ineffective or injured.
- Staff are increasing contact with AFBH for support pre and post force and AFBH is documented as responsive when referrals are made or there is a request for emergency support.
- Staff are maintaining observation of class members after force until a medical assessment can occur.
- There continue to be examples of staff utilizing patience and de-escalation techniques.
- Staff have done a better job of addressing and responding to excessive force grievances.

The following areas for improvement were documented in previous Monitoring Reports followed by the current status in italics:

- There remains a hesitancy to provide formal written correction on serious errors of judgement regarding force. This is not an “unapologetic” approach. Too much reliance on training as the sole approach toward employee unacceptable behavior or mistakes.

The ACSO has shown some improvement in this area, particularly noticeable after January 2025. The FTC continues to track incidents where policy violations occurred and tracks whether the performance response was training or a more formal corrective action. This area remains the primary reason for non-concurrence findings between the expert and ACSO.

- Insufficient de-escalation in several situations reflecting the urgency to fully implement the CCC training.

While ACSO was able to provide additional CCC training and the majority of force incidents reviewed reflect at least one involved staff attempting to de-escalate the situation, both ACSO and the expert identify incidents in which the involved deputy(ies) are not utilizing adequate de-escalation techniques and require additional CCC training.

- Inappropriate deployment of OC through food slots and poor in-cell decontamination protocols or documentation.

There were no incidents of failure to engage in in-cell decontamination and no incidents in this review period concerning poor food slot tactics. The FTC has been providing training on tactics, including use of food ports.

- Staff entering cells and holding areas when there is no urgency to do so and there is time to summon a supervisor and AFBH.

This continues to be an area of focus during ACSO reviews. During this review period, eight incidents were evaluated where it appeared staff may have had the time to summon AFBH and/or engage in a pre-planned force.

- Lack of appropriate equipment for resisted transports, such as foldable gurneys and gurneys with wheels.

Unchanged - The staff continue to do a good job of bringing a wheelchair to provide transport for a resistive person. The ACSO still requires transport equipment for upper tier movement of resistive and incapacitated persons.

- Failure to develop a policy to address incarcerated person allegations of unnecessary or excessive force. Failure to develop policy or protocol for consideration to redirect staff who are subject to internal affairs investigation for potential excessive or unnecessary force.

Resolved. The Grievance Policy was updated to address allegations of unnecessary or excessive force. Due to the new policy and training, an unreported force incident was identified this review period. There were nine grievances filed for the period of January through June 2025 alleging unnecessary or excessive force.

- Sergeants fail to provide custodial leadership in several situations, either due to cultural behavior or allowing the deputies to lead or due to insufficient training in correctional practices.

Sergeants continue to show up to provide guidance but there have been instances this review period where the sergeant failed to provide adequate direction or leadership on controlled situations. The Sergeant require on-going training. It is noted that ACSO convened an offsite sergeant training forum this review period and use of force and pre-planned force were topics discussed at the convening.

- The tray slots in the restricted housing units require different locking mechanisms as likely preventable force occurs as staff attempt to use a key to secure the tray slot, rather than having a self-locking mechanism.

The County reports they are in the process of exploring viability to replace tray slot locking mechanism and will update on the status in the next review period.

- Managers overruling or not supporting non-compliance findings by the initial reviewing supervisors and/or FTC.

The final manager reviews on use of force incidents improved substantially this review period, particularly beginning in January 2025. Assuming the current trend continues, this concern should be resolved in the next review period.

- Failure to ensure medical assessment is completed immediately after force utilization and prior to rehousing.

ACSO conducted training on this issue and data shows improvement during the review period. There were instances where staff did not directly observe a class member until medical staff assessed them after a use of force, which has been consistently noted in internal reviews. In the final months of the review period, most class members remained under direct observation until receiving medical assessment following the use of force.

- Failure to ensure appropriate de-contamination prior to rehousing.

There were no incidents identified where de-contamination did not occur.

During this review period, additional recommendations are necessary to support ACSO in their efforts:

- Revise policies and training to mandate AFBH evaluation following the use of force in situations where it appears that the class member has decompensated or is experiencing a mental health crisis prior to rehousing.
- Work with the Custody and Mental Health Expert to develop a violence reduction plan for the intake and THUs experience higher than average force incidents.
- Expand the CCC training to ensure that over 50 percent of the staff assigned to the intake area and THU have received the full CCC training.

The ACSO continues to demonstrate growth and advancement in their review processes, as reflected by an increasing rate of concurrence. This concurrence rate signifies that the ACSO team is consistently identifying and addressing key issues during reviews. Throughout this period, ACSO leadership provided constructive feedback on the expert's initial findings, which often resulted in upward adjustments after additional information was shared or when ACSO highlighted relevant facts overlooked by the expert. The discussions were direct and purposeful, reflecting a shared commitment to reducing reliance on force and ensuring staff are equipped with the necessary tools to address complex situations. Following these meetings, ACSO demonstrated an understanding of the expert's conclusions and pledged to continue to address non-compliance through training and corrective action and enhance the documentation of both findings and subsequent actions. While ACSO management is progressing well, the ongoing challenge lies in effectively communicating core values and expectations to deputies and sergeants and helping them recognize that alternative approaches can maintain safety.

(c) work with ACSO Support Services to regularly review the use-of-force policy with respect to the circumstances when less lethal impact weapons are warranted and to determine when chemical agents may be used in cell extractions; and

During the October 2024 through April 2025, there were no reported incidents of the use of impact weapons. There were nine cell extractions reported, one which ended without force and three involving the use of oleo capsicum resin (OC) as described below:

- A class member in the intake area did not comply with movement to HU9. AFBH was contacted, and a cool down period was allowed. The deputy at the cell door attempted to communicate to gain compliance, but this approach was not successful. The cell extraction team deployed OC twice; when there was no effect, a shield entry was conducted.
- A class member in HU 21 with a mental health condition was scheduled for transport to an outside hospital under a 5150 hold but declined to exit her cell. Attempts by AFBH and custody staff to gain compliance were unsuccessful. The cell extraction team deployed OC on two occasions, which did not produce the desired effect. Staff subsequently entered the cell using a shield. When the individual resisted, she was safely moved into the hallway, where she was restrained without further incident.
- A class member in HU 9 with a mental health condition did not comply with instructions to move. Mental health staff were called, and staff attempted to encourage compliance without success. The cell extraction team administered OC into the cell, after which the class member was promptly

removed. The individual declined decontamination and was transported to an outside hospital pursuant to a 5150 hold.

- A mentally ill class member refused to exit a holding cell for rehousing. The staff allowed a cool down period and attempted to gain compliance. Both AFBH clinicians and the chaplain attempted to persuade the class member to exit the cell for rehousing, but he refused. Due to the threat the class member was making, staff deployed OC into the cell which was ineffective on the first dispersal. Staff deployed a second burst into the cell and the class member agreed to comply. The class member was decontaminated, medically evaluated, given clean clothing and rehoused without incident. The force was objectively reasonable after attempts to gain compliance proved ineffective and the use of OC was an appropriate force option.

