KELLY MITCHELL CONSULTING

JOINT EXPERT- MONITORING REPORT
AMERICANS WITH DISABILITIES ACT

BABU V. AHERN Consent Decree

Ninth Status Report
Case No. 5:18-cv-07677-NC

November 2, 2026

INTRODUCTION

Ninth Monitoring Report – ADA Provisions

This document constitutes the Ninth round of monitoring under the Consent Decree in *Babu v. County of Alameda* and specifically addresses the Americans with Disabilities Act (ADA)–related provisions assigned to Kelly Mitchell Consulting for monitoring at Santa Rita Jail (SRJ). The purpose of this report is to assess the County's compliance with these provisions and to provide the Court, parties, and stakeholders with a clear and objective evaluation of progress, challenges, and areas requiring continued attention.

Scope of Review
This report covers the monitoring period of January 1 through June 30, 2026. It draws upon multiple sources of information to ensure a comprehensive assessment, including:

- Review of policies, procedures, records, and data relevant to ADA compliance.
- An onsite monitoring visit conducted July 20-22, 2026, which included facility tours and direct observations.
- Interviews with staff across various classifications and assignments, as well as interviews with incarcerated individuals.
- Review of prior monitoring reports to ensure continuity and to track developments over successive reporting periods.

Methodology
The review applied a combination of quantitative document analysis, qualitative interviews, and onsite observation to assess both formal compliance with policy requirements and the actual implementation of ADA-related practices within the facility. During this monitoring period, particular attention was given to identification of psychiatrically , intellectually, and developmentally disabled (IDD) populations and accessibility and equality of programs and services, the provision of reasonable accommodations, and the consistency of compliance across housing units and functional areas. The review placed particular emphasis on policies and procedures finalization, implementation of adaptive supports, implementation of Grievance unit screening with staff trained in the ADA, and procedural changes to the disciplinary process to improve effective communication, ensure ADA unit involvement, and improvements in documentation.

Acknowledgment
The cooperation of Alameda County staff, healthcare personnel, and other stakeholders in facilitating access to records, operations, and individuals during this monitoring period is acknowledged and appreciated.

This Monitor continues to recognize the commitment of facility leadership to addressing identified deficiencies, advancing meaningful operational and programmatic improvements, and making marked progress in the establishment of sustainable continuous quality improvement processes. These actions have resulted in marked and measurable improvements as further detailed throughout this report.

Report Status
This report is prepared for submission to the parties and may be made publicly available.

FREQUENTLY UTILIZED ACRONYMS

ACSO- Alameda County Sheriff's Office

ADA-Americans with Disabilities Act

AFBH-Adult Forensic Behavioral Health

BHI-Behavioral Health Inmate

CD-Consent Decree

EC-Effective Communication

IDD- Individuals with Intellectual and Developmental Disabilities

IDI- Intellectually and Developmentally Disabled Incarcerated Person

IDHO- Inmate Disciplinary Hearing Officer

IP-Incarcerated Person

ITR-Intake, Transfer, and Release

LD- Learning Disability LOC-Level of Care

RH-Restrictive Housing

SMI-Serious Mental Illness SRJ-Santa Rita Jail

THU-Therapeutic Housing Unit

SUMMARY OF RATINGS

The chart below reflects an overview of the specific provisions with standardized rating codes:

SC-DC Substantial Compliance – Recommend Discontinuation of Monitoring.

SC Substantial Compliance

PC Partial Compliance

NC Non-Compliance

INYR-N/A Implementation Not Yet Required – Not Applicable

Requirement	Prior Rating	Current Rating
508. Development of written policies and procedures.	PC	SC
509. Disciplinary process for incarcerated persons designated as SMI.	PC	PC
510. Practice of seeking an opinion on the level of discipline, use of disciplinary diets, timelines for disciplinary proceedings, and the imposition of Discipline. Placement in a higher classification.	SC-DC	Monitoring Discontinued*
1000. Working with Joint Expert in the development and implementation of policies, procedures, forms, and training.	PC	PC
1001. Employment of a full-time, dedicated ADA Coordinator.	SC-DC	Monitoring Discontinued*
1002. ADA Coordinator and/or her or his staff personally meeting with each newly identified individual within 14 days of designation.	PC	PC
1003. ADA-related training for staff.	PC	PC
1004. The ADA Coordinator staffing.	SC	SC-DC
1005. The ADA Unit staff certification course	SC-DC	SC-DC
1006. Effective Communication Policy.	PC	PC
1007. ADA staff meeting with incarcerated persons with SMI diagnosis or a cognitive, intellectual, or developmental disability in advance of any disciplinary.	PC	PC

1008. Development and implementation of healthcare screening questions.	PC	PC
1009. Referrals to the ADA Unit for incarcerated persons with Psychiatric Disabilities.	PC	PC
1010. Issuance of the Jail Handbook orientation materials, including instructions on how to request disability-related accommodations, how to contact the ADA Coordinator, and how to file a grievance regarding ADA-related issues.	PC	PC
1011. Provision of reasonable modifications and accommodations.	PC	PC
1012. Provision of Effective Communication, therapeutic and/or protective housing unit, counseling/therapy (group and individual), medications, and Qualified Mental Health Professional input prior to removing privileges and/or otherwise imposing discipline and any modifications necessary to ensure equal access to programs.	PC	PC
1013. Provision of reasonable accommodations for learning-related disabilities.	PC	PC
1014. Provision of reasonable accommodations for individuals with cognitive, developmental, and/or intellectual disabilities.	PC	PC
1015. Implementation of an electronic, real-time networked tracking system.	PC	PC
1016. Provision of Psychiatric Disabilities report to Housing unit, education, and program office staff.	PC	PC
1017. Security classification for incarcerated persons with Psychiatric Disabilities.	SC	SC
1018. Access to yard and day room and recreation time for incarcerated persons with Psychiatric Disabilities.	PC	PC
1019. Equal access to all programs, activities, and services for incarcerated persons with Psychiatric Disabilities.	PC	PC
1020. Requests for reasonable modifications independent of the grievance system ("ADA Request").	PC	PC

1021. Grievance system that provides for prompt and equitable resolution of complaints by individuals with Psychiatric Disabilities who allege disability-related violations.	PC	SC
1022. The ADA Coordinator and ADA Unit review of ADA-related grievances.	PC	SC

***Provision 510 and 1001-monitoring discontinued**

Ratings → / Report Date ↓	Non-Compliance (NC)	Partial Compliance (PC)	Substantial Compliance (SC)	Substantial Compliance - Discontinue Monitoring(SC-DC)	Implementation Not Yet Required (INYR)	Discontinued Monitoring	Total
6th Round	**1**	**18**	**5**	**1**	**1**	**0**	**26**
7th Round	**0**	**20**	**2**	**4**	**0**	**0**	**26**
8th Round	**0**	**21**	**1**	**3**	**0**	**1**	**26**
9th Round	**0**	**18**	**4**	**2**	**0**	**2**	**26**
CHANGE	**0**	**-3**	**3**	**-1**	**0**	**1**	

FINDINGS AND RECOMMENDATIONS

The following findings and recommendations include language from the Consent Decree provisions assigned for monitoring by the ADA Joint Expert. The specific provision language is followed by the Expert's findings and recommendations.

*References to policies and procedures include all forms and attachments included with the policy.

Disciplinary Process

508. Defendants shall develop written policies and procedures, as set forth in Section IV(A), which shall require meaningful consideration of the relationship between the individuals' behavior and any mental health or intellectual disability, the efficacy of disciplinary measures versus alternative measures that are designed to effectuate change in behavior through clinical intervention, and the impact of disciplinary measures on the health and well-being of prisoners with disabilities. The delivery of mental health treatment shall not be withheld from Behavioral Health Clients due to Discipline. Behavioral Health Clients shall also not be subject to Discipline for refusing treatment or medications, engaging in self- injurious behavior, or threats of self-injurious behavior.

Finding: Substantial Compliance

(Note: Previously rated as "Partial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure - 16.01 Disciplinary Procedure (Revision Date: July 11, 2022)
- ACSO Policy 1.14 Americans with Disabilities Act (Published January 2025):
- AFBH Policy 407-1-4 Adult Forensic Behavioral Health Disciplinary Incident Response (Date of Approval July 8, 2024)

Metrics and Assessments

1. ACSO Policy 1.14 – Americans with Disabilities Act

Assessment: The policy was formally published in January 2025; training has been implemented and ongoing proof of practice established.

The county has established policies and procedures, training and an ongoing sustainable process for tracking and reporting compliance.

2. ACSO Policy 16.01 – Disciplinary Procedure

Assessment: This policy has been published, training implemented, and its content is consistent with the requirements of the CD. The County has continued to build operational enhancements into its procedures for ongoing compliance and sustainability.

3. AFBH Policy 407-1-4 – Adult Forensic Behavioral Health Disciplinary Incident Response

Assessment: This policy has been implemented and is consistent with CD provisions. The current policy satisfies CD requirements and training has been implemented.

Recommendations

1. Defendants to continue working with the monitor to enhance internal monitoring and quality improvement processes for this provision. Data tracking, monitoring and quality improvement processes have been initiated in this round and will be reviewed in the next round before recommending discontinuation of monitoring.

509. ACSO shall include Qualified Mental Health Professionals in the disciplinary process relating to SMI clients. For Behavioral Health Clients who are not SMI, ACSO shall notify a Qualified Mental Health Professional of the initiation of the disciplinary process, including the basis for disciplinary action, and shall include a Qualified Mental Health Professional as appropriate in the disciplinary process. Defendants shall develop a form for Qualified Mental Health Professionals to use that allows them to indicate the following:
(a) whether the reported behavior was related to mental illness or adaptive functioning deficits, including whether the behavior was related to an act of self-harm.
(b) any other mitigating factors regarding the individual's behavior, disability, or circumstances that should be considered.
(c) whether certain sanctions should be avoided due to the individual's underlying disability and/or mental health needs. The ACSO shall further ensure recommendations regarding whether the mental health of the individual impacted their actions are appropriately considered and proper interventions provided to Behavioral Health Clients and avoid punishing Behavioral Health Clients for manifestations of their disabilities. To the extent

ACSO chooses to not follow the Qualified Mental Health Professional's recommendations, ACSO shall document and explain in writing why the recommendation was not followed.

Finding: <u>Partial Compliance</u>

(Previously rated as "Partial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure- 1.14- ADA (Published January 28, 2025).
- ACSO Detention and Corrections Policy and Procedure - 16.01 Disciplinary Procedure (Revision Date: August 28, 2023).
- ACSO Detention and Corrections Policy and Procedure - 13.01 Medical and Behavioral Health Care (Revision Date: March 1, 2020).
- AFBH Policy 407-1-4 Adult Forensic Behavioral Health Disciplinary Incident Response (Date of Approval July 8, 2024)

Training:

- ACSO Americans with Disabilities Act Training – Implemented.
- ACSO Disciplinary Procedure – Implemented. Under revision to add Operational Enhancements.
- AFBH Adult Forensic Behavioral Health Disciplinary Incident Response Training - Implemented.

Metrics and Assessment:

1. Monitoring of ACSO Policy 1.14 - ADA for language consistent with the CD.
2. Monitoring of ACSO Policy 16.01- Disciplinary Procedure for language consistent with the CD.
3. Monitoring of AFBH Policy 407-1-4 Behavioral Health Disciplinary Incident Response for language consistent with the CD.
4. Review of Disciplinary Tracking Log
5. Review of a random sampling of no less than 10 percent of the total disciplinary packages.

Assessment:

There has been marked improvement in the involvement of ADA Unit staffing in the disciplinary process and formalization of documentation of effective communication prior to the disciplinary hearings. Enhancements in the Criminal Records Information System CRIMS have been developed and implemented to improve compliance in ensuring due process and effective communication in disciplinary procedures. The County has established a stop-gap system within CRIMS, (implemented July 12, 2026), which will identify disabled individuals covered under this decree and notify the ADA Unit of the creation of the disciplinary, will not allow identified individuals to deny a hearing or the disciplinary to proceed to hearing until the ADA Unit has met with the individuals and effectively communicated the charges and disciplinary process, and further will not allow a disciplinary hearing to proceed without having received AFBH clinical input to take into consideration during the hearing, and lastly will formalize tracking of each of these activities. This Monitor specifically acknowledges the creativity, commitment, and leadership demonstrated in the development of these CRIMS enhancements. Rather than relying solely upon staff adherence to

procedural requirements, the County has worked to embed critical ADA safeguards directly in the disciplinary workflow. This represents significant advancement in the County's efforts to develop sustainable systems of compliance. With continued implementation and demonstrated proof of practice, this approach has the potential to serve as model for correctional systems nationwide and to inform best practices for integrated disability-related due process protections into electronic disciplinary processes.

- During the last four (4) rounds there has been no evidence identified of Behavioral Health care being withheld from clients due to disciplinary.
- During the last four (4) rounds there has been no evidence identified of Behavioral Health Clients being subjected to Discipline for refusing treatment or medications, engaging in self-injurious behavior, or threats of self-injurious behavior.
- Effective December 2025, the ACSO amended practice whereby hearings are not held until they have received AFBH clinical input. They have further collaborated with AFBH for identification of additional support at the hearing if they believe it is clinically indicated.