(d) ensure fixed cameras are placed throughout the Jail for security and monitoring purposes with priority for cameras to be placed in intake areas and areas with highest prevalence of force.

The County reports that the fixed camera expansion project remains on target with anticipated completion in early 2027.

Recommendations:

1. *Continue to train all existing custody supervisors and managers in the new policies or to address identified trends that require discussion.
2. *Continue to provide updates on the project plan for expansion of fixed cameras in the jail based on use of force trends.
3. *Continue to analyze force packages for training and policy revision need trends.
4. Address the various recommendations from these provisions in a comprehensive violence reduction plan.
5. Increase CCC training in high force utilization units.

(504) Defendants shall also evaluate all policies and training associated with every use-of-force review to determine if updates or revisions are necessary as a result of those reviews and shall ensure the documentation process for use-of-force review reflects that a review of policies and training has occurred. Defendants agree to maintain adequate resources to ensure appropriate independent use of force reviews, training, and auditing to comply with the terms of this Consent Decree.

Monitoring Discontinued

(505) Restraint Devices shall be applied for only the amount of time reasonably necessary and shall never be applied as a punishment or as a substitute for treatment. Defendants have discontinued the use of WRAP devices at the Jail and shall not resume their use at the Jail.

Finding: Partial Compliance

As noted in the Fourth Monitoring Report, effective oversight of restraint chair usage remains challenging. The County has been unable to provide precise data on restraint chair placements during the reporting period, including average duration and complete incident reports with observation logs. This lack of comprehensive documentation complicates efforts to accurately assess both the reasons for placement, and the length of time individuals remain in restraint chairs. For instance, while records indicate 35 placements

during this review period, it was not possible to determine the duration of placement in nearly half of the incidents, as reflected in the table below.

All available documentation regarding the use of restraint chairs was thoroughly reviewed. However, there were instances where the Guardian tracker report indicated restraint chair usage without an accompanying incident report, or where an incident report was present but did not clarify when the individual was removed from the restraint chair. While a spreadsheet of all placements was provided, some entries lacked supporting documentation. Additionally, reports and observation logs relevant to the review period were supplied, but some were missing from the report. Overall, this provision has not demonstrated sufficient internal oversight and monitoring.

Recognizing the limitations of the data, the following table depicts the number of known restraint chair placements per month and the average duration when the information is known:

Restraint Chair Placements January 2025 through June 2025			
Month	Placements	Known placement and release times	Avg Hours (Known)
Jan 2025	5	3	6.75
February 2025	0	0	N/A
March 2025	3	1	3.5
April 2025	7	1	4.25
May 2025	18	12	7.5
June 2025	2	1	6
Total/Ave	35	18	6.75

During the month of May, one mentally ill class member was placed in a restraint chair 14 times, often upon return from inpatient treatment or when being self-abusive while in a safety cell. This class member was discussed with the Mental Health Expert while these incidents were occurring. A second class member was placed in a restraint chair twice in May. There were no other class member who were placed in a restraint chair more than once in the review period.

Oversight of restraint chair use is still hampered by incomplete records and mismatches between tracker data, incident reports, and observation logs. To move forward, keep it simple: track all placements monthly and ensure a copy of the incident package and observation logs are collected and analyzed, review files monthly for gaps, and automatically flag any repeat use for clinical review. A brief monthly snapshot—counts, reason for placement, average time and repeat users and evaluation of policy requirements—will give leaders clear visibility and help drive practice toward full compliance. Absent ensuring all documentation is available and accurate, this provision may be downgraded to non-compliance due to the inability to assess.

ACSO has not utilized the WRAP or other restraint devices pursuant to this provision during this review period.

Recommendations:

1. *Finalize and provide training on the Use of Restraint Policy (8.26)
2. *Resolve the lack of consistency in documentation.
3. *Work with the Mental Health Expert to review the incidents of multiple placements in a restraint chair to determine if other clinical options may have been possible to improve training and future outcomes.
4. *Work with the Custody Expert to develop an internal auditing report for each restraint chair placement to assist in identifying training needs and compliance concerns.
5. *Engage in internal monthly tracking of restraint chair utilization.
6. *Include use of restraint chair in the Watch Commander end of shift reports under development.

(506) AFBH and medical staff shall be alerted any time a restraint log is initiated for a Behavioral Health Client. Once notified, medical staff shall review the individual's health record and provide an opinion on placement and retention in the Restraint Device. A Qualified Mental Health Professional shall conduct an assessment, as soon as practicable, but in any event within four (4) hours of initiation of the restraint log.

Finding: *Partial Compliance*

Upon review of all available restraint chair documentation from January through June 2025, it was found that a mental health clinician was involved either prior to or immediately after placement in the chair for all nineteen recorded incidents. As noted in the previous report, if comprehensive documentation becomes available for future assessments, this provision may achieve substantial compliance in the next review period.

Recommendations:

1. *Continue to ensure there are adequate mental health clinicians on the overnight shift to facilitate the four hour assessment.
2. *Continue to ensure that clinical staff are reminded of the importance of assessing incarcerated individuals placed in a restraint chair, ideally before placement, in case higher acuity care is needed and to ensure clinicians are aware to facilitate the four hour assessment.
3. *Refer to recommendations in Provision 505.

(507) Defendants shall develop, in consultation with the Joint Expert(s) and as discussed in Section IV(A), policies, procedures, and training regarding the appropriate use of other Restraint Devices, including appropriate medical monitoring, provision of fluids, restroom breaks, and guidelines for release from restraints. Defendants shall provide such training within six (6) months of the Effective Date and shall provide recurring training on an annual basis.

Finding: *Partial Compliance*

Assessment:

The County has implemented an updated restraint chair policy and associated training; however, the procedure for conducting annual retraining has not yet been communicated. Furthermore, evaluating staff

adherence to the policy and training has proven challenging due to insufficient or incomplete documentation. As noted in the previous report, resolving inconsistent recordkeeping regarding restraint chair utilization could enable the County to achieve substantial compliance with this provision in the upcoming reporting period, provided that an annual retraining plan is established and evidence of practice and training is documented.

Recommendations:

1. *See recommendations in Provision 505.
2. *Consider assigning internal monitoring to the Compliance Unit to identify training issues as they occur, targeting missed restraint chair log documentation in the areas of mental health rounds, access to the bathroom, watch commander rounds and range of motion with the goal of reaching substantial compliance with this provision.
3. Advise the Experts and Class Counsel of the County's annual retraining strategy.

(600) Defendants shall evaluate the tracking and metrics system for grievances to seek formats that better inform management on timeliness, trends, problem areas, etc. Where grievances are available for completion on tablets, incarcerated persons shall continue to have the option of accessing paper forms, and the tablets shall allow individuals to submit grievances without deputy assistance or approval. Defendants shall ensure supervisors are conducting and documenting daily rounds in housing units to ensure access to grievance systems, including that paper forms are readily available to incarcerated persons on their housing unit or pod. Defendants shall also keep statistics regarding the kinds of grievances filed, any corrective actions taken, and any staff issues that arise from this process. The Compliance Captain shall report through the chain of command on any such systemic or staff issue(s) promptly.

Finding: *Substantial Compliance*

Assessment:

During this review period, the County finalized the Grievance Policy, incorporating numerous recommendations from Class Counsel and the Monitoring Team. Efforts to enhance the grievance tracking software system (GUTS) are ongoing, as some reporting functionalities remain inoperative, necessitating manual data calculations. As a result, ACSO has determined that evaluating the viability of utilizing the jail management system (ATIMS 2.0) upgrade may present an appropriate alternative. The ACSO has revised the monthly grievance report format and conducts comprehensive management reviews of grievances. Additionally, the grievance report provided to the Jail Commander documents outcomes, timeliness, and trends, enabling management to identify and address potential areas of concern. While it is recognized the County is focused on improving the report, the current reports are adequate to demonstrate compliance.

During this review period, ACSO made notable improvements to the process for addressing grievances related to allegations of unnecessary or excessive force. These grievances are now systematically reviewed in collaboration with the FTC, and when an alleged use of force is reported, the associated fact-finding has become more thorough. Consequently, a minor use-of-force incident that had not previously been reported was identified during the course of a grievance review.

Although grievances may be submitted electronically via tablet, observations from reviews and tours indicate that paper grievance forms remain accessible. During the July 2025 tour, class members

interviewed confirmed their ability to file grievances and generally acknowledged receiving responses, though few concurred with the outcomes. According to the Monthly Grievance Report, affirmed, resolved, or withdrawn grievances accounted for 19 percent of submissions from January through April 2025. In contrast, denied grievances comprised 53 percent during this period.⁴²

The County has implemented recommended changes to the grievance system, including updating the software tracking platform, revising policy, conducting staff training, and enhancing the internal auditing process. Health care staff now addresses health care grievances, and all grievances are reviewed, even if the class member is no longer in ACSO custody. Improvements to the grievance system are complex, and ACSO has taken steps toward facilitating a more effective and responsive grievance process.

The County has shown substantial compliance with the various aspects of this provision. Monitoring will continue with the expectation that progress will be maintained under new leadership in the Grievance Unit. It is also important for the Compliance Unit to collaborate with the Grievance team to further improve tracking and trend analysis of grievances as additional data becomes available through the new systems. The Grievance Unit and Jail leadership is reminded of their responsibility to ensure thorough reviews of class members' complaints followed up with a timely, accurate and meaningful response. Improvements have been made but this is an area that requires constant vigilance.

Recommendations:

1. *Ensure adequate resources are available to provide timely and meaningful responses to grievances.
2. *Focus on improving the quality of responses to grievances to ensure the reason(s) for the finding are clearly articulated and based on a review relevant and available information.

(712) Develop and implement a new alert system (computerized or otherwise) to advise the Intake, Transfer and Release Lieutenant (or Watch Commander, when the Intake, Transfer and Release Lieutenant is unavailable or off duty) when a person is held in the intake area for more than four (4) hours. Once alerted, the notified lieutenant shall follow-up every ninety (90) minutes thereafter to ensure the incarcerated person is processed as expeditiously as possible. Defendants shall process individuals through intake within eight (8) hours, except where it is impossible due to mass arrests, serious disturbances, critical incidents, or other emergencies that divert significant staffing resources, in accordance with the classification system.

Finding: **Substantial Compliance**

The County has developed an email alert system to notify the Intake, Transfer and Release Lieutenant (ITR) and Watch Commander when a person is held in the intake area for more than four hours and has provided proof of practice that those alerts are forwarded to the Watch Commander and ITR Lieutenant every 90 minutes.

In addition to the new alerts, the ITR continues to track the number of incarcerated persons held in the ITR beyond eight hours at 4:00 am and 3:30 pm and began tracking the reason for retention to evaluate potential trends and resource needs.

⁴² ACSO continues to refine the finding of the grievance system, which will likely be updated when the GUTS system or ATIMS 2.0 gives ACSO greater flexibility in documenting and tracking grievance findings.

The average number of Class Members held beyond eight hours has been provided in prior reports with the historical averages listed below:

Months	Number of IPs held in ITR beyond 8 hours	
	4:30 a.m.	3:30 p.m.
	Average Processing Delays	
Number of IPs held in ITR beyond 8 hours		
Aug 2022	42	44
Jan-June 2023	15	11
July-December 2023	4	4
Jan-June 2024	3.6	1.4
July – December 2024	1.7	1.1
Jan – June 2025	1.4	1.8

The following chart reflects the daily average of incarcerated persons maintained in the ITR based on the ITR end of shift reports for sample periods July through December 2024:

Month	Number IPs held in ITR beyond 8 hours	
	4:00 AM	3:30 PM
Jan 2025	1.3	0.7
Feb 2025	1.7	2.0
Mar 2025	1.4	2.1
April	Unavailable	
May 2025	1.4	2.1
Jun 2025	1.5	2.1
Average	1.4	1.8

Across January through June 2025 (excluding April), the average number of inmates in ITR for 8+ hours remained fairly steady, typically between 1–2 inmates per report at both 0400 and 1530 hrs. While both times show similar levels, the 1530 count consistently trends slightly higher, suggesting that late-afternoon holds are more common than early-morning ones. The wait list was similar to the July through December 2024 albeit lower at 4:00 am and higher at 3:30 pm but averages for all review periods of less than 2 persons at both time periods.

When examining the reasons inmates remained in ITR 8+ hours that is now documented in the ITR end of shift report, two clusters stand out: Awaiting a nurse or not medically cleared (16 cases) and pending AFBH (15 cases). These categories reflect medical or behavioral health evaluations that delay movement out of ITR. The third most common driver, awaiting movement (9 cases), highlights custody logistical issues rather than clinical holds. Smaller but still relevant factors include documentation issues (4) and pending

⁴³ April 2025 data unavailable

classification assignments (4). Administrative delays, such as Out-to-Court (1) and pending bail (1), were rare.

The ITR end of shift data reflects a clear downward trend in processing delays over the past several years, demonstrating significant improvement since August 2022 when daily averages exceeded 40 individuals held more than eight hours. By 2023, the averages had been reduced to the mid-teens, and through 2024 the figures declined further, stabilizing between one and four inmates at both 4:00 a.m. and 3:30 p.m. The most recent reporting period, January through June 2025, shows that delays remain consistently low, averaging less than two class members at 4:00 a.m. and 3:30 p.m. Monthly breakdowns for this period confirm steady performance, with only minor fluctuations and no sustained upward spikes. Overall, the data suggests that operational practices and oversight measures introduced since 2022 have had a sustained impact, reducing extended stays in ITR to a manageable level and maintaining consistency across reporting cycles.

During this review period, the County has reached Substantial Compliance. Internal monitoring, updates to relevant post orders, and maintaining sufficient resources are required to preserve the current level of progress.

Recommendations:

1. *Continue to ensure adequate resources continue to be available to engage in timely processing, including overnight behavioral health clinicians.
2. *Update policies, forms, post orders and training to comply with this provision.
3. *The Compliance Unit and AFBH should monitor daily delays and develop corrective action plans as necessary based on established trends and systemic barriers.