- As of December 2025, the ADA Unit staff are now meeting with alleged rule violators in advance of disciplinary hearings that may result in an increase in security level and/or placement in more restrictive housing and are documenting communication of disciplinary information and the individuals' understanding of the information on the Effective Communication Form. This information is included in the disciplinary package for consideration by the hearing officer in determining if additional supports are necessary to ensure due process at the hearing.

- The ACSO developed a module in CRIMS which will not allow for a hearing to occur, for incarcerated individuals covered under this provision, without having first received an interview by the ADA Unit and AFBH clinical input.

- The ACSO has initiated a continuous quality improvement process whereby they have initiated internal reviews, corrective action, and ongoing quality improvement processes. It is anticipated reports will be produced for the next round.

- The ADA Unit attends all Restrictive Housing Committee (RHC) meetings where disciplinary actions are considered by the committee for class members. They provide input regarding the disability identification and functional support needs of disabled individuals. It is noted that input at this meeting does not negate any AFBH referral being completed at time of observed impact.

- During this monitoring period, the County self-identified deficiencies in notifying the ADA Unit when disciplinary reports were created for incarcerated individuals covered by this provision. The root cause analysis found that the primary reason for missed notifications was the lack of real-time communication between AFBH's determination of a disability and the placement of corresponding disability flags in ATIMS. A corrective action plan was established, including a revised protocol requiring the ADA Unit to review disciplinary logs twice daily and compare them to the ADA Accommodation List to reconcile notifications. This change in operational procedure increased compliance but did not fully correct delays in the transmission of information to the ADA Unit.

  As a result of the continuing identified deficiency, ACSO authorized three (3) additional staff positions within the ADA Unit. These staff will be responsible for collecting ADA-identifying information from intake and from subsequent clinical encounters when there are changes to an identified disability, accommodation, or adaptive support need. AFBH and

Wellpath will provide information to the ADA Unit by no later than the end of shift in which the information was obtained. ADA Staff will provide data-entry coverage seven (7) days per week, with information entered into the ADA Accommodation List and ATIMS within 24 hours of identification. Staff hiring was initiated in July and the procedural changes were implemented October 1, 2026.

- There continues to be a lack of documentation by the IDHO of the consideration of clinical input or consideration of information provided in determining outcome or sanctions. During this reporting period the ADA Unit developed a training bulletin to be distributed to all IDHO's as a reminder of the requirements under the consent decree. They have initiated internal audits and are developing Continuous Quality Assurance (CQA) processes. They have further added requirements to the CRIMS Disciplinary module that will serve to require data entry as to the reason why, if they recommended a sanction against the QMHP input. It is anticipated these improvements will correct this remaining deficiency and bring this provision to substantial compliance in the next reporting period.

Recommendations:

1. ACSO- Full implementation of the CRIMS Disciplinary module which will provide stop gaps to ensure compliance with this provision.

2. ACSO to continue to monitor IDHO's consideration of AFBH input and ensure documentation of this consideration is included in the disciplinary package to include if they disagree with recommended modifications to sanctions that the reason for disagreement is documented.

3. The County to continue development of internal CQA processes relative to this provision.

510. Defendants shall limit the practice of seeking an opinion on the level of discipline that should be assessed from the ACSO staff authoring the report. Defendants shall cease the use of disciplinary diets in all cases other than food-related disciplinary cases. Defendants' policies shall include timelines for disciplinary proceedings and the imposition of Discipline. Placement in a higher classification, including placement to Restrictive Housing, is governed by the classification process outlined in Section III(C).

Monitoring discontinued

Americans with Disabilities Act

(ADA)

1000. Defendants shall work with the agreed-upon joint subject matter expert, as discussed in Section IV(A), to develop and implement policies, procedures, and forms required to implement the provisions contained herein. All staff shall be trained on the topics, discussed in Section IV(A), including any modifications to policies and procedures, described herein.

Finding: Partial Compliance

(Previously rated as "Partial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date: January 28, 2025) to include the following forms:
  - Inmate Disability Evaluation Form
  - Intake Medical Form
  - ADA Coordinator Review Form
  - ADA Disability Tracking Form
  - ADA Record of Contact Form
  - ADA Request for Accommodation Form
  - ADA Unit Interview Form
  - Documentation of Effective Communication Form
  - Adaptive Supports Tracking Form

- ACSO Detention and Corrections Policy and Procedures:
  - 8.26 Special Restraints
  - 9.03 Special Security Inmates- Protective Custody/Gang Drop Out Inmates
  - 9.07 Deprivation of Authorized Items-Activities
  - 9.11 Effective Communication
  - 10.32 Post Order – ADA Coordinator
  - 11.09 Inmate Release Process
  - 12.01 Intake Classification
  - 12.03 Classification PREA
  - 12.08 Inmate Workers – Pending revision-draft reviewed by Monitors
  - 16.03 Grievance Policy-Pending revision-draft reviewed by Monitors.
  - 17.05 Inmate Communication, Mail and Visiting
  - 18.01 Inmate Programs-Pending revision-draft reviewed by Monitors.
  - 18.03 Inmate Orientation
  - 18.09 Educational Program Planning
  - 18.10 Vocational Training Programs
  - 18.11 Social Services Programs
  - 18.12 Recreation & Inmate Activity Program and Planning
  - 18.14 Inmate Tablet Access

- AFBH Policy and Procedures
  - 407-1-4 Disciplinary Incident Response- Published July 8, 2024
  - 407-1-5-Santa Rita Jail Intake -Published July 8, 2024
  - 407-2-1 Identifying and Diagnosing Serious Mental Illness-Published July 8, 2024
  - 407-2-2 Re-entry Services for Clients with a Serious Mental Illness-Published July 8, 2024
  - 407-2-3- Preventing Suicide and Self Harming Behavior-Published July 8, 2024
  - 407-2-4-Effective Communication-Published July 8, 2024
  - 407-2-7-Santa Rita Jail Referral-Published July 8, 2024
  - Adaptive Supports for Developmental, Intellectual, Learning and Cognitive Disabilities Policy- Published and training completed August 2026.
  - Psychiatric Disability Protocol- In Review

Training:

- ADA Training – In person Training implemented with 99% of all ACSO staff having received the training and training for AFBH staff was implemented after this monitoring period. Ongoing administration for new staff and all contract employees has been established.
- Behavioral Health Disciplinary Incident Response- Implemented.
- AFBH Adaptive Supports for Developmental, Intellectual, Learning and Cognitive Disabilities Policy training was developed during this monitoring period. Policy was published and training implemented in August 2026.

Metrics and Assessments

- Monitoring of policies listed above and associated forms for consistency with CD requirements.
- Monitoring of training content and delivery for consistency with CD requirements.

Assessment

During the current monitoring period, substantial collaborative work occurred between the Monitors and the County to advance compliance with the requirements of this provision. These efforts included the development and refinement of policies and procedures, protocols, implementation of supporting forms and operational tools and development of associated training. This work represents meaningful progress in establishing the infrastructure necessary to support consistent implementation. In addition, there was meaningful progress in Labor Negotiations surrounding AFBH policies. While continued proof of practice is necessary to demonstrate sustained implementation, the foundational work completed during this period represents meaningful advancement toward compliance.

Following is a list of work completed during this period:

- **ACSO Policy 1.14 – Americans with Disabilities Act**

The foundational ADA policy was published in January 2025 ; however, full implementation required a significant organizational effort to ensure the policy was effectively communicated, trained on, and incorporated into practice across the facility. During this monitoring period the County made substantial progress in operationalizing the policy through comprehensive staff training and the development of sustainable mechanisms and reporting on training compliance. At the time of this report, approximately 99% of custody staff had completed the ADA training, 57% of AFBH staff, and the County has incorporated ADA training into the onboarding of all contracted employees working in the facility.

Importantly, the County has established a sustainable process for identifying training requirements, tracking individual completion, and reporting compliance. The Monitor has reviewed evidence demonstrating implementation and proof of practice of these processes. Collectively, these efforts represent significant advancement from policy development to facility-wide operational implementation and establish the infrastructure necessary to support continued and sustained compliance.

- **AFBH Adaptive Supports for Developmental, Intellectual, Learning and Cognitive Disabilities Policy**

The publication and implementation of this policy represents a significant milestone in the County's efforts to establish a comprehensive and sustainable system for identifying and supporting individuals with cognitive, intellectual, and developmental disabilities. The policy formalizes expectations for identification, assessment of functional needs, provision of accommodations and adaptive supports, interdisciplinary coordination, and documentation of services for this particularly

vulnerable population. Importantly, the County has moved beyond policy development to implementation through staff training. Completion of training provides staff with a common framework for recognizing IDI related needs, understanding their respective responsibilities, and consistently applying the requirements of the policy in daily operations.

This monitor acknowledges the substantial work required to bring this policy from development through publication to implementation and provides a framework to demonstrate sustained implementation and proof of practice during subsequent monitoring periods.

- **Multidisciplinary Workgroups**

Workgroups continued throughout the reporting period to support program development, implementation, and resolution of identified compliance concerns. Participants included representatives from the ACSO ADA Unit, ACSO Programs, AFBH, Wellpath, education contractors, behavioral health staff, and the ADA Monitors. These collaborative efforts addressed several substantive areas during the reporting period, including:

Effective Communication

- Reviewed identified deficiencies related to the provision and documentation of effective communication, including internal monitoring findings and necessary corrective actions.
- Implemented and reinforced requirements for ADA Unit staff to meet with identified individuals prior to disciplinary hearings to provide and document effective communication regarding the charges and disciplinary process.
- Issued reminders to psychiatrists regarding requirements to document effective communication during medication-management encounters.

Identification, Functional Assessment, and Accommodation

- Evaluated workflow and revised the notification process between Intake and the ADA Unit to improve the timeliness of referrals for individuals identified as having accommodation or adaptive-support needs.
- Continued development and refinement of forms used to identify functional limitations, accommodation needs, and adaptive supports and to document their provision.
- Developed guidance to assist staff in recognizing disabilities and identifying potential functional needs within the jail environment.
- Reinforced with contracted clinical staff Consent Decree requirements related to disability identification, functional assessment, and identification of necessary accommodations and adaptive supports.
- Reviewed ADA terminology and concepts with AFBH leadership and supervisors to promote consistent understanding and application in the development of clinical protocols.
- Revised classification and Level of Care forms to improve identification and documentation of disability-related information.
- Development of the AFBH Psychiatric Disability Protocol- The protocol establishes expectations for QMHP's to evaluate functional limitations and major life activities, identify necessary accommodations or adaptive supports, document those determinations, and communicate relevant needs to the ADA Unit. This protocol will provide the important distinction between clinical diagnosis, level of care, and a disability. A psychiatric diagnosis or assignment to a particular level of care does not, standing alone, determine whether an individual has a psychiatric disability or what accommodations may be necessary. Draft protocol has been vetted and approved by the Monitors and provided to Class Counsel for review.

Multidisciplinary Review and Coordination

- Continued standardization of the ADA multidisciplinary team process and monthly

reporting of compliance and corrective actions identified and steps taken to increase compliance.

- Expanded multidisciplinary team meetings to provide additional staff engagement and coordination for individuals with complex needs to include ADA staff, and program staff, as necessary.
- Improved Regional Center communication, coordination, and documentation.

Re-Entry and Continuity of Services

- Reviewed opportunities to initiate Re-Entry planning earlier in the period of incarceration, including consideration of Re-Entry needs beginning at intake.
- Expanded interdisciplinary collaboration and coordination of Re-Entry planning, including increasing the number of individuals receiving documented Re-Entry plans.

Programs and Services

- Implemented the Release of Information (ROI) process to facilitate appropriate exchange of educational information and improve collaboration regarding testing, disability identification, and accommodation needs.
- Established forms to provide all program and service providers with accommodations and adaptive support needs for individuals assigned to their programs. These forms require the providers to document the provision of accommodation/supports in their programs, or the incarcerated person's refusal of offered supports.
- Revision of policies 12.08-Inmate Workers, and Policy 18.01-Inmate programs to include ADA language and requirements to document accommodations.
- Continued to work on establishing internal tracking, monitoring, and reporting of out-of-cell activities, work assignments, and program and services data for class members.

Grievances

- Review of Grievance process, routing terminology and consent decree requirements to streamline process, improve responses, standardize tracking and reporting, and improve ongoing compliance

Recommendations

1. AFBH to finalize the Psychiatric Disability Protocol and associated training. Finalization of the Psychiatric Disability Protocol would establish an essential bridge between the County's behavioral health and ADA systems and provides a standardized process through which psychiatric disabilities and resulting functional needs can be identified, communicated, accommodated, and monitored to ensure equal access to jail programs, services, and activities.

2. The County to continue to review policies and procedures for modifications required based on operational changes because of quality improvements.

3. The County should continue to work with Monitor on the development of CQA processes and tools to track implementation of policies, procedures, and training. It is anticipated these processes will be developed during the next monitoring period and will be reviewed during the next monitoring period.

ADA Coordinator

1001. ACSO shall continue to employ a full-time, dedicated ADA Coordinator at the Jail who shall, among other ADA-related responsibilities, oversee the following issues related to individuals with Psychiatric Disabilities: monitoring of the ADA Tracking System, ADA-related training, grievances, disciplinary reports, Message Request forms, requests for

accommodations, classification actions, orientation materials, touring housing units and discussing ADA-related issues with incarcerated persons and staff (e.g., housing unit deputies, medical staff, mental health staff, dental staff, education staff, re-entry services staff, inmate program staff, library staff, religious services staff, etc.) as set forth below and on an as-needed basis, and any other ADA-related responsibilities as appropriate. The ADA Coordinator shall be strongly encouraged to serve in that role for at least five (5) years to provide for consistency and to maximize the benefit of the training and expertise of the ADA Coordinator. ACSO shall consult with the ADA Joint Expert regarding the Post order for the ADA Coordinator, and Plaintiffs' counsel shall have an opportunity to review and provide input prior to ACSO finalizing the Post order. The ADA Coordinator shall report up the chain of command. Additionally, the Compliance Captain shall oversee the day-to-day activities of the ADA Coordinator but shall not have the ability to re-assign the ADA Coordinator away from their ADA-related duties.

Monitoring discontinued per Court order dated August 11, 2026

1002. As soon as practical, but under no circumstances more than fourteen (14) days after an individual has been identified at Intake or post-intake as having a Psychiatric Disability, the ADA Coordinator and/or her or his staff shall personally meet with each newly identified individual. In the meeting, the ADA Coordinator shall employ effective communication to assist the individual in understanding the rules of the Jail; explain how to request accommodations and what accommodations are available; ensure the individual has access to grievance forms to raise disability-related issues; and inform them that ADA Unit staff are available to assist the individual with disability-related needs. For any person identified as having a Psychiatric Disability who remains in the Jail for more than sixty (60) days, the ADA Coordinator and/or their staff shall meet with the individual to determine if their ADA-related needs are being met and at least every sixty (60) days thereafter. This meeting and any relevant notes regarding accommodation needs shall be documented in writing. Once the ADA Tracking System is implemented, this information shall be documented there.

Finding: Partial Compliance

(Previously rated as "Partial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date: January 28, 2025).

Training:

Training has been implemented and quality assurance processes established.

Metrics:

- Policy 1.14 Americans with Disabilities Act.
- Policy 10.32 Americans with Disabilities Act (Post Order) (Issued August 28, 2023).
- Completed ADA Interview Forms
- Compliance Unit Staff Interviews.
- Incarcerated Person Interviews.

Assessment:

Continued partial compliance with this provision is directly related to two primary deficiencies as

identified below:

1. Lack of Psychiatric Disability Protocol

The lack of a finalized and implemented process for identifying individuals with psychiatric disabilities outside of the population already identified as SMI. Although the County has an established mechanism for identification of individuals designated as SMI, SMI status does not encompass the full population of individuals who may have a psychiatric disability and associated functional limitations requiring ADA accommodations or adaptive supports. The County has finalized the Adaptive Support Policy for individuals with developmental, intellectual, learning and cognitive disabilities on July 14, 2025, and trained on the policy on August 19, 2026. The AFBH ADA Assessment Psychologists had begun communicating known accommodations and/or adaptive support plans to the ACSO ADA Unit via ATIMS following referral, chart review, and assessment.

During this monitoring period, the County continued its work to develop the Psychiatric Disability Protocol. The County also implemented quality improvement processes to streamline communication from AFBH, and the contract medical provider, to the ADA Unit. In addition, efforts continued to train all staff on the ADA policy.

It is this Monitor's opinion that absent implementation of the Psychiatric Disability Protocol, AFBH, cannot reliably identify the broader population of individuals with psychiatric disabilities who are subject to the required ADA Unit contact timelines. As a result, the County cannot demonstrate that all individuals entitled to these contacts are being referred to and seen by ADA unit staff within the required timeframes.

This represents the fundamental barrier to compliance with this provision. Timelines cannot be meaningfully measured against only the SMI population when the requirement applies more broadly to individuals with psychiatric disabilities. Finalization, training, and implementation of the Psychiatric Disability Protocol are necessary to establish the complete population subject to the provision and to permit meaningful measurement of compliance.

2. Discrepancy in information transfer of AFBH identification to the ADA Unit and Jail Management System

Of additional concern during this monitoring period, an internal audit comparing the ADA Unit Accommodations Tracking, ATIMS Flags, and the AFBH case management system identified a discrepancy of more than 100 individuals. Based on AFBH identification these individuals would have triggered applicable ADA timelines for contact; however, they had not been flagged in ATIMS, and their identification had not been communicated to the ADA Unit. This finding demonstrated that, even within the currently identifiable SMI population, the information necessary to trigger ADA review and required follow-up was not consistently transferred between entities.

The ACSO self-identified discrepancy was flagged for discussion during the Monthly ADA MDTF, and a corrective action plan was established. As a result of this, a revised intake process, revised classification form and new protocols were established to ensure the transfer of critical information to the ADA Unit. As discussed in the prior provision with more detail, the ADA Unit has established three (3) additional positions to begin collecting information from the AFBH and the contracted health provider 7 days per week and establishing responsibility for uploading necessary information into the ADA Accommodation List and entering appropriate Flags in ATIMS.

These two deficiencies represent significant barriers to compliance. The AFBH must both establish a reliable mechanism for identifying the broader population of individuals with psychiatric disabilities and ensure that individuals already identified by AFBH are consistently communicated to the ADA

Unit and appropriately identified within the ATIMS and ADA Accommodations List. Until both processes are reliably implemented, the County cannot demonstrate that the full population subject to this provision is identified or that required ADA Unit contacts occur within established timeframes.

A review of 14-day and 60-day reviews was completed showing there exists a system for tracking individuals identified for review, completion of 14-day and 60-day reviews, and a CQA process is under development for this provision. This system has the framework for establishing tracking, monitoring, and reporting of ongoing compliance. However, given the identification and information transfer deficiencies described above, this Monitor determined that statistical analysis of ADA Unit contacts for the currently identified population would provide limited meaningful information regarding compliance with this provision.

The provision requires timely ADA Unit contact with individuals identified as having psychiatric disabilities. The County has yet to establish a reliable mechanism for identifying the full population. Additionally, the internal audit conducted identified significant discrepancy between individuals identified by AFBH and those communicated to the ADA Unit and/or flagged within ATIMS. As a result, the population currently available for review represents only a subset of the individuals who should potentially have triggered the requirements of this provision. Calculating timeliness or compliance rates based solely upon the limited population could produce a technically accurate percentage for the individuals who were successfully identified and referred, while failing to account for individuals who were never entered into the process at all. Accordingly, meaningful statistical analysis will require a sufficiently reliable denominator-that is, confidence the County is consistently identifying the population subject to the requirements of this provision and transferring the information to the ADA Unit. The corrective actions identified above are anticipated to be implemented during the next monitoring period. Once implemented, this Monitor will be able to conduct a substantially more meaningful measure of the proof of practice and compliance can be performed.

During the next reporting period, the Monitor will continue to work with the ACSO in the establishment of the Psychiatric Disability protocol, internal monitoring of identification and transfer of information, reporting, and CQA process improvements.

Recommendations:

1. AFBH to finalize and implement the Psychiatric Disability Protocol, Classification form revisions, and associated training.

2. AFBH to ensure documentation include specific accommodation/functional support needs so information can be shared the ADA Unit.

3. ACSO to implement new ADA Unit staffing who will have responsibility for collection of disability and accommodation information seven days per week, and the data entry of the information into the ADA Accommodations List and ATIMS.

4. ACSO and AFBH to work with the monitors in the establishment of internal CQA processes.

1003. After the initial ADA training is provided by the ADA Joint Expert, the ADA Coordinator shall be charged with providing ADA-related training to staff and with monitoring programs and work assignments to ensure meaningful access for all individuals with Psychiatric Disabilities.

Finding: <u>Partial Compliance</u>

(Previously rated as "Partial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date: January 28, 2025)

Training:

- ADA Training – Implemented

Metrics:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act. Training Material for Policy 1.14.
- Training Records.

Assessment:

The Monitors provided consultation on the development of training materials and materials were shared with Class Counsel for input prior to implementation. The initial training was provided in tandem with the ADA Monitor and with Class Counsel present. Feedback was incorporated and 99% of all ACSO staff have received the training, 57% of AFBH staff have received the training as of this report date and contracted staff have received the initial training and a process established where all new contract employees will receive as part of their onboarding process.

The ADA Unit has established tracking, monitoring, and reporting of training completion and has established a monthly report of all staff with outstanding training for ongoing sustainability.

The ADA Unit has continued the reporting of population information that assists in the analysis of equal access to programs and services for the class members in comparison to the general population.

Despite these operational improvements, there remains the primary barrier to demonstrating substantial compliance due to the lack of identification of the complete Psychiatric Disabled population as discussed in previous provisions. This provision requires the ADA Coordinator to monitor programs and work assignments to ensure meaningful access specifically for individuals with Psychiatric Disabilities. Effective monitoring of access necessarily depends on the ability to reliably identify the population for whom access must be evaluated.

The Re-Entry Unit, in conjunction with the ADA Unit, has continued the ongoing monitoring of programs and services to ensure meaningful and expanded access for individuals with identified disabilities as well as reliably implementing the Re-Entry and Program Services Accommodations form which identifies accommodation needs and collects information on actions taken to provide accommodations in programs and services. A mechanism for data collection from these forms, internal monitoring and reporting have yet to be established.

For this review period the statistical analysis of accommodations provided within programs and services would not provide a meaningful measure of compliance as until the AFBH has established a reliable process for identification of the full population of individuals with Psychiatric Disabilities and their functional and accommodation needs this Monitor cannot establish an accurate denominator against which access and accommodation data can be evaluated. Analysis limited to the current identified population would therefore underestimate the scope of accommodations required and overstate overall compliance. This Monitor commends the ACSO for the implementation of the Re-Entry and Program Services Accommodation Form. During this review, the forms consistently

aligned with the ADA Accommodations List for the specific individuals and the information clearly documents the accommodation provided for the specific program. This form will provide the proof of practice necessary for monitoring and confirmation of compliance with this provision once the Psychiatric Disability Protocol is reliably implemented and a method of collecting the data in an electronic format is established.

Although progress has been made in the training component of this provision, proof of practice documentation has been established, and the monitors have worked extensively with the ACSO on developing reliable internal reporting and sustainable CQA processes, the County cannot yet demonstrate full implementation of the monitoring component without the finalization and implementation of the Psychiatric Disability Protocol. This is necessary to appropriately identify the population against which meaningful access to programs and work assignments can be systematically monitored and demonstrated.

Class member interviews identified increased communication on program rotations, understanding of how to request enrollment in programs and services, and acknowledgment of increased program offerings. During the last reporting period there were numerous incarcerated individuals across multiple units who requested for better coordination between clinical group times and program availability so that they could participate in both. During this review, this monitor did not hear the same concerns although there continued to be requests for expanded programming.

Recommendations:

1. Finalization, training, and reliable implementation of the Psychiatric Disability Protocol.

2. Defendants to continue to work with the Monitors on the establishment of a reliable internal reporting system for tracking of programs, services, and meaningful access.

1004. The ADA Coordinator shall have sufficient staffing to assist him or her (the "ADA Unit"). ACSO staff assigned to the ADA Unit shall be strongly encouraged to serve in that capacity for at least three years to provide for consistency and to maximize the benefit of the training and expertise of the Custody staff assigned to this unit. During any period where the ADA Coordinator is unavailable for any reason, a sergeant or higher-ranked individual shall fulfill the duties of the ADA Coordinator position until the ADA Coordinator becomes available, or a replacement is appointed to the position. The ADA Coordinator position shall not remain vacant for more than ninety (90) days.

Finding: Substantial Compliance-Discontinue Monitoring

(Previously rated as "Substantial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date: January 28, 2025).

Training:
N/A

Metrics:

- Policy 1.14 Americans with Disabilities Act.
- Policy 10.32 Americans with Disabilities Act Coordinator (Post Order) (Issued August 28,

2023).
- Interviews of ADA Unit Staff.

Assessment:

This provision remains in Substantial Compliance. Not only was the ADA unit staffing found in substantial compliance for the last three (3) reporting periods, the ACSO has demonstrated through the establishment of internal tracking, monitoring and quality assurance processes the commitment to ongoing sustainability. In addition, the staff assigned to the unit have exhibited ongoing commitment to the unit. Again, during this rating period the ADA Coordinator position has not remained vacant for more than ninety (90) days.

During this reporting cycle, this Monitor has observed leadership's ongoing commitment to self-identify needs and establish processes and positions that are able to react to policy changes or population fluctuations. The ADA Unit has expanded services to the implementation of adaptive/functional supports, increased internal tracking and monitoring processes, as well as implemented quality assurance processes for ongoing sustainability during this reporting period. The unit has created "real-time" tracking through the creation of a network of technology solutions in place of the much awaited and long-standing implementation of the ATIMS ADA module, which continues to face delays.

During this reporting period, the ADA Unit implemented ADA trained staff members to the Grievance Unit staff to screen ADA grievances and coordinate responses and tracking. This process has created efficiencies, expanded ability to improve internal monitoring and quality assurance and established sustainability through the expectations of ongoing training and establishment of not one (1), but three (3) positions in the unit who have received both internal and external ADA training and certifications. In addition, the ADA unit implemented refined adaptive support logs, quality assurance rounding to include inmate interviews. This Monitor further recognizes the significant importance of the County's established monthly ADA MDTF meeting as an increasingly central component of its compliance and continuous quality assurance structure. The MDTF has evolved beyond a forum for multidisciplinary discussion and is functioning as an operational mechanism through which compliance concerns are identified, system efficiencies and deficiencies evaluated, corrective action plans are developed and implementation is monitored.