(749) Defendants shall ensure that the safety cell is clean prior to the placement of a new individual in the safety cell. Safety cells shall also be cleaned on a normal cleaning schedule when not in use. Defendants shall provide individuals housed in safety cells with a safety mattress, safety eating utensils, toilet paper, and feminine hygiene products.

Monitoring Discontinued

(750) Custody staff may only temporarily place an inmate in a modesty garment until the individual is evaluated by a Qualified Mental Health Provider, as set forth above. Decisions about the continued use of a garment (smock) or removal of normal clothing shall be made solely by a Qualified Mental Health Professional based on individualized clinical judgment. Individuals placed in a safety cell shall continue to be offered medication and treatment as deemed clinically appropriate by a Qualified Mental Health Provider. Defendants shall develop new policies and associated training on security checks, including the levels of supervision necessary for individuals placed in safety cells.

Finding: Substantial Compliance

Assessment:

This provision was inadvertently overlooked during monitoring but the concepts in the provisions have been monitored in other provisions and are contained in existing policies and training. The provision will be reviewed by aspect, with reasons given for finding substantial compliance overall.

Custody staff may only temporarily place an inmate in a modesty garment until the individual is evaluated by a Qualified Mental Health Provider, as set forth above.

Decisions about the continued use of a garment (smock) or removal of normal clothing shall be made solely by a Qualified Mental Health Professional based on individualized clinical judgment.

In Compliance: The ACSO and AFBH have established procedures in which AFBH clinicians determine IOL status, unless a clinician is unavailable. In these cases, custody staff, together with medical personnel, may assign a class member to IOL status or place them in a safety cell until a clinician becomes available. County employees from AFBH and ACSO review class members on IOL status during “huddles” five days per week and conduct “rounds” on these persons in addition to discussions during regular meetings on IOL status and review individualized program or property restrictions. These decisions are recorded in the jail management system to inform deputy personnel of IOL status. Reports on IOL status have been consistently available in 2025 for monitoring purposes, and during Monitoring tours, ACSO and AFBH staff interviewed confirmed that IOL determinations are made by AFBH clinical staff, including any related clothing, property, or privilege restrictions.

Individuals placed in a safety cell shall continue to be offered medication and treatment as deemed clinically appropriate by a Qualified Mental Health Provider.

In Compliance: During this review period, the County utilized the safety cell only twice—both instances involving a class member exhibiting self-injurious behavior. There was no use of the safety cell in 2024, and it was used just once in the final six months of 2023. The safety cell continues to be employed infrequently and only under exceptional circumstances, with oversight by an AFBH clinician. Documentation for both placements indicates medication was offered but declined, and AFBH clinicians participated at placement, with follow-up reviews occurring within six hours of initial placement.

Defendants shall develop new policies and associated training on security checks, including the levels of supervision necessary for individuals placed in safety cells.

In Compliance: ACSO updated the safety cell and security check policies and associated training. Provision 761 specifically addresses safety check training and has been assessed as in substantial compliance. The two safety cell observations logs for this reporting period contained specific documentation of observations during 15 minute security checks.

Although this provision was initially overlooked, its requirements have been incorporated within other related provisions, resulting in substantial compliance without benefiting from a separate assessment or specific recommendations. Policies, training materials, and forms have been updated prior to this review period. The IOL policies and practices are firmly established, with AFBH clinical staff responsible for evaluating suicide watch observation protocols for class members. Safety cell policies are maintained, though seldom required, and all documentation for safety cell utilization —such as incident reports and

individual observation logs—was available for review. Documentation, including IOL logs and records from two safety cell placements during this review period, confirms compliance with the provision. It is anticipated the County will maintain compliance in the next rating period with the recommendation in the next report to consider discontinued monitoring assuming that occurs.

Recommendations:

1. Continue to comply with existing policies.
2. Ensure proof of practice documentation is available for review.
3. Continue interdisciplinary team to discuss IOL status.
4. Continue to focus on alternatives to safety cell and IOL placement where appropriate.

(751) Defendants agree to continue to ensure that there are working call buttons in all cells and shall continue to conduct periodic checks of call buttons in all units and address any maintenance issues as soon as possible. If a call button is found to be inoperable, the individual shall be moved to a cell with a working call button as soon as practicable. Defendants shall develop and implement policies, procedures, and forms required to implement the provisions contained herein.

Finding: *Partial Compliance*

Assessment:

The County's policies have been updated to align with the current requirements. During this reporting period, the County implemented changes to the tracking system for work orders related to call buttons. The updated document specifies that class members should be relocated if the call button cannot be repaired. As shown in the table below, there were 78 call button repairs during this review; only 15 of these involved a cell intercom. The average repair time for a cell intercom was reported as 41 days according to an internal CSO tracking report. Although policy requires relocation if repairs are delayed, documentation was found for only one cell repair in June 2025 where class members were moved while awaiting the repair.

The following table reflects intercom work orders for the period of January through June 2025:

Work Order Repairs
January through June 2025

Month	Total Requests	Cell	Non Cell	Avg Days Cell Repair	IP Moved
January	3	2	1	56.0	No
February	4	0	4	N/A	N/A
March	5	0	5	N/A	N/A
April	6	0	6	N/A	N/A
May	11	3	8	49.5	No
June	49	10	39	16.9	1
Total Jan–Jun	78	15	63	40.8	1

Consistent with previous reports, no grievances were identified in this review period concerning non-operational intercoms or call buttons. However, monthly grievances were submitted about a lack of responsiveness to call button activations or unprofessional responses when the call button was used. During the July 2025 monitoring tour, technicians and deputies interviewed indicated they were responsible for submitting work orders if an intercom was not working; most, however, were not aware of the requirement to relocate a class member if the intercom was not repaired promptly. The County reports muster training was provided clarifying expectations after the review period.

The County completed a facility-wide review of call buttons in June 2025, generating 49 work orders for that month. While this is a positive development, the County did not conduct the quarterly assessment required by policy and agreed upon by the parties. However, the County reports this will be addressed in the next review period.

Several recommendations were made in the Fourth Monitoring report⁴⁴ that remain unaddressed. Until such time as those recommendations are instituted to anchor the provision in practice and internal auditing, substantial compliance cannot be achieved. The recommendations are repeated below:

Recommendations:

1. *Continue with the current practice of Control Booth Technician doing a daily check on communication systems and submitting work orders where necessary.
2. *The Compliance Unit should utilize the newly developed tracking report to evaluate the timeliness of repair evaluating the average time from awareness to repair.
3. *The County should address non-compliance with moving class members when a call button cannot be repaired in a timely manner.
4. *The County should develop a system to conduct a quarterly check of all housing unit call buttons, which can be facilitated by custody personnel.
5. The county should ensure adequate maintenance personnel availability to improve the timeliness of call button repairs.

(754) Defendants shall ensure cut-down tools are securely located and accessible to custody staff in all incarcerated person areas, especially in the housing units, including appropriate emergency materials that may be needed to respond to suicide attempts in close proximity to all housing units.