During any period where the primary ADA Coordinator is unavailable for any reason, there are back-up ADA Coordinators who maintain the same training and certification level, as well as a sergeant in place to fulfill the duties of the ADA Coordinator position. Currently the unit is staffed with a Sergeant, three (3) sworn Deputies, and three (3) Sheriff's Technicians certified at the ADA Coordinator level. This depth of expertise and cross-functional representation is exceptional, and in this Monitor's experience, exceeds what is commonly observed within correctional ADA programs. The significance of this investment extends beyond the number of certified staff. Developing ADA expertise across both sworn and non-sworn personnel creates meaningful operational redundancy, reduces reliance on any single individual, supports continuity during vacancies, absences, or personnel transitions, and provides the Unit with multiple qualified staff capable of identifying and addressing complex disability-related issues. It also allows ADA knowledge to be integrated across custody and administrative functions rather than residing with a single position or discipline.

This structure substantially strengthens the County's capacity to institutionalize ADA compliance. It is proving to have created a knowledgeable internal resource base capable of supporting staff, supporting the incarcerated population, identifying emerging compliance concerns, participating in multidisciplinary problem-solving, monitoring implementation, adjusting staffing, and resources based on identified needs and has committed to sustaining practices beyond the period of external monitoring.

Recommendations:

1. Prepare for transitioning responsibility from external ADA monitoring to the County's internal CQA structure.

1005. Within one (1) year from their initial assignment, all sworn staff assigned as ADA Unit staff, including the ADA Coordinator, shall attend and complete a nationally recognized certificate course designed for ADA coordinators and obtain certification and maintain said certification with updates and continuing education courses. Any replacement ADA Coordinator, interim ADA Coordinator, or sworn staff assigned to the ADA Unit shall obtain their ADA certification within twelve (12) months of starting in the position.

Finding: Substantial Compliance-Discontinue Monitoring

(Previously rated as "Substantial Compliance-Discontinue Monitoring")

Policies:

- ACSO Detention and Corrections Policy and Procedure – 1.14 Americans with Disabilities Act (Revision Date: January 28, 2025):

Training: N/A

Metrics:

- Reviewed ACSO Detention and Corrections Policy and Procedure – 1.14 Americans with Disabilities Act.
- Staff interviews (ADA Unit).

Assessment:

The County has established policies, procedures, and post orders that appropriately address this provision. Seven ACSO employees staff the Santa Rita Jail ADA Unit: All seven hold ADA Coordinator certifications (1 Sergeant (Sworn), 3 Deputies (Sworn) and 3 Sheriff's Technician's (Non-Sworn). In addition to these staff there are an additional 3 Sheriff's Technicians currently assigned as ADA Unit representatives in the Grievance Unit and they have each obtained ADA certifications. The Unit operates under the supervision of the Compliance Captain and Compliance Lieutenant.

Proof of practice confirms that the ADA Coordinator position was continuously filled during the rating period. Staff assigned to primary and secondary ADA Coordinator duties continue to maintain valid ADA Coordinator certifications through the University of Missouri ADA Coordinator Training Certification Program. All ADA Unit sworn and non-sworn staff received external and internal ADA training certifications in compliance with this provision and are tracked and reported.

This monitor finds not only a commitment to continuity of staffing and training within the unit, but examples of the expansion of staffing within the unit with training being tracked and provided in accordance with this provision. In addition, the County has confirmed they plan to retain the requirements for training in their ADA policy should this provision be terminated from monitoring.

Recommendations:

1. Prepare for transitioning responsibility from external ADA monitoring to the County's internal CQA structure.

Effective Communication

1006. In consultation with the ADA Joint Expert, and in accordance with Section IV(A), Defendants shall develop and implement policies and practices to ensure effective communication ("Effective Communication policy") with individuals with Psychiatric Disabilities at Intake and in due process events (e.g., grievance processes, classification processes, disciplinary processes, pre-release processes, and conditions of release process), religious activities, vocational and educational programs, and clinical encounters including mental health appointments. The Effective Communication policy shall include, at a minimum, processes for:

(a) identifying individuals whose cognitive, intellectual, or developmental disability pose barriers to comprehension or communication.

(b) promptly providing reasonable accommodation(s) to overcome the communication barrier(s); and

(c) documenting the communication including the method used to achieve effective communication and how the relevant staff person determined that the individual understood the encounter, process, and/or proceeding.

Finding: Partial Compliance

(Previously rated as "Partial Compliance").

Policies:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date: January 28, 2025)
- ACSO Policy 9.11 Effective Communication (Revision Date February 6, 2024).
- AFBH Effective Communication Policy 407-2-4 (Date of Original Approval July 8, 2024)
- AFBH Adaptive Supports for Developmental, Intellectual, Learning and Cognitive Disabilities Policy was published and training implemented in August 2026.

Training:

ACSO Policy 1.14-Training implemented.

ACSO Policy 9.11- Training implemented.

AFBH Policy 407-2-4- Training implemented.

AFBH Adaptive Supports for Developmental, Intellectual, Learning and Cognitive Disabilities

Policy-Training implemented August 2026

Metrics:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act.
- ACSO Policy 9.11 Effective Communication

- AFBH Effective Communication Policy
- Staff interviews (from multiple custody and non-custody disciplines)
- ADA Accommodation List
- Document Review- Case Management systems for health encounter records, Disciplinary, Grievance, ADA Interview

Assessment:

The Monitor recognizes substantial progress in the implementation of this provision; however, a rating of Partial Compliance remains appropriate. This rating is based primarily on the continued absence of a fully implemented process for identifying the broader population of individuals with Psychiatric Disability, and the recent implementation of the CRIMS Disciplinary enhancements on July 12, 2026. These improvements are anticipated to provide sufficient proof of practice for review during the next monitoring period.

Of particular significance during this reporting period, the AFBH finalized and implemented its IDD policy, supporting procedures, and associated forms, and developed and initiated a training plan. These efforts have established a more structured and sustainable process for identifying individuals with cognitive, intellectual, and developmental disabilities, assessing communication and functional needs, identifying necessary accommodations and adaptive supports, and documenting the provision of effective communication. Review during monitoring period demonstrated that these processes are being implemented for the IDD population. This represents meaningful advancement in meeting the requirements of subsections (a), (b), and (c) of this provision for this population.

In addition, AFBH provided additional direction to AFBH Medication Management providers, and staff involved in AFBH Re-Entry Planning to reiterate the expectations of the provision and documentation requirements of effective communication. It is further acknowledged that during on-site review this Monitor observed greater compliance by contract healthcare staff in the establishment and documentation of effective communication. The improvement of Psychiatrists' documentation of effective communication was further validated by Dr. Montoya, Behavioral Health Joint Monitor, through her chart reviews. To establish ongoing sustainability this Monitor recommends the AFBH develop an internal monitoring process for the provision and documentation of effective communication in their encounters.

This Monitor's Eighth Round report identified deficiencies in the contract healthcare providers documentation of effective communication. During this round information was provided regarding the contract healthcare provider having established processes to monitor effective communication compliance. I would recommend the establishment of an ongoing process for compliance reporting to be shared with the ADA Unit for proof of practice of compliance.

Notwithstanding this progress, the provision applies more broadly to individuals with Psychiatric Disabilities. As discussed in prior provisions in this report, the AFBH has not yet fully implemented a reliable process for identifying individuals with psychiatric disabilities. Without consistent identification of the full population subject to this provision, the County cannot yet demonstrate that communication barriers are systematically identified, that necessary accommodations or adaptive supports are promptly identified, that necessary accommodations or adaptive supports are promptly provided, or that effective communication is consistently documented across the range of encounters and processes required under the Consent Decree.

As discussed in prior provisions, focused work occurred during this monitoring round to establish the Psychiatric Disability Protocol and create forms for the documentation of the identification, functional needs assessment and accommodations and adaptive support needs information that can then be shared with the ADA Unit for inclusion in the already established ACSO processes for communication of necessary information and documentation of effective communication and accommodations and adaptive supports for this full population.

Onsite review during this reporting produced the following observations:

- Restrictive Housing Committee
  There has been marked improvement in the corrective actions taken by the ACSO and AFBH in the identification of individuals requiring effective communication, of attendance and participation by the ADA Unit staff, and increased discussions surrounding multi-discipline consideration of needs for this identified population during the RHC's.

  Three cases specific to the population covered under this provision were addressed during the committee meeting attended by this Monitor, and the ADA Unit staff had met with each of the individuals in advance of the RHC and were able to provide important information on the individuals' ability to comprehend the discipline they had received and communication on the process. They added additional ADA information that was taken into consideration by the committee.

- Intake
  This Monitor observed three (3) Medical intakes and three (3) AFBH intake interviews. The Medical interviews showed marked improvement in the establishment and documentation of effective communication. They further showed immediate communication of identified concerns to the custody staff in the intake area to assist in provision of care for the incarcerated individuals. This Monitor was able to observe the AFBH piloting of a revised Level of Care and Classification form. This pilot was to determine if adding additional information to these forms would substantially improve the dissemination of information to the ADA Unit for the identification of the disabled population as well as communicate accommodation/adaptive support needs identified at the initial point of entry. This Monitor was able to speak with the staff member involved in the Pilot and she documented questions and recommendations to improvements to the form, as well as documenting the time to complete the new forms for analysis of the impact on other provisions of this consent decree, primarily intake processing times. During additional workgroup meetings, this Monitor found the clinician's documentation was taken into consideration and additional modifications have since occurred to the forms under this pilot.

  Most recently drafts have been shared with the Monitors that show enhanced ability to document the requirements under this provision as well as efficiencies identified that may provide for enhanced communication to the ADA Unit without an impact to processing timeframes. Final review and implementation of the Psychiatric Disability Protocol and associated forms are anticipated during the next monitoring period.

  The ACSO further reported the establishment of the three (3) additional positions within the ADA Unit to support timely communication and documentation of identified effective communication, accommodation, and adaptive support needs; however, its effectiveness

remains dependent upon implementation of the Psychiatric Disability Protocol.

- ADA and CQA Unit
  - Technology Solutions
    During the onsite tour, the ADA Unit presented information regarding technology solutions developed to improve compliance with ADA requirements, effective communication provision, and accommodations. They developed, implemented (July 12, 2026), a CRIMS technology solution for disciplinaries, to not allow individuals with psychiatric, cognitive, intellectual, and developmental disabilities to waive a hearing without first having met with ADA Unit staff, there will be additional stop gaps to not allow the hearing until AFBH has provided input, and ADA staff are including documentation in the Disciplinary File in CRIMS of the effective communication when meeting with the individual to ensure understanding of the charges and disciplinary process, as well as providing additional ADA information to the hearing officer. This has the potential to create a practice that will set the facility up for success in meeting substantial compliance in more than one provision of this consent decree.

  - CQA Processes
    The ADA and CQA Units further presented ongoing work to formalize quality assurance processes across the ADA provisions, including this provision. The CQA Unit has demonstrated a thoughtful and deliberate approach to developing audit methodologies, data collection, validation, and reporting processes designed to meaningfully assess implementation and proof of practice. Of note is the Unit's transparency, responsiveness to feedback, and collaborative approach in working with the Monitors to refine the scope and methodology of its compliance audits.

    The ADA and CQA Units appear well positioned to track and report compliance with this provision once the identified deficiencies in the identification of individuals with Psychiatric Disabilities and their accommodation and adaptive support needs are addressed. Until the associated protocols are implemented and the underlying data are sufficiently reliable, meaningful internal compliance reporting remains limited. During the next monitoring period, the Monitors will continue to work with these Units on implementation of sustainable quality assurance and reporting processes.

- Re-Entry and Program and Services
  During the onsite tour I was able to meet with the Re-Entry and Program Services Units to discuss ongoing improvements in the provision of effective communication, accommodations, and adaptive supports for the population covered under this provision. They specifically provided updates on the following:
  - Implementation on the Release of Information (ROI) form. Implementation of a Release of Information (ROI) form to facilitate the sharing of learning disability, accommodation, and support information between Educational Providers and the County. The ROI is offered at intake and remains available thereafter, providing incarcerated individuals a mechanism to authorize disclosure consistent with FERPA requirements. This process strengthens the County's ability to identify learning disabilities and to track and monitor the provision of effective communication, accommodations, and adaptive supports within

Programs.

- Implementation of the Re-Entry and Program Services Accommodation Form.
  The form provides program and service providers, including contract and volunteer providers, with notification of identified accommodation and adaptive support needs. Providers are required to document delivery of the identified accommodation or support, with completed forms returned to Program staff for review and identification of any necessary corrective action. The County is developing an electronic process to support sustainable tracking, monitoring, and reporting of this information, which is anticipated to be implemented during the next monitoring period.

- Re-Entry Plans
  Increased collaboration was reported among Pretrial Services, AFBH Re-Entry Planners, ACSO Re-Entry staff, Probation, and Community-Based Organizations in the development of Re-Entry plans and provision of effective communication to individuals with disabilities. Notable improvements include initiating Re-Entry planning at entry into the jail and expanding these efforts beyond the SMI population to include individuals with IDD and other identified disabilities.

  Improvement was also demonstrated in engaging individuals in the development of their Re-Entry plans and documenting effective communication during Re-Entry encounters. During the next monitoring period, review will focus on documentation and proof of practice to assess the effectiveness and sustainability of these corrective actions and compliance with the requirements of this provision.

- Staff and Incarcerated Individual interviews.
  During this monitoring tour, 30 staff and 43 incarcerated individual interviews were completed. All staff interviewed demonstrated awareness of the ADA Accommodation List and were able to produce it when requested. Staff were also familiar with the newly implemented Adaptive Support binders and described how they use the information to provide identified accommodations and supports. Deputies demonstrated knowledge of how to access interpreters and assistive devices, and several housing-unit deputies reported incorporating accommodation needs into unit huddles.

  Of particular significance, the interviews and observations reflected a notable positive culture shift within the housing units. In earlier monitoring periods, ADA-related responsibilities appeared to be viewed primarily as functions of the ADA Unit. During this review, housing-unit staff demonstrated greater familiarity with individuals requiring accommodations and increased understanding of their own responsibility for effective communication, accommodations, adaptive supports, and resolution of access concerns.

  This developing culture shift represents meaningful progress toward sustainable compliance by integrating ADA responsibilities into routine housing-unit operations rather than treating them solely as a specialized ADA Unit function.

  - Incarcerated individual interviews
    During this monitoring tour, 43 incarcerated individuals were interviewed. Interviews reflected increased awareness of how to request ADA assistance and accommodations,

greater satisfaction with programs and services, and a marked reduction in concerns regarding tablet access.

Two individuals required interpreter services to establish effective communication. Interpreter services were readily available and facilitated effective communication during the interviews. Effective communication could not be established with three additional individuals due to the nature of their disability-related communication impairments. Additional findings are discussed below.

ADA Awareness and Access to Accommodations

Individuals interviewed demonstrated strong awareness of how to access the ADA Unit and request disability-related accommodations and supports. Multiple methods of requesting assistance were identified, including verbal requests to staff, tablet requests, and the Request for Accommodations form. All individuals with whom effective communication could be established were able to identify a method for requesting ADA assistance.

There was also a noticeable increase in individuals who identified ADA staff by name and reported frequent ADA Unit rounding within the housing units. Several described these contacts as occurring "all the time." ADA Unit documentation and tracking further supported frequent rounding, effective communication contacts, identification and provision of accommodations and adaptive supports.

These findings demonstrate that information regarding ADA services and methods for requesting assistance is reaching the incarcerated population in practice. The ADA and CQA Units are continuing to develop methods to strengthen tracking and reporting of these activities.

- Programs and Services

Individuals interviewed expressed increased satisfaction with access to programs and services and demonstrated substantially greater knowledge of available programming, including program rotation, than observed during prior monitoring tours. Program schedules and sign-up sheets were readily observed within housing units.

Individuals continued to express interest in additional programming, particularly opportunities leading to employment-related certifications, productive activity, and personal development. The female THU again demonstrated particularly strong engagement in identifying program improvements and was preparing recommendations for its next meeting with the newly implemented Ombudsperson program. This reflects increasing engagement by the incarcerated population in processes intended to provide input regarding programs, services, and conditions.

During one housing-unit visit, individuals requested information regarding how to contact Plaintiffs' counsel. The information was posted within the housing unit and available through tablets or by asking staff. There was one (1) housing-unit officer who was not aware of its location. Given the number of interviews conducted and the predominant ability of staff to identify and access this information, this isolated finding does not, by itself, establish a broader pattern or systemic concern.

- Orientation and Access to Information

  Access to orientation information and tablets demonstrated marked improvement. One individual reported not receiving an inmate handbook at intake; however, review of the ATIMS record documented receipt of the handbook, and the individual's 14-day ADA interview documented review of jail policies, procedures, and the handbook.

  Unlike prior monitoring periods, no individuals reported difficulty accessing tablets or resetting passwords. One individual did not have a tablet because it had been broken the previous day and was awaiting replacement. ADA forms, including Request for Accommodations and grievance forms, were readily available throughout the housing units.

- Housing Conditions and Staff Engagement

  Marked improvement was observed in housing-unit conditions and staff engagement. More incarcerated individuals were observed working within the units, and deputies were observed actively assisting with maintaining unit cleanliness, including removal of accumulated food trays from cells.

  Incarcerated workers expressed appreciation for work assignments and the associated out-of-cell opportunities. They demonstrated an understanding of their job responsibilities and reported feeling comfortable seeking assistance from staff and declining inappropriate requests from other incarcerated individuals.

  Two individuals with prior periods of incarceration at Santa Rita Jail specifically reported substantial improvement in current conditions compared with their prior experiences.

- Out-of-Cell Opportunities

  Out-of-cell access remained the most consistent concern raised by the incarcerated population. Across housing units, extended periods were observed during which dayroom areas were not in use. These observations were consistent with information provided by staff and review of out-of-cell data. All Monitors encourage the ACSO to expand out-of-cell opportunities.

  Monitors were able to observe the new recreation yards this tour and observed disabled individuals participating in solo and group settings on the yards ACSO reported continued efforts to develop processes to maximize use of these areas. Out-of-cell access, including opportunities for programming, recreation, and work assignments, will receive focused review during the next monitoring period and is addressed further under the applicable provisions below.

- Grievances

  Three incarcerated individuals expressed concerns regarding the grievance process, specifically a perception that responses contained standardized language that did not meaningfully address their complaints. Additional review identified response language could create confusion regarding whether further information would be provided or whether additional action was required to continue pursuing the grievance.

  These concerns were discussed through multidisciplinary review during and following the onsite tour, and modifications to response language are underway. While the limited number

of concerns identified through interviews does not independently demonstrate a systemic effective communication deficiency, grievance response language, timeliness, tracking, and documentation of effective communication warrant continued review during the next monitoring period.

Overall Findings
Collectively, interviews and direct observations during this monitoring period demonstrated meaningful improvement in ADA awareness, access to accommodations and adaptive supports, effective communication, knowledge of available programs and services, housing-unit conditions, and staff engagement. These findings are consistent with the broader culture shift observed during this monitoring period toward incorporation of ADA responsibilities into routine facility operations.

Out-of-cell access remains an area requiring additional opportunities for programming, recreation, and work assignments. These issues are addressed more fully under the applicable provisions below.

Recommendations:

1. AFBH to Finalize of the Psychiatric Disabilities Protocol and associated forms.
2. The County to develop review and validation processes that include staff interviews, inmate interviews, and direct observation into the CQA process for this provision.
3. ACSO to develop a formal CQA process for ongoing data collections, tracking, reporting, and quality improvement for this provision.

1007. For those individuals with a SMI diagnosis or a cognitive, intellectual, or developmental disability, who have effective communications needs, the ADA Unit shall meet with the individual in advance of any disciplinary hearing that may result in an increase in security level and/or placement in more restrictive housing. In order to provide Effective Communication, the ADA Unit shall discuss the upcoming event with the individual and ensure they are able to understand, participate, and communicate effectively.

Finding: <u>Partial Compliance</u>

(Previously rated as "Partial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date: January 28, 2025):
- ACSO Policy 10.32 Americans with Disabilities Act Coordinator (Post Order) (Issued Date: August 28, 2023).
- ACSO Policy 16.01. Disciplinary Procedure (Revision Date: July 11, 2022). Under revision but meets the requirements of this provision in current state.

Training:
- Policy 1.14- Americans with Disabilities Act
- Policy 16.01-Disciplinary Procedure

Metric:

- Verification of policy compliance with this provision
- Verification of Training implementation.
- Review of a random sample of no less than 10% of disciplinaries for individuals with SMI, cognitive, intellectual, and developmental disabilities or for those requiring Effective Communication accommodations.

Assessment:

The ACSO has demonstrated considerable progress in implementing the requirements of this provision and, importantly, demonstrated establishment of quality assurance processes which include the recent CRIMS automation safeguards. Policies include the necessary language required of this provision and trainings have been implemented.

During earlier implementation, the County established a process requiring ADA Unit involvement for identified individuals with Effective Communication needs (as defined under this provision) prior to applicable disciplinary hearings being held. ADA Unit staff are required to meet with the individual, review, and effectively communicate the disciplinary charges and process, assess the individual's ability to understand and participate in the hearing process, and document the required interaction. This process established the substantive protections contemplated by the provision. However, implementation initially relied heavily upon manual staff notifications, communication between units, and documentation of required activities.

During this monitoring period, the ADA Unit conducted an internal review of this process and identified 16 disciplinary cases in which individuals covered by this provision did not have documented Effective Communication. Review determined that the ADA Unit had not been notified of the disciplinary proceedings because the individuals' accommodation needs had not been appropriately flagged in the system. In response, the County dismissed all sixteen (16) disciplinaries and associated sanctions. While this action addressed the disciplinary findings and eliminated any remaining sanctions, it does not necessarily negate the impact of sanctions, it does not necessarily negate the impact of sanctions that may have already been administered. The Monitor acknowledges the County's corrective action while recognizing that the consequences of any sanctions already served cannot be fully reversed through dismissal alone.

The ACSO also implemented corrective action to prevent recurrence. The ADA Unit began reviewing all newly entered disciplinaries twice daily to identify accommodation needs and ensure required ADA involvement until the system-based enhancements designed to automate protections were implemented. This interim control established a mechanism to reconcile disciplinary activity against known accommodation needs while the ACSO addressed the underlying delay in real-time identification and system flagging.

The CRIMS disciplinary process now includes controls preventing applicable disciplinary proceedings from advancing until required ADA Effective Communication engagement has occurred and AFBH input has been provided. These enhancements are complemented by the establishment of three additional ADA Unit positions responsible for timely data entry and flagging of identified accommodation and adaptive support needs. In my expert opinion, the modifications to the CRIMS process and enhancement in the timely identification of disability and accommodation needs, establish structured procedural safeguards that promote timely processing while ensuring compliance with applicable due process requirements under regulations and standards. Importantly, sanctions are not initiated or imposed until the disciplinary has been finalized and all required procedural protections have been satisfied.

In this monitor's opinion, these enhancements can reasonably be expected to improve the quality and appropriateness of disciplinary dispositions and may result in a reduction in sanctions that would otherwise be imposed without full consideration of disability-related factors. Providing hearing officers with timely access to relevant disability information, accommodation needs, and potential disability-related contributing factors allows for a more informed assessment of the circumstances surrounding the alleged misconduct. This includes consideration of whether an individual's disability contributed to the behavior, affected their ability to understand or comply with institutional expectations, or warrants consideration of alternative interventions or mitigating circumstances. Such improvements support more individualized, equitable, and defensible disciplinary decisions while maintaining institutional safety, accountability, and compliance with applicable legal requirements.

This Monitor recognizes the significant progress demonstrated under this provision; however, a rating of Partial Compliance remains appropriate. The 16 identified exceptions demonstrate that the required Effective Communication process was not consistently implemented throughout the monitoring period. Further, several of the corrective measures and system-based controls designed to prevent recurrence were implemented toward the end of this reporting period, or shortly thereafter and have not yet established sufficient proof of practice.

During the next monitoring period, review will focus on sustained implementation of these corrective measures, including the effectiveness of the newly established system controls, timely identification and notification to the ADA Unit, and documented provision of Effective Communication prior to applicable disciplinary proceedings.

Recommendations:

1. Work with Monitor to develop internal tracking, monitoring, and reporting processes.

2. Validate the CRIMS automation solution to ensure reliable sustainable compliance.

Intake & Orientation

1008. In consultation with the ADA Joint Expert, Defendants shall develop and implement healthcare screening questions in order to identify individuals with intellectual, developmental, psychiatric, or learning disabilities. These healthcare screening questions shall be asked of all newly booked persons and conducted in a reasonably confidential setting. If the initial screening identifies a possible intellectual, developmental, psychiatric, or learning disability, the individual shall be referred to a Qualified Mental Health Professional, including a Licensed Clinical Psychologist where appropriate, for a secondary screening and assessment to occur within sixty (60) days of booking. In the context of learning disabilities, the referral may be made to an appropriately qualified community provider, such as 5 Keys, for screening using a screening tool such as the Test of Adult Basic Education to occur within fourteen (14) days of booking. The date of the assessment, the nature of the individual's disability, and any accommodations authorized for the incarcerated person shall be promptly documented in the ADA Tracking System.

Finding: Partial Compliance

(Previously rated as "Partial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date: January 28, 2025).

- ACSO Detention and Corrections Policy and Procedure - 11.02 Intake Procedure (Revision Date: December 1, 2019).
- ACSO Detention and Corrections Policy and Procedure - 13.02 Inmate Medical/Health Appraisal Screening, Special Clinics, Communicable Diseases, Quarantines, and Terminally Ill Inmates (Revision Date: October 20, 2020).
- ACSO Detention and Corrections Policy and Procedure - 13.01 Medical and Behavioral Health Care
- AFBH Adaptive Supports for Developmental, Intellectual, Learning and Cognitive Disabilities Policy

Training:

- IDI Policy Training has been implemented

Metrics:

- Policy 1.14 Americans with Disabilities Act.
- Policy 11.02 Intake Procedure.
- Policy 13.02 Inmate Medical/Health Appraisal Screening, Special Clinics, Communicable Diseases, Quarantines, and Terminally Ill Inmates.
- ACSO Memorandum, titled, "Identification of Intellectual and Learning Disabilities" (dated January 25, 2024).
- Staff interviews (e.g., ITR and other areas).
- Observe the Custody Intake Screening process by an Intake Deputy
- Observe the Medical Intake Screening process by a Nurse.
- Observe the AFBH Intake Screening process.
- AFBH (Santa Rita Jail) Brief Initial Assessment Form.
- ACSO Intake/Receiving Screening Form (PD-803) (Revised July 8, 2019).
- AFBH Classification Form
- AFBH Level of Care Form
- Medical contract provider (Wellpath) Receiving Screening Alameda County Questionnaire.
- Intake/Receiving Screening Form.
- ADA Tracking List

Assessment:

The County, during this reporting cycle, has demonstrated continued commitment to establishing the appropriate policies, procedures and practices required by this provision. Review of Custody, AFBH, and medical contractor intake screening found appropriate intake questions have been established and implemented. The AFBH ADA Compliance Psychologist has developed and implemented an initial and secondary assessment for those identified as potentially having an intellectual disability. There have also been internal chart reviews and dialogue working towards the development of the ADA tracking of functional support and plans. This Joint Expert will continue working with the ACSO, AFBH, medical contract provider, and program and service providers on the identification of accommodations or functional support needs and methods of communication.