Monitoring Discontinued

(760) Cancellation of privileges for individuals on suicide precautions shall be avoided whenever possible and utilized only as a last resort. Individuals on suicide precautions shall be offered out-of-cell time consistent with Section III(G)(6) unless a Qualified Mental Health Professional determines it is specifically contraindicated due to their treatment needs. Where such a determination is made, individuals on suicide precaution shall be offered sufficient daily out-of-cell time to allow them to shower, use the phone, and access the dayroom and/or outdoor yard to the maximum extent possible. Incarcerated persons on suicide precautions shall be evaluated by a Qualified Mental Health Professional to determine whether denial of access to property is necessary to ensure the incarcerated person's safety. Individuals on suicide precautions shall receive privileges consistent with their classification when it is deemed safe to do so by a Qualified Mental Health Professional. If a Qualified Mental Health Professional determines that certain

⁴⁴ Pg 58-59.

property or privileges must be withheld based on the suicide risk assessment, this determination shall be documented including the reasons why the particular property or privilege poses an actual risk. The individual shall be reassessed for such privileges by a Mental Health Provider at least every three (3) days, with the determination and reasoning documented in writing, and the privileges restored at the earliest clinically appropriate time possible based on actual suicide risk.

Finding: *Partial Compliance*

Assessment:

During this review period, clinicians and custody staff consistently engaged in joint discussions regarding the status of Class Members on intensive observation (IOL) and modified IOL. Clinical staff retained authority for determining property and clothing restrictions, with those decisions documented in ATIMS and communicated directly to custody.

The majority of male Class Members on IOL status continued to be housed in Housing Unit 9 or Housing Unit 2 when 9 was deactivated for construction. The female IOLs were housed in housing unit 21. Documentation and observations indicate that individuals on IOL status are not receiving similar out of cell time as non IOL status class members as discussed in Provision 768. However, documentation reflects Class Members were permitted to shower and use the telephone virtually daily during pod time, though the total amount of hours for the IOL population in the THUs was not as long as the non-THU pods due to having to run multiple non-compatible groups in the IOL pods.

Between January and June 2025, the total number of individuals placed on IOL or Modesty IOL status fluctuated moderately across the months but remained relatively stable overall. Monthly totals ranged from approximately 147 to 179, with modesty-related placements consistently representing a smaller proportion of the population compared to standard IOL designations. On average, there were about 29 Modesty IOLs and 130 IOLs per month, for a combined monthly average of 159 inmates.

The addition of a “Repeat in Next Month” metric highlights that a significant subset of inmates reappeared on IOL status across consecutive months. This indicates a degree of persistence among certain individuals in remaining under IOL-related restrictions, rather than a wholly new group of class members each month. For example, in some months, more than one-quarter of the IOL population carried over to the following month, demonstrating continuity in clinical and custody monitoring needs.

Overall, the first half of 2025 reflects both stability and repeat representation within the IOL caseload. This underscores the importance of ongoing evaluation of whether long-term IOL placements are clinically necessary, and whether sustained monitoring could be reduced through treatment, step-down, or alternative housing options, issues best addressed by the mental health expert.

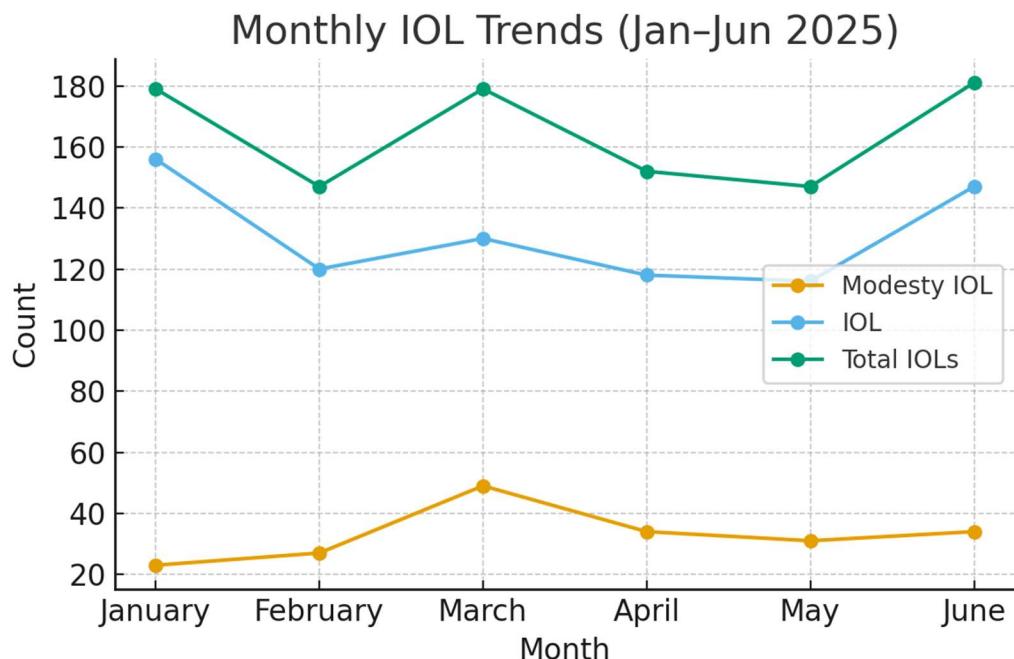
The following table documents the total number of IOLs per month and the number of Class Members on IOL the following month:

Monthly IOL Counts – January through June 2025

Month	Modesty IOL	IOL	Total IOLs	Repeat in Next Month
January	23	156	179	23
February	27	120	147	12
March	49	130	179	15
April	34	118	152	18
May	31	116	147	0
June	34	147	181	17
Average per Month	33	131	164	14

Note: Values are rounded to the nearest whole number. "Repeat in Next Month" represents the number of inmates who appeared in consecutive months.

Graphical Representation of Monthly Trends in IOL Populations



The safety cell was utilized twice in May 2025, both instances pertaining to the same incarcerated individual. According to available documentation, these placements were brief and took place under clinical supervision, as staff responded to significant incidents of self-harm by a class member who received external medical care and, upon return, exhibited repeated self-injurious behavior.

For this report, the mental health expert opined that Class Members placed on IOL (typically a Mental Health LOC 4) are "re-leveled" to an LOC 3 when the risk of suicide is not considered imminent and have certain privileges restored. In keeping with this provision, chart reviews conducted by the Mental Health Expert indicate that these Class Members receive clinical attention frequently following the assignment of an LOC 3 and within the three-day requirement. However, in some cases, the clinical intervention is labeled "Post-IOL" while, in others, it is not specified. Attention should be given to having the intervention labeled "Post-IOL" in Clinician's Gateway (AFBH's electronic health record) to assist in the proof-of-practice audit process. It was also noted that some labeled "Post-IOL" did not meet the three-day requirement.