During the prior reporting period, a Release of Information process was developed to allow

contracted Education providers to release information so assessments and documented provision of programs and services information can be shared for tracking, monitoring, and evaluation. This process is anticipated to be incorporated in current policies during the next monitoring period.

The prior monitoring round report identified a concern with referrals to AFBH and some notations of diagnosis being included in the ADA Tracking Log Accommodations field. During this cycle there were no diagnoses included on reviewed logs. The ADA Tracker currently captures individuals with SMI,IDI, and cognitive impairment along with pending referrals where accommodations have not yet been determined. However, non-SMI psychiatric disabilities and individuals with LD are not consistently reflected in the tracker. As a result, the data underrepresents the full ADA class population and may not provide an accurate measure of these groups. Establishing a more inclusive tracking mechanism

As it is necessary to ensure that all ADA-covered individuals are identified, monitored, and afforded accommodations in a timely manner, and as the ADA Accommodation List is the current mechanism for advisement to all program and service staff, it is critical to have the accommodation and adaptive support need information provided.

While outside of this reporting period, AFBH IDI policies, procedures, and training began August 2026.

Recommendations:

1. AFBH should finalize the revised Psychiatric Disability Protocol and associated forms to establish a consistent mechanism at clinical encounters for identifying functional limitations and communicating newly identified or changing accommodation and adaptive support needs. Following implementation, AFBH and CQA should conduct targeted review to demonstrate consistent use and communication of identified needs to the ADA Unit.

2. ACSO should formalize the information sharing process with contracted Education providers for communication of identified learning disabilities and associated accommodation or support needs to the ADA Unit. The process should clearly establish responsibility, method and frequency of communication, documentation requirements, and incorporation of relevant accommodations/support information into the ADA Accommodation List and tracking process. Information regarding accommodation needs would then be communicated to all programs and services via the ADA Accommodation List.

3. Following implementation of these remaining processes, CQA should validate the completeness of the ADA population and evaluate where individuals identified through intake, clinical encounters, and Educational screening are appropriately referred, assessed within required timeframes, and have identified accommodations and adaptive supports documented and communicated.

1009. Individuals identified at Intake as having a Psychiatric Disability shall be referred to the ADA Unit for follow-up as described in Section III(J)(1). Individuals not identified as having Psychiatric Disability at Intake may request a post-intake assessment at any time after they are processed into the Jail. Staff may also refer individuals for a post-intake assessment. Individuals shall also be referred for an assessment where there is documentation of a Psychiatric Disability in the individual's health record or prior correctional records or where

a third party, such as an individual's community mental health provider or family member, where appropriate, makes a request for an assessment on the individual's behalf.

Finding: <u>Partial Compliance</u>

(Previously rated as "Partial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date: January 28, 2025):
- ACSO Detention and Corrections Policy and Procedure - 11.01 Introduction to Intake, Transfer, Release, and Records (Revision Date March 1, 2020).
- ACSO Detention and Corrections Policy and Procedure - 11.02 Intake Procedure (Revision Date December 1, 2019).

Training:

- Training on ACSO Policy 1.14 was initiated in March 2025. AFBH initiated training in September 2026.

Metrics:

- Policy 1.14 Americans with Disabilities Act.
- Post Order 10.32 Americans with Disabilities Act Coordinator.
- Inmate Disability Evaluation Form (Revised April 2022) Review.
- Staff Interviews (custody and non-custody staff from multiple disciplines).

Assessment:

The County continues to make progress in developing processes for the identification and referral of individuals with Psychiatric Disabilities; however, consistent implementation of the multiple referral pathways required by this provision has not yet been demonstrated.

As discussed in preceding provisions, established Intake screening processes provide mechanisms for identifying potential psychiatric disabilities at the time of booking. The requirements of this provision, however, extend beyond Intake and specifically contemplate that identification may occur throughout incarceration. Individuals may self-request an assessment, staff may initiate a referral, and referrals are required when information indicating a potential Psychiatric Disability is identified through health records, prior correctional records, or information provided by an appropriate third party. These multiple pathways are particularly important for individuals whose psychiatric disability may not be apparent or reliably identified during the initial Intake process.
The continued absence of a finalized and implemented Psychiatric Disability Protocol remains a significant barrier to compliance. While the County has an established mechanism for identifying individuals designated as SMI, it has not yet demonstrated a consistent process for identifying the broader population of individuals with Psychiatric Disabilities who do not meet SMI criteria. Without that identification framework, staff and clinicians do not yet have a sufficiently standardized process for determining when information obtained after Intake should result in identification, assessment, and referral to the ADA Unit.

The Monitor recognizes two significant process improvements developed during this reporting period that are expected to strengthen post-intake identification and communication. First, AFBH has substantially revised the Classification Form and established the expectation that the form will be completed and/or reviewed during each clinical encounter. This is particularly important to the requirements of this provision because information relevant to identification of a Psychiatric Disability is frequently obtained after Intake. Prior treatment history, correctional records, information from community providers or family members, and additional clinical information may become available only after the individual has entered the facility. Routine use of the revised Classification Form provides a structured mechanism for clinicians to reconsider disability-related functional limitations as new information becomes available and to document and communicate identified accommodation or adaptive-support needs rather than relying solely upon the initial Intake determination.

Second, the County has established additional ADA staffing dedicated to the review and entry of clinically identified disability-related information into the ADA tracking process. These staff are expected to enter relevant clinical information on a real-time basis, creating a more direct connection between clinical identification and the ADA Unit's operational tracking system. If implemented consistently, this process should significantly reduce delays and gaps associated with manual referral and information transfer and provide the ADA Unit and other responsible staff with more timely access to information necessary to initiate follow-up, accommodations, and adaptive supports.

Together, the revised Classification Form and dedicated ADA data-entry function represent significant advancements in addressing a longstanding vulnerability in the referral process: information regarding a potential disability or functional need that becomes known after Intake must reliably move from the clinical environment into the ADA system where it can trigger action. These processes create the infrastructure for that communication to occur more consistently and contemporaneously. Continued monitoring and CQA validation will be necessary to establish proof of practice and determine whether the processes are functioning as intended.

Additionally, an internal reconciliation conducted during this monitoring period identified a significant discrepancy between individuals identified by AFBH as SMI and those communicated to the ADA Unit and/or appropriately flagged within the jail management system. More than 100 individuals identified by AFBH as SMI were not correspondingly identified within the ADA process. This finding is particularly relevant to this provision because these individuals had already been clinically identified, yet the information did not consistently result in the required communication and referral to the ADA Unit. Procedures were developed for the ongoing reconciliation of accommodation needs and reporting, after this monitoring period which will not only increase compliance with the current jail populations accommodation needs but accurately provide historical data for individuals who return to the system after release.

The Monitor acknowledges the County's identification of this discrepancy through internal review and its efforts toward corrective action. This represents an important function of the developing CQA process. Nevertheless, the finding demonstrates that the referral pathway between clinical identification and ADA Unit notification was not yet consistently functioning during the rating period, even for individuals whose SMI status had already been established. The AFBH has advised this Monitor of their intent to create a Quality Assurance Policy and Procedure and include auditing of this pathway.

Accordingly, Partial Compliance remains appropriate. The County has established important components of the required Intake and referral structure and has developed significant enhancements specifically designed to address post-intake identification and information-transfer deficiencies. However, sufficient proof of practice is not yet available to demonstrate that the full population of individuals with Psychiatric Disabilities is consistently identified and referred to the ADA Unit through each of the pathways contemplated by this provision.

Recommendations:

1. AFBH to finalize, train and implement the Psychiatric Disability Protocol to establish a consistent framework for identifying individuals with Psychiatric Disabilities, including those outside the SMI population, and ensure that identification triggers appropriate assessment and referral to the ADA Unit.

2. AFBH to finalize and implement the revised AFBH Classification Form and associated workflow, including the expectation of the review/completion at all clinical encounters, to ensure that information obtained after intake-including prior treatment history, health and correctional records, and appropriate third-party information is evaluated for potential disability related functional limitations, accommodations, and adaptive-support needs and communicated to the ADA Unit when identified.

3. ACSO to fully implement the new ADA staffing and timely information sharing and clinical information data entry process to ensure that disability related information identified by clinicians is timely incorporated into the ADA tracking system and ATIMS and available to trigger required ADA Unit follow-up.

4. AFBH to complete corrective action and validation related to the identified information-transfer discrepancy to demonstrate that individuals identified by AFBH are appropriately reconciled and identified within the jail management system.

5. Incorporate these processes into the County's established CQA structure. Following implementation, conduct targeted validation of the required intake and post-intake referral pathways, including individual requests, staff referrals, health and prior correctional records, and appropriate third-party information, to demonstrate that identification consistently results in assessment, ADA Unit referral, and communication of identified accommodation or adaptive-support needs.

1010. During Intake, Defendants shall provide all incarcerated persons with a copy of the Jail handbook and any other orientation materials, including instructions on how to request disability-related accommodations, how to contact the ADA Coordinator, and how to file a grievance regarding ADA- related issues. Upon request, ACSO staff shall provide Effective Communication and assist incarcerated persons with Psychiatric Disabilities in understanding the rulebook and orientation materials. Where an individual has been flagged as having a severe cognitive, developmental, or intellectual disability, regardless of whether assistance is requested, ADA Unit Staff shall assist the individual in understanding the rules of the Jail.

Finding: Partial Compliance

(Previously rated as "Partial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date: January 28, 2025).
- ACSO Detention and Corrections Policy and Procedure - 18.03 Inmate Orientation (Revision Date October 30, 2020).

Training:

- Effective Communication training has been initiated, and ADA Policy 1.14 training implemented.

Metrics:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities.
- ACSO Detention and Corrections Policy and Procedure - 18.03 Inmate Orientation.
- ACSO Inmate Rules and Information (Orientation Handbook – revised January 2023).
- Staff Interviews.
- Incarcerated Person interviews.
- Observed Intake Deputy Issue Inmate Rules and Information (Jail Orientation Handbook) during Intake process (from Joint Experts initial On-site review).

Assessment:

The County demonstrated meaningful advancement in implementation of this provision during the current monitoring period. All incarcerated persons continue to be offered the Jail Orientation Handbook at Intake, with additional access available electronically through the tablet system and by request. Receipt is documented through the established Intake process and retained within the individual's record.

The Monitor's onsite review provided additional proof of practice regarding access to orientation information and ADA services. Forty-three (43) incarcerated persons were interviewed during the review. All individuals interviewed demonstrated awareness of how to contact the ADA Unit and described available mechanisms for requesting accommodations or assistance, including verbal requests to staff, electronic requests through the tablet system, and Accommodation Request Forms. Individuals also demonstrated substantially greater familiarity with available programs and services than observed during prior monitoring tours.

During the onsite review one (1) individual reported not receiving a Jail handbook at Intake. The Monitor reviewed the applicable ATIMS documentation, which contained the individual's signed acknowledgment of receipt. Notwithstanding the documented receipt, the ADA Coordinator advised that an additional copy would be provided. The Monitor considers the ability to verify the reported concern through the established documentation system, together with the immediate response to ensure continued access, evidence that the underlying orientation process is functioning in practice.

Significant advancement has also occurred regarding individuals with intellectual, developmental, and cognitive disabilities. AFBH has finalized and implemented its IDD policy, procedures, forms, and associated staff training. These processes provide a more structured mechanism for identifying individuals with IDD, assessing functional and Effective Communication needs, and communicating identified accommodation and adaptive-support needs to the ADA Unit. The ADA

Unit continues to demonstrate appropriate involvement with identified individuals requiring Effective Communication assistance, supported through documentation review, staff interviews, and direct onsite observations.

The remaining compliance concern continues to involve reliable identification and communication of the functional needs of the full population requiring assistance under this provision. Specifically, the County has not yet fully implemented the Psychiatric Disability Protocol and standardized processes necessary to identify individuals with Psychiatric Disabilities who may require Effective Communication assistance but are not otherwise identified through existing SMI processes. Further, as discussed in preceding provisions, reconciliation of AFBH SMI information with ADA Unit and jail management system records identified significant information-transfer discrepancies. These deficiencies limit the County's ability to demonstrate that all individuals requiring Effective Communication assistance are consistently identified and referred at the earliest appropriate opportunity.