Recommendations:

1. *Continue to ensure adequate clinical resources are available to assess the population and ensure Custody staff are aware of the clinical decision for property/program restrictions for all IPs on suicide precaution.
2. *Continue to refine the process of AFBH notifying custody of any restrictions via the jail management system.
3. *Continue interdisciplinary meetings to discuss incarcerated persons on extended IOL status.
4. *The Compliance Unit and AFBH should engage in monthly quality assurance assessments on the use of safety cells and placement of incarcerated persons on suicide precaution and Intensive Observation as well as reviewing the quality of associated documentation.
5. Work with the Mental Health Expert to address 3 day re-evaluation aspect of this provision.

(761) Defendants shall develop and implement updated policies and associated training for all custody staff, as well as training for custody staff newly hired and/or assigned to the Jail, regarding how to conduct quality security checks for incarcerated persons placed on suicide precautions and regarding suicide prevention and precautions generally. The training shall include the creation of a video to model appropriate security check observations as well as in-person training and shall address at least the following topics: (a) avoiding obstacles (negative attitudes) to suicide prevention; (b) review of recent suicides and serious suicide attempts at the jail within the last two years and any patterns or lessons learned (c) why facility environments are conducive to suicidal behavior; (d) identifying suicide risk despite the denial of risk; (e) potential predisposing factors to suicide; (f) high-risk suicide periods; (g) warning signs and symptoms; (h) components of the jail suicide prevention program; (i) liability issues associated with incarcerated person suicide; and (j) crisis intervention including practical exercises regarding the proper response to a suicide attempt and the proper use of cut-down tools.

Finding: ***Substantial Compliance – Consider Discontinuation of Monitoring***

Assessment:

The County remains in compliance with all aspects of this provision. Safety check video and training were completed in August 2024, which marked the commencement of the 12-month period required for substantial compliance before discontinuation of monitoring may be recommended but this was one-time training not subject to regression. The video is integrated into new deputy orientation, and comprehensive security check training is also a core component of this jail operations training. During this review period, no critical incidents have been reported in which insufficient quality security checks contributed to unsafe conditions for staff or incarcerated individuals.

Recommendations:

1. *Continue to ensure the video and associated training is provided in new deputy training and monitor compliance pursuant to Provision 763.

(763) Defendants shall continue to ensure supervisory oversight in reviewing quality and timeliness of security checks and require regular auditing of safety check logs against video recordings. Defendants shall also consider using Sheriff's Technicians to assist with security checks.

Finding: Substantial Compliance**Assessment:**

As with the previous three reports, supervisors are performing random and thorough reviews of security checks in units equipped with fixed cameras. However, until the camera system is upgraded to allow for comprehensive reviews across all housing units, the current implemented, and operational system remains incomplete. Consequently, any recommendation to discontinue monitoring will be withheld, pending guidance from counsel, until the camera expansion project outlined in Provision 503 has been finalized.

Recommendations:

1. *Continue to comply with sergeant security check review policy, improve and standardize documentation in the end of shift reports and engage in self-auditing for compliance.
2. *Continue with the camera expansion project reflected in Provision 503 to assist with the process.
3. *Continue to conduct randomized reviews to ensure assessment of all housing units and varied times during the course of the month.
4. *Collaborate with the Expert to evaluate the quality of the internal monitoring by the sergeants.

(768) The following amounts of out-of-cell time shall apply to incarcerated persons housed in the Therapeutic Housing Units, unless a Qualified Mental Health Professional determines that such amounts of time are clinically contraindicated: Individuals who are housed in the most restrictive setting within the Therapeutic Housing Units shall be offered at least one (1) hour per day of structured time and three (3) hours per day of unstructured time. Individuals housed in the less-restrictive, transitional units within the Therapeutic Housing Units shall be offered at least two (2) hours per day of structured time and three (3) hours per day of unstructured time. Individuals in the least restrictive areas of the program shall generally be allowed eight (8) hours per day out of cell.

Finding: Partial Compliance

Assessment:

The ACSO and AFBH continue to operate Therapeutic Housing Units (THU) in units 9, 24 and 35 and created THU pods within HU 8 during this rating period. For the male population, the most restricted THU area during the rating period was located in Unit 9, A Pod and for the females the most restrictive units are located in Unit 24, Pods D, E and F. The least restrictive THU for males is Unit 35. As with prior reports, the Female Units do not yet identify a less restrictive THU area. The male transitional THU are considered HU 9, pods B-F.

For this rating period, THU analysis for males will focus on HU 9 and 35 as HU 8 has not operated as a THU the entire review period and the identification of the THU population is not yet clear on the Guardian tracking report. However, HU 8 will be included in the next report. For the female population, HU 24 pods D, E and F will be utilized for analysis relying on the THU code in the Guardian tracker as not all females in those pods are THU clients.

There are three levels of requirements for out-of-cell in the THUS:

Level	Unstructured Hours	Structured Hours	Combined Hours
Most Restrictive	3 per day (21 per week)	1 per day (7 per week)	4 per day (28 per week)
Transitional	3 per day (21 per week)	2 per day (14 per week)	5 per day (35 per week)
Least Restrictive	8 per day (56 per week)	Included	8 per day (56 per week)

Housing Units 1 – Males
Most Restrictive THU

In this rating period, HU 1 had limited THU class members in the sample weeks and, apart from HU 1 E pod, was used only for restricted housing. The following reflects the out-of-cell time for THU males housed in HU 1 for the period of January – June 2025:

Housing Unit 1– THU Male Alternate Housing
January - June 2025
Unstructured Weekly Out-of-Cell Activity
Most Restrictive THU - 21 Hours Per Week Unstructured

Pod	1/12-1/18	2/9-2/15	3/9-3/15	4/13-4/19	5/4-5/10	6/5-6/21	Average
Average Weekly OOC	10.5	17.25	N/A	12.5	N/A	N/A	12.75
% 21+ hours	0%	0%	N/A	0%	N/A	N/A	0

Four class members designated as THU were housed in HU 1 during the sample weeks reviewed for this reporting period. None of these individuals met the 21-hour requirement for unstructured activities, with an average of 12.75 hours of documented out-of-cell time reported during the sample weeks.

Housing Unit 9 – Males
Transitional THU

There has been significant activity in the housing of males in “transitional” environments during this review period. The County established a protective custody THU in Housing Unit 8, pods D through F and moved the HU 9 population to HU 2 during this review period to facilitate construction in HU 9. As a result, averaging the unstructured activities during this review period has been somewhat dynamic. As with the previous reports, the County is able to meet the unstructured out-of-cell hours for the majority of the THU population in the transitional units, which were HUs 2, 8 and 9 this review period. However, the County is not able to achieve compliance in the intensive observation status (IOL) pods due to the classification and suicide observation status of the population in the IOL pods as not all class members are compatible to be out-of-cell together. Even if that group was designated as “most restrictive” the provision requires 21 hours of unstructured out-of-cell time per week.

The following tables reflect the average weekly unstructured out-of-cell activities in male THU Transitional Units for the periods of January 2023 through June 2025:

Male THU - Transitional
January 2023 through December 2024 Average Out-of-Cell Time
Transitional - 21 Hours Per Week Unstructured Required

Week	Unit	Combined Yard and Pod Time Average	Percentage Receiving 21 Hours Unstructured Out-of-Cell Time
Jan-June 2023	HU 9 B-F	31.5 Hours	N/A
July-Dec 2023	HU 9 B-F	31.5 Hours	N/A
Jan-June 2024	HU 9 A-F	36 Hours	87%
July-Dec 2024	HU 9 A-F	33.75 Hours	95%
Jan-June 2025	HU 2 A-F, HU 8 D-F HU 9 A-F	29.25 Hours	92%

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Housing Units 2/8/9
Unstructured Weekly Out-of-Cell Activity
Transitional = 21 Hours Unstructured**
Sample Weeks Months of January through June 2025

	Pod	1/12-1/18	2/9-2/15*	3/9-3/15	4/13-4/19*	5/4-5/10*	6/5-6/21*	Average
HU 8	D	22.50	25.25	32.25	39.25	39.50	38.25	32.75
	E	23.25	24.25	31.25	42.00	38.50	37.75	32.75
	F	11.00	12.00	18.00	12.00	22.25	15.25	15.00
HU 9/HU 2	A/F (IOL)	17	5	16.25	14.25	20.25	15.25	14.75
	B	30.75	37.75	32	36.5	40.75	30.5	34.75
	C	29.75	40.75	32				34.25
	D	29.5	37.75	22.75	34.5	40.75	32.25	33.00
	E	31	37.75	23.25	31.75	39.5	31.25	32.50
	F/A	30.75	37.75	24.5	37	38.5	31	33.25
Average	Average Weekly OOC	25.00	28.75	25.75	31.00	35.00	29.00	29.25
	Total Pop	174	Unk	168	151	149	156	160
	>21 hours	165	Unk	144	135	143	147	147
	% 21+ hours	95%	Unk	86%	89%	96%	94%	92%

*HU 9 - Logbooks used for February ; April - HU 9 moved to HU 2. IOL pod was in HU 9 A pod HU 2 F Pod. C pod closed and converted to programming space.

**IOL could be considered "Most Restrictive" but unstructured time is 21 hours per week

During this review period, transitional housing for males in THU settings demonstrated overall compliance with unstructured out-of-cell requirements, despite notable operational changes. The County relocated the HU 9 population to HU 2 to accommodate construction and simultaneously established a protective custody THU in HU 8 (pods D-F), creating a more dynamic housing landscape. From January 2023 through June 2025, the data show consistent delivery of unstructured time above the 21-hour weekly requirement, with averages ranging from 29 to 36 hours per week. The strongest performance was observed in 2024, where average weekly hours exceeded 33 and compliance rates reached 87–95 percent. In early 2025, even with multiple units in use and population transitions, the average remained steady at 29.25 hours per week, with 92 percent of individuals receiving at least 21 hours. However, persistent challenges continue in the IOL pods, where heightened observation and incompatibility among class members prevent full compliance. While these pods achieved an average of 14.75 weekly hours, this remains below the required threshold,

underscoring the ongoing difficulty of balancing clinical needs with security requirements. Overall, the data reflect strong and sustained performance across transitional units regarding unstructured activities, with shortfalls narrowly confined to the specialized IOL setting.

As referenced in Provisions 422/423, class members residing in the THUs also participate in programming activities. During the review period, an average of more than 70 THU class members engaged each month in a work, STEC, or AFBH program. While this participation data is encouraging, it has not yet been quantified in terms of hours per week; this will be addressed in the upcoming review period. It should be noted that these figures do not account for programming delivered by AFBH clinicians, suggesting that the actual number of participants is higher.

**Housing Unit 35 – Males
Least Restrictive THU**

The least restrictive THU for males is HU 35, requires combined structured and unstructured out-of-cell time of 56 hours per week. The population in this unit resides in dorms and their unstructured out-of-cell opportunities are not yet tracked on the Guardian RFID at the individual level. Additionally, during this rating period, the Guardian RFID tracking for each pod was not accurate; therefore, the technician logs and large yard reports were utilized to measure. The tables below demonstrate that while the County has shown an increase in documented out-of-cell time for HU 35 for this reporting period, averaging 49 hours of unstructured activities, the County has not yet reached a documented 56 hours per week, and those averages do not include the required structured activity information.

The following charts reflects the average out-of-cell time for unstructured activities in HU 35 for the reporting periods from January 2023 through December 2024:

**THU Average Weekly Out-of-Cell Unstructured Activity
HU 35 A-F
2023**

Least Restrictive Units – 56 Hours Per Week Out of Cell Required

Weekly	Unit	Out-of-Cell Combined
Jan-June 2023	HU 35 A-F	40
July- Dec 2023	HU 35 A-F	31.5
Jan-June 2024	HU 35 A-F	45
July-Dec 2024	HU 35 A-F	49
Jan-June 2025	HU 35 A-F	32

THU Weekly Out-of-Cell Activity
HU 35 A-F
Least Restrictive = 56 Hours Per Week
Sample Weeks Months of January through June 2025

Dates	1/12-1/18	2/9-2/15	3/9-3/15	4/13-4/19	5/4-5/10	6/5-6/21	Average
Average Weekly OOC	30.5	29	20.25	34.5	40.25	37.5	32
56+ Hours	0	0	0	0	0	0	0
% 56+ hours	0%	0%	0%	0%	0%	0%	0%

Guardian begins to include structured activities in report - included in total.

The analysis of THU Housing Unit 35 (A–F) shows consistent challenges in meeting the 56-hour weekly out-of-cell requirement for the least restrictive population. From 2023 through mid-2024, out-of-cell hours fluctuated, ranging from 31.5 to 49 hours per week, with the strongest performance observed in late 2024. However, in the first half of 2025, average weekly hours dropped significantly to 32, with sample weeks reflecting a range between 20.25 and 40.25 hours. Importantly, according to documentation, no individuals achieved the full 56-hour benchmark during the January–June 2025 review period, resulting in a 0 percent compliance rate. These results highlight challenges with documenting individual out-of-cell programming, and/or ongoing underperformance in providing the required level of out-of-cell time, despite partial improvements in prior periods.

According to data compiled in Provisions 422/423, at least 32 THU members each month participate in structured programming or work. However, based on interviews with HU 35 class members during the July 2025 Monitoring tour, this number may be underreported, as most individuals indicated participation in some type of program on a weekly basis.