The Monitor recognizes that important system improvements developed during this reporting period are expected to strengthen this process. The revised AFBH Classification Form, intended for review and completion during clinical encounters, should provide repeated opportunities to identify functional and communication needs that may not be apparent or reliably assessed during Intake. Additionally, newly established ADA staffing dedicated to timely entry of clinically identified accommodation and adaptive-support information is expected to strengthen communication between clinical services and the ADA Unit and reduce delays between identification and implementation of required supports. Continued proof of practice will be necessary to validate the effectiveness of these processes.

The Monitor further recognizes the significant improvement demonstrated in the actual accessibility of ADA information to the incarcerated population and the consistent practices demonstrated by the ADA Unit for individuals currently identified as requiring or requesting assistance. The continued Partial Compliance rating is therefore not based upon a deficiency in the availability of orientation materials or the demonstrated practices of the ADA Unit once an individual is identified. Rather, it reflects the remaining inability to demonstrate that the full population entitled to Effective Communication assistance under this provision is reliably identified and communicated to the ADA Unit.

Accordingly, Partial Compliance remains appropriate pending implementation and validation of the remaining identification and information-transfer processes.

Recommendations:

1. AFBH to finalize, train, and implement the Psychiatric Disability Protocol and associated processes to ensure that individuals with Psychiatric Disabilities who request assistance are consistently identified and referred to the ADA Unit.

2. AFBH to finalize and implement the revised AFBH Classification Form and associated workflows.

3. ACSO to fully implement the newly established ADA staffing and timely clinical information-entry process and information is available to document, track, and report compliance with this provision.

4. CQA Unit to develop metrics and measures for internal data collection, tracking, monitoring, and reporting for establishing ongoing sustainability.

Provision of Reasonable Modifications

1011. Defendants shall provide reasonable modifications and accommodations as necessary to ensure that qualified individuals with Psychiatric Disabilities have equal access to programs, services, and activities that are available to similarly situated individuals without disabilities. The process for submitting ADA-related requests for modifications and accommodations is contained in Section III(J)(9)(a). The specific type of modification required shall be based on an individualized assessment of the needs of the individual and the program, service, or activity at issue. In the context of vocational programs, the assessment shall also take into account the essential job functions and whether the individual can meet those functions with reasonable modifications.

Finding: Partial Compliance

(Previously rated as "Partial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date: January 28, 2025).

Training:

- ADA Training – In person Training was implemented March 2025 with AFBH initiating training in September 2026.

Metrics:

- Policy 1.14 American with Disabilities Act.
- Completed Disability Accommodation Request Forms.
- Record of Contact Forms.
- Staff Interviews.
- Incarcerated Person Interviews.

Assessment:

The County demonstrated advancement during this reporting period in the development and implementation of systems intended to ensure equal access to programs, services, and activities for individuals with disabilities. The Monitor recognizes substantial multidisciplinary work among ACSO, AFBH, the ADA Unit, CQA, contracted Education providers, and other program and service providers to strengthen identification of functional needs, communication of accommodations and adaptive supports, and internal monitoring of access.

Of particular significance, AFBH finalized and implemented its IDD policy, procedures, forms, and associated staff training. These processes have established a more structured mechanism for identifying individuals with cognitive, intellectual, and developmental disabilities, assessing functional limitations, and identifying and communicating necessary accommodations and adaptive

supports. Review during this monitoring period demonstrated proof of practice in the implementation of these processes for the IDD population.

AFBH has further advanced development of the revised Classification Form, which is intended to establish a standardized process for clinicians to identify functional limitations and accommodation or adaptive-support needs during clinical encounters. The expectation that the form will be reviewed and/or completed at each clinical encounter is particularly important because disability-related needs may emerge or become known after Intake. Once fully implemented, this process should provide a more reliable mechanism for communicating actionable functional information to the ADA Unit and, ultimately, to staff responsible for providing programs and services.

The County has further established additional ADA staffing intended to support timely entry of clinically identified accommodation and adaptive-support information into the ADA tracking process. This development is expected to significantly strengthen the connection between clinical identification and operational implementation by making relevant accommodation information more readily available to the ADA Unit and program and service staff.

Progress has also occurred within educational programming. ACSO and contracted Education providers have continued development of processes for identifying and communicating learning-disability accommodation and support needs. A Release of Information process has been implemented to permit appropriate sharing of protected educational information with the ADA Unit when authorized by the individual, and work continues to formalize reporting of identified learning disabilities and associated accommodation needs.

The Monitor's onsite observations and incarcerated-person interviews provide additional evidence of improvement in access. Forty-three (43) incarcerated persons were interviewed during this review. Overall, individuals demonstrated substantially greater awareness of available programs and services and expressed increased satisfaction with access compared with prior monitoring tours. All individuals interviewed were aware of how to contact the ADA Unit and request accommodations or assistance. The Monitor also observed a notable culture shift within the housing units, with increased staff awareness that ensuring disability access is a shared operational responsibility rather than solely a function of the ADA Unit.

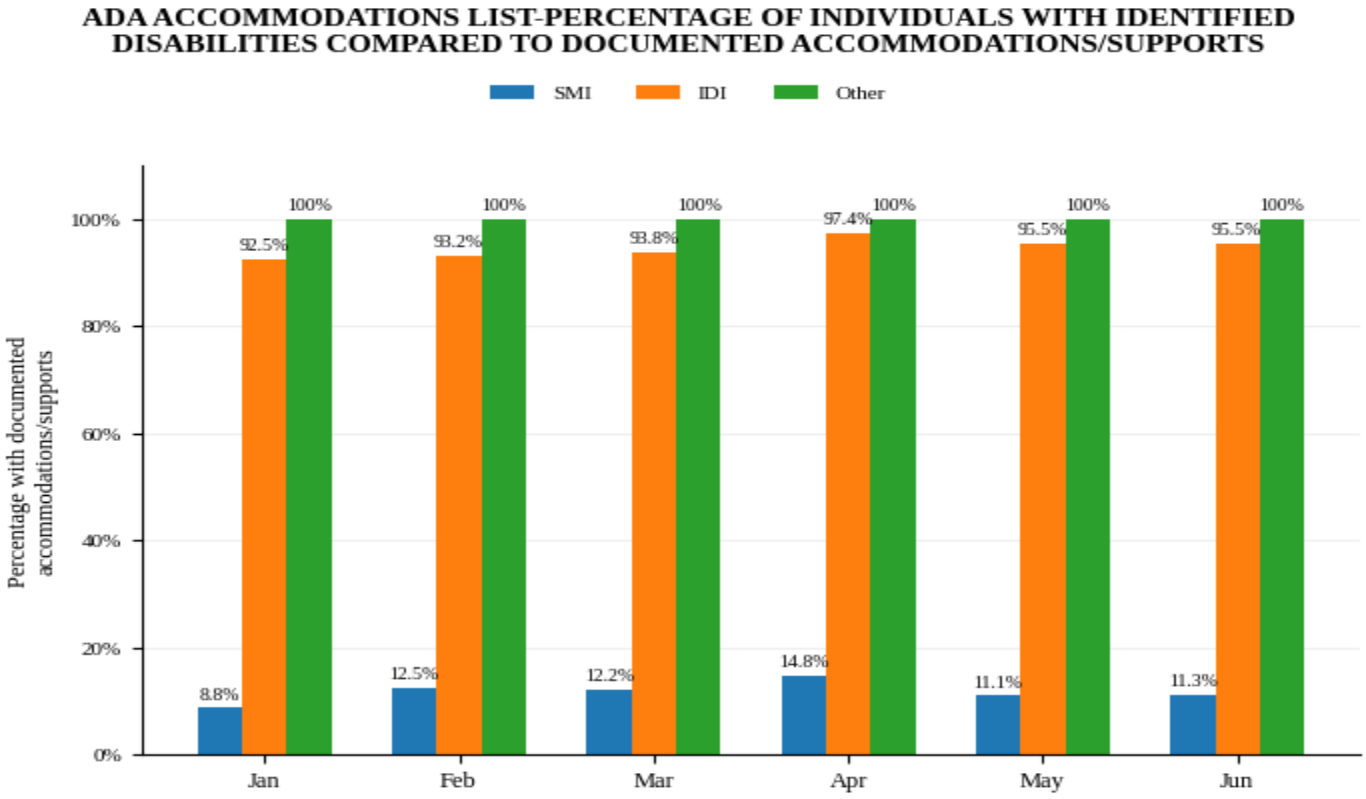
Program Services has also made significant progress and has demonstrated a thoughtful and transparent approach to developing audit methodologies, validating data, identifying deficiencies, and collaborating with the Monitors regarding meaningful measures of implementation. This developing internal capacity is particularly important to this provision because sustainable compliance will ultimately require the County to independently evaluate whether individuals with disabilities are accessing programs, services, and activities and whether identified barriers are being effectively addressed.

Notwithstanding these substantial advancements, the principal barrier to compliance remains the County's inability to reliably identify the full population of individuals with Psychiatric Disabilities and their associated functional, accommodation, and adaptive-support needs. Current systems more reliably identify SMI and IDI populations; however, individuals with psychiatric disabilities outside of the SMI population are not yet consistently identified and there continues to be a persistent disparity in documentation of individualized accommodation and adaptive supports as

demonstrated from a review of 818 ADA List Records[1]

Six-Month Sample (January–June 2026): 818 ADA List Records Reviewed

SMI: 526 records | 62 (11.8%) with documented accommodations/supports
IDI: 259 records | 245 (94.6%) with documented accommodations/supports
Other: 33 records | 33 (100%) with documented accommodations/supports
***Other records primarily include incarcerated individuals with neuro-cognitive needs and non-SMI effective communication needs**



This deficiency is directly material to the requirements of this provision. Program and service staff cannot consistently provide individualized modifications, accommodations, or adaptive supports when the individuals requiring those supports and the nature of their functional needs have not been reliably identified and communicated. Similarly, the County cannot meaningfully evaluate equal access across the full population when the denominator of individuals requiring accommodation remains incomplete.

For this reason, statistical analysis limited to accommodations currently documented within programs and services would not provide a reliable measure of compliance. Such analysis would evaluate only those individuals who have successfully entered the existing ADA identification and tracking process and could therefore overstate system performance while excluding individuals whose Psychiatric Disabilities or functional needs have not yet been identified.

[1] A random week for the months of Jan-June were selected from the ADA Accommodations List as a representative sample for each month.

Accordingly, despite substantial and measurable progress in program access, IDD policy implementation, clinical processes, education-provider coordination, staff awareness, CQA development, and the incarcerated population's reported experience, Partial Compliance remains appropriate. The remaining deficiency is increasingly concentrated in establishing a reliable identification and communication process for the full Psychiatric Disability population and the functional needs of this population so that the County can demonstrate that individualized accommodations and adaptive supports are consistently provided across programs, services, and activities.

Recommendations:

1. AFBH to finalize and implement the Psychiatric Disability Protocol and revised Classification Form to establish a reliable process for identifying individuals with Psychiatric Disabilities, including those outside of the SMI population, and identifying associated functional limitations, accommodations, and adaptive-support needs.

2. AFBH to fully implement the established process for timely communication of clinically identified accommodation and adaptive-support needs to the ADA Unit and Program Services, including utilization of the newly established ADA staffing responsible for timely entry of clinical information into the ADA tracking process.

3. ACSO and contracted Education providers to formalize the established information-sharing process for communicating identified learning disabilities and associated accommodation and adaptive-support needs to the ADA Unit when an appropriate Release of Information has been completed.

4. Program Services to continue development and implementation of its internal quality assurance processes for evaluating access to programs, services, activities, and vocational opportunities, including review of implementation of identified accommodations and adaptive supports and corrective action when deficiencies are identified.

5. Following reliable identification of the full Psychiatric Disability population, CQA to establish population-based validation of equal access and accommodation practices. Review should evaluate whether identified individuals are participating in programs and services available to similarly situated individuals without disabilities, whether identified accommodations and adaptive supports are being provided, and whether barriers to access are identified and addressed through established corrective-action processes.

1012. Examples of possible reasonable modifications/accommodations include, but are not limited to, providing Effective Communication, designated therapeutic and/or protective housing unit appropriate counseling/therapy (group and individual), reliable access to necessary medications, Qualified Mental Health Professional input prior to removing privileges and/or otherwise imposing discipline, and any modifications necessary to ensure equal access to programs.

Finding: <u>Partial Compliance</u>

(Previously rated as "Partial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date: January 28, 2025):
- ACSO Policy 9.11 Effective Communication (issued February 6, 2024).

Training:
Training Implementation of ADA Policy 1.14 effective March 2025.

Metrics:

- Policy 1.14 Americans with Disabilities Act.
- Staff Interviews (custody and non-custody staff from multiple disciplines).
- Incarcerated Person Interviews.
- Disciplinary Package Review.

Assessment:

The County demonstrated advancement in implementation of this provision during the current reporting period. Policies, training, multidisciplinary processes, and operational practices increasingly support the identification and provision of reasonable modifications, accommodations, and adaptive supports across custody, clinical, disciplinary, housing, and program settings.

Of particular significance, implementation of the Adaptive Supports for Developmental, Intellectual, Learning and Cognitive Disabilities Policy , procedures, forms, and associated AFBH training has resulted in meaningful improvement in the identification of individuals with cognitive, intellectual, and developmental disabilities and their individualized functional, accommodation, and adaptive-support needs. Review during this monitoring period demonstrated proof of practice that identified needs are being communicated to the ADA Unit and incorporated into the established accommodation process.