Housing Unit 24 – Females

During this rating period Housing Unit 21 was designated to house female THU Class Members. The female population also requires the same level of out-of-cell time as the males, as listed below:

Level	Unstructured Hours	Structured Hours	Combined Hours
Most Restrictive	3 per day (21 per week)	1 per day (7 per week)	4 per day (28 per week)
Transitional	3 per day (21 per week)	2 per day (14 per week)	4 per day (35 per week)
Least Restrictive	8 per day (56 per week)	Included	8 per day (56 per week)

During this rating period, the County decreased the average unstructured hours of out-of-cell time for the female THU population, decreasing from an average of 20 hours in the July through December 2024

review period to 17.25 hours average during the January through June 2025 review period as documented in the following tables:

Female THU Average Weekly Unstructured Out-of-Cell Hours
January 2024 through June 2025

Review Period	Housing Unit	Average Hours	% 21 hours +
Jan-June 2024	HU 24	14.25	13%
July – Dec 2024	HU 24	20	44%
Jan-June 2025	HU 21	17.25	27%

Housing Unit 21- THU
Weekly Out-of-Cell Activity
Most Restrictive 21 Hours per Week
Sample Weeks Months of January through June 2025

Pod	1/12-1/18	2/9-2/15	3/9-3/15	4/13-4/19	5/4-5/10	6/5-6/21	Average
Average Weekly OOC	17.75	21.75	19.25	17.5	14.5	13.25	17.25
Total Pop	27	26	33	30	27	12	26
21+ hours	7	13	11	10	2	0	7
% 21+ hours	26%	50%	33%	33%	7%	0%	27%

During this rating period, female THU Class Members were housed in Housing Unit 21, with overall out-of-cell time falling below established requirements. The data show that while the population is entitled to a minimum of 21 unstructured hours per week in the most restrictive setting, the County averaged only 17.25 hours between January and June 2025, down from 20 hours in the prior review period. Compliance rates also declined, with only 27 percent of individuals meeting or exceeding the 21-hour threshold, compared to 44 percent in late 2024. Weekly samples highlight inconsistent delivery, ranging from as low as 13.25 hours to a high of 21.75 hours, with few weeks achieving broad compliance. This trend reflects both reduced average hours and limited consistency, underscoring that the female THU population continues to fall short of required standards for unstructured out-of-cell time.

According to Provisions 422/423, an average of nine THU females received BHAT escorted groups from April through June 2025, which represents an increase compared to the previous review period. This figure does not include STEC or AFBH groups for this population, which would raise the total number. Similar to the male population, ACSO and AFBH have not yet developed a method to quantify program attendance in hours per week to support compliance measurement.

According to the available data, HU 21 does not satisfy the minimum requirement of 21 hours per week of unstructured out-of-cell time or the minimum standard of one hour per day of structured activities. Additionally, it is essential for the County to initiate the process of determining which THU female residents are candidates for transitional or least restrictive THU programming.

Recommendations:

1. Refer to Recommendations in Provisions 411, 412 and 418.

(773) Defendants shall develop and implement custodial staff training on de-escalation and patients experiencing mental health crisis, which shall be provided to all current ACSO jail staff. Class Counsel shall be provided with an opportunity to review the proposed training materials and to provide input. Class Counsel shall also be permitted to attend the initial training to observe and may attend additional training upon request. The training shall, at minimum, including discussion of any relevant policies and procedures, de-escalation techniques, crisis intervention, identifying people in mental health crises, interacting with individuals with mental illness, appropriate referral practices, suicide and self-harm detection and prevention, relevant bias and cultural competency issues, confidentiality standards, and approaches on how to respond to individuals in crisis, with an emphasis on developing and working in teams with AFBH as much as possible. The training shall include an assessment component, such as using interactive practice scenarios, to measure staff comprehension. Class Counsel shall be provided an opportunity to review and comment on all training materials and may attend the training to observe upon request. This training shall also be provided for all new staff and current staff shall complete refresher training on these topics on a biennial basis.

Finding: *Partial Compliance*

Assessment:

The County has fulfilled the requirements of the provision, with the exception that not all jail staff have received the approved 3-day Crisis Communication for Corrections (CCC) training. During this review period, ACSO delivered CCC training to 24 deputies in sessions held in March and June 2025. Previously, the County provided this training to an additional 26 deputies from November 4-6, 2024. The County continues to be committed to ensuring all jail deputies receive crisis intervention training.

The County has also prepared a refresher training plan that will be presented to the Mental Health Expert and class counsel in the next review period. The ACSO will reach substantial compliance once all current and future jail staff have completed the approved training curriculum and a refresher training program is established. At the current rate of less than 30 deputies per review period participating in the 3-day training, it will take approximately three years to achieve substantial compliance. While ACSO is prioritizing attendance for the class, a more comprehensive training plan may be beneficial.

Recommendations:

1. *Once the initial and refresher curricula is developed and approved, present a formalized training plan for all staff working in the jail, including those who are redirected or hired on an overtime basis from outside of custody division to cover posts.
 - a. The training should be custody-specific and designed to afford staff the ability to practice learned skills.
2. *Work with the Joint Experts and Class Counsel to clarify which de-escalation courses are provided to which categories of staff and determine frequency and modality for refresher training.

(800) Defendants shall establish an Incarcerated person Advisory Council and Ombudsperson Program, in consultation with the Joint Experts as provided in Section IV(A), to work with the aforementioned Compliance Unit and senior Jail staff to provide individuals incarcerated at the Jail a venue to raise and address new and ongoing concerns and possible ways to improve living conditions at the Jail. The Incarcerated person Advisory Council shall strive to have representation from all housing units and classifications at the Jail.

Finding: *Partial Compliance*

Assessment:

During this review period, the County appointed an Ombudsperson and continued to pilot meetings of the Incarcerated Persons Advisory Council. However, a comprehensive policy has not yet been finalized, nor have a duty statement or formalized roles for the Ombudsperson and the Advisory Council been established. While notable progress has been achieved, the upcoming review period should focus on embedding these provisions within clear policies, procedures, and communication channels for incarcerated individuals and others wishing to contact the Ombudsperson with concerns.

Recommendations:

1. *It is recommended that the County finalize the Advisory Council policy and broaden the pilot program to encompass all housing units and classifications within the jail.
2. The County should formulate a detailed duty statement for the Ombudsperson.
3. The County should establish a mechanism to facilitate contact between incarcerated individuals, other stakeholders, and the Ombudsperson for support.
4. The County should implement a data tracking system to monitor communications with the Ombudsperson.
5. Documentation of Advisory Council meetings should continue, and quarterly reports summarizing feedback and subsequent actions should be submitted to the Jail Commander.

(1200) Within three (3) months of the Effective Date, the Parties shall develop a detailed plan setting forth key benchmarks for implementation of the terms of this Consent Decree. This shall include a timeline with identifiable goals and any necessary interim measures that will need to be taken. It is the Parties' intent to provide, in as much as detail as possible, the deliverables that will be identified for monitoring purposes both during the interim period and thereafter. The Parties shall update the implementation plan on a quarterly basis for the first two (2) years following the Effective Date to adjust benchmarks and deadlines and to address any issues regarding implementation.

Finding: *Substantial Compliance*

Assessment:

Both AFBH and ACSO continued to update their action plans during this review period. The County also maintains project plans for various construction projects. This provision required quarterly updates to the project plan through February 2024. That period has ended, and it is noted that the County did not submit a project plan within the required six-month period and that some quarterly updates were delayed during certain review periods within the two-year duration of this provision. Since the last report, the County has utilized and shared its internal project planning on a consistent basis. If ACSO and AFBH continue to keep

implementation plans current over the next 6 months, there may be a recommendation to discontinue monitoring.

Recommendations:

1. Update AFBH project plan quarterly and share with the Monitoring team.
2. Update ACSO project plan quarterly and share with the Monitoring team.