Significant improvement has also occurred in the disciplinary process. As detailed under the applicable disciplinary provisions, Qualified Mental Health Professional involvement has become increasingly integrated into disciplinary review, and the County has strengthened documentation and consideration of behavioral health information. Internal review identified deficiencies in implementation and resulted in corrective action, including increased ADA Unit involvement and documentation of Effective Communication prior to applicable disciplinary proceedings. The County has further developed CRIMS enhancements designed to embed these safeguards directly into the disciplinary workflow. These developments represent substantial advancement from the practices described during the prior monitoring period.

This Monitor also observed improvement in the practical delivery of accommodations and access within the housing units. Interviews with forty-three (43) incarcerated persons demonstrated broad awareness of how to contact the ADA Unit and request accommodations or assistance. Individuals reported multiple available methods for requesting support and, overall, expressed increased satisfaction with access to programs and services. Direct observations during the onsite review further reflected increased staff awareness and engagement in addressing disability-related needs.
The County has also substantially strengthened its internal infrastructure for identifying, communicating, and monitoring accommodations. Of particular importance, the revised AFBH Classification Form includes an expanded functional assessment section designed to require

consideration and documentation of an individual's functional limitations and resulting accommodation or adaptive-support needs. The expectation that this information will be reviewed and documented during clinical encounters provides a standardized mechanism for clinicians to demonstrate that the individualized needs of persons covered by this provision have been considered, including whether accommodations, modifications, or adaptive supports are necessary. This represents an important advancement from documentation focused primarily on diagnosis or Level of Care toward documentation of the functional impact of the disability and the individualized supports necessary to address that impact.

Once fully implemented, the revised functional assessment process should also provide a clearer record of the clinical consideration underlying accommodation and adaptive-support determinations and facilitate communication of actionable information to the ADA Unit. Additionally, newly established ADA staffing responsible for timely entry of clinically identified information is expected to significantly improve communication of these needs into the ADA tracking process and make actionable accommodation information more readily available to responsible staff.

The Monitor further recognizes the development of internal quality assurance processes addressing ADA accommodations and access to programs, services, and activities. These processes increasingly provide mechanisms for identifying deficiencies, developing corrective action, validating implementation, and communicating findings through established multidisciplinary and leadership structures.

Notwithstanding these significant advancements, the principal barrier to substantial compliance remains the lack of a fully implemented process for identifying the broader population of individuals with Psychiatric Disabilities and their associated functional, accommodation, and adaptive-support needs. Current processes more reliably identify individuals designated as SMI and IDI; however, individuals with psychiatric disabilities outside of these established populations are not yet consistently identified and incorporated into the ADA tracking and communication process. This deficiency is particularly material to this provision. The provision contemplates individualized reasonable modifications across a broad range of correctional settings, including Effective Communication, housing, clinical care, discipline, and access to programs. The County cannot reliably determine or demonstrate whether necessary modifications are being provided to individuals whose psychiatric disability and resulting functional needs have not first been identified. Accordingly, the continued rating of Partial Compliance does not reflect a lack of meaningful progress in the actual provision of accommodations and adaptive supports. Rather, the remaining deficiency is increasingly concentrated in the County's ability to demonstrate that its developing systems reach the full population entitled to individualized consideration under this provision.

Finalization and implementation of the Psychiatric Disability Protocol, revised clinical identification processes, and associated information-transfer mechanisms are necessary to close this remaining gap and provide a reliable foundation for evaluating the provision of reasonable modifications and accommodations across the full Psychiatric Disability population.

Recommendations:

1. AFBH to finalize, train, and implement the Psychiatric Disability Protocol.

2. AFBH to finalize and implement the revised AFBH Classification Form and functional assessment requirements.

3. ACSO to fully implement the newly established ADA staffing and timely clinical information-entry process.

4. ACSO and AFBH to continue to establish internal CQA processes to evaluate identification of functional assessments, and identification of accommodations and adaptive supports for the population covered under this provision.

1013. For individuals with learning-related disabilities, possible reasonable accommodations may include, but are not limited to, providing notetakers, providing extra time to allow the individual to understand instructions/forms and repeating and/or clarifying as needed, or explaining how to fill out written forms (ADA request for Accommodations, Grievance, and Appeal forms) and/or in using the electronic tablets including providing assistance if needed.

Finding: <u>Partial Compliance</u>

(Previously rated as "Partial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date: January 28, 2025).
- ACSO Detention and Corrections Policy and Procedure - 18.09 Educational Program Planning (Revision Date December 1, 2019).
- ACSO Memorandum, titled, "Identification of Intellectual and Learning Disabilities" (dated January 25, 2024).
- AFBH Effective Communication Policy 407-2-4 (Date of Original Approval July 8, 2024).
- Adaptive Supports for Developmental, Intellectual, Learning and Cognitive Disabilities Policy (Published August 2026)

Training:

- Training on ADA Policy 1.14 effective March 2025.

Metrics:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act.
- ACSO Policy 9.11 Effective Communication
- AFBH Policy 407-2-4.
- ADA Unit Interview Form.
- ADA Tracking List.
- ACSO Staff Interviews.
- Incarcerated Person Interviews.

Assessment:

The County demonstrated meaningful advancement in implementation of this provision during the current reporting period. Policies, training, multidisciplinary collaboration, and developing information-sharing processes increasingly support the provision of accommodations and adaptive

supports for individuals with learning-related disabilities.

Significant progress has also occurred in the County's collaboration with contracted Education providers. The County has implemented a Release of Information (ROI) process through which incarcerated persons may authorize Education providers to share protected educational information with the ADA Unit. This process provides an important mechanism for communicating information regarding identified learning disabilities, prior assessments, educational accommodations, and associated functional support needs while appropriately addressing confidentiality requirements under the Family Educational Rights and Privacy Act (FERPA).

During this reporting period, ACSO and contracted Education providers also worked toward development of a standardized reporting process through which identified learning disabilities and associated accommodation or adaptive-support needs can be communicated to the ADA Unit when an appropriate ROI has been completed. Formalization of this process should substantially strengthen the connection between educational identification and implementation of accommodations across the broader jail environment.

Program Services has additionally continued development of internal processes for documenting and monitoring the provision of accommodations and adaptive supports within programs. The Monitor recognizes the collaborative and transparent approach demonstrated in developing these review processes, including willingness to identify data-validation concerns and to work with the Monitors regarding meaningful measures of implementation.

Notwithstanding this progress, the principal remaining deficiency is the lack of a fully implemented and consistently applied process through which individuals with learning disabilities and their associated accommodation or adaptive support needs are identified, communicated to the ADA Unit, and incorporated into the County's ADA tracking process. The existence of an educational assessment or accommodation within an Education program does not, by itself, ensure that the information necessary to support the individual in other custodial settings is available to staff responsible for ADA implementation.

This distinction is particularly important because the accommodations contemplated by this provision extend beyond participation in formal educational programming. An individual with a learning-related disability may require additional time, repetition or clarification, assistance understanding prison rules, assistance understanding or completing written forms, or support using electronic tablets when accessing ADA requests, grievances, appeals, programs, or other services. Information identifying these functional needs must therefore be available beyond the educational environment when appropriate and authorized.

The Monitor recognizes that the ROI process and developing Education-to-ADA reporting mechanism provide the infrastructure necessary to address this deficiency. However, sufficient proof of practice is not yet available to demonstrate that the process consistently results in identification, communication, tracking, and implementation of learning-disability accommodations across applicable settings. It is anticipated this proof of practice will be established in the next monitoring period.

Accordingly, Partial Compliance remains appropriate. The County has demonstrated meaningful progress in the actual provision of assistance and in developing the information-sharing

mechanisms necessary to support this population. Continued implementation should now focus on formalizing the Education-to-ADA communication pathway and demonstrating that identified accommodation and adaptive-support needs are consistently translated into practice beyond the educational setting.

Recommendations:

1. ACSO and contracted Education providers to finalize and implement the Education-to-ADA information-sharing process.

2. ACSO should develop clear referral practices for education-related screenings of learning disabilities, ensuring that results are communicated to the ADA Unit and integrated into the ADA Tracking System.

3. ACSO to ensure identified learning-disability accommodation and adaptive-support needs are incorporated into the ADA tracking process and made available, as appropriate to custody, program, and service staff responsible for providing accommodations beyond the educational environment. The ACSO should expand training for Program and Custody staff to include the referral process, documentation requirements, and responsibilities for providing and monitoring accommodations.

4. Following implementation, Program Services, and the ADA Unit to utilize established CQA processes to validate the identification-to-accommodation pathway, including appropriate information sharing, incorporation into ADA tracking, and documented provision of identified accommodations and adaptive supports across applicable programs, services, and activities.

1014. For individuals with cognitive, developmental, and/or intellectual disabilities, possible reasonable accommodations may include providing designated housing in a therapeutic unit appropriate to the individual's classification level, prompts for adaptive support needs (including but not limited to prompts to take showers, clean cells, attend appointments, etc.), ensuring Effective Communication, explaining how to fill out written forms (ADA request for Accommodations, Grievance, and Appeal forms, forms to request medical or mental health services and any other written forms the Jail implements for incarcerated persons use) and/or in using electronic tablets and providing assistance if needed, assistance with commissary (e.g., observing the individual post commissary purchase for possible victimization concerns), assistance with laundry exchange, and obtaining input from a Qualified Mental Health Professional prior to conducting disciplinary/misconduct hearings.

Finding: <u>Partial Compliance</u>

(Previously rated as "Partial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure – 1.14 Americans with Disabilities Act (Revision Date: January 28, 2025):
- Policy 9.11 Effective Communication (Issued Date: February 6, 2024).
- AFBH Effective Communication Policy 407-2-4 (Date of Original Approval July 8, 2024.
- ACSO Memorandum, titled, "Identification of Intellectual and Learning Disabilities" (dated January 25, 2024).
- AFBH Adaptive Supports for Developmental, Intellectual, Learning and Cognitive

Disabilities Policy

Training:

ADA Policy 1.14 Training has been implemented

Adaptive Supports for Developmental, Intellectual, Learning and Cognitive Disabilities Policy Training has been implemented August 2026

Metrics:

- Policy 1.14 Americans with Disabilities Act.
- AFBH Effective Communication Policy
- ADA Tracking List.
- Staff Interviews (custody and non-custody staff from multiple disciplines).
- Incarcerated Person Interviews.

Assessment:

The County demonstrated noteworthy advancement in implementation of this provision during the current reporting period and has established sufficient policy, training, operational processes, and proof of practice. It is anticipated this provision will move to substantial compliance in the next reporting period. The primary reasons this Provision remains at partial compliance as training did not occur until August 2026, which falls slightly outside this reporting period, and modifications to the adaptive support log procedures and quality assurance processes occurred after this reporting period.

Of particular significance, AFBH finalized and implemented the Adaptive Supports for Developmental, Intellectual, Learning and Cognitive Disabilities Policy, associated procedures, and forms, and completed staff training, which was observed by the Plaintiffs[2]. This represents completion of a significant body of work that remained under development during the prior monitoring cycle and establishes a standardized framework for identification, assessment, and communication of the functional, accommodation, and adaptive-support needs of individuals with cognitive, intellectual, and developmental disabilities.

The AFBH has also established a functioning process for timely referral and communication of identified information to the ADA Unit. Clinically identified disability-related information and accommodation needs are being communicated to the ADA Unit for incorporation into the established ADA process. The ADA Accommodations List provides documented proof of identification of this population and the individualized accommodations and supports identified for implementation.

Importantly, the Monitor identified no significant discrepancy during this review between individuals identified as IDD and corresponding ADA identification or ATIMS flagging. This is distinguishable from information-transfer concerns identified with other disability populations during this monitoring period and provides increased confidence that the established IDD identification and referral process is functioning as intended. The implementation of the new Class Form and real time data entry will create efficiencies for clinicians who are currently contacting the ADA unit to transfer information.

The ADA Unit continues to conduct established contacts with identified individuals and provide direct assistance and follow-up regarding accommodations and adaptive supports. Expansion of ADA Unit staffing has further increased the Unit's capacity to provide assistance within the housing units and reinforce accommodations and adaptive supports as part of routine daily activities. The ADA Unit is

[2] It is noted the training which was observed by the Plaintiffs' occurred outside of this reporting period. However, development of material and the training plan were established during the reporting period.

continuing to work in collaboration with this Monitor in improvements to the adaptive support log documentation and quality assurance process.

Direct observations and interviews further demonstrated staff were able to identify and describe practical examples of accommodations and adaptive supports, including assistance with written information and forms, electronic tablets, appointments, hygiene, cell cleanliness, and other activities of daily living.

This Monitor also observed a notable culture shift within the housing units. Staff demonstrated increased awareness of individual needs and greater understanding that implementation of accommodations and adaptive supports is a shared operational responsibility rather than solely the responsibility of the ADA Unit. Housing conditions further reflected improvement, including markedly cleaner cells and no observed individuals in visibly soiled clothing or presenting in a manner, suggesting a recent lack of access to basic hygiene. Deputies were also directly observed assisting with activities supporting improved housing-unit conditions.

This Monitor finds that the combination of finalized policy and procedures, completed training, reliable identification and referral, timely communication with the ADA Unit, documentation of individualized accommodations, and appropriate system identification, has shown considerable progress towards substantial compliance. Continued development of the County's collection and analysis of adaptive-support information will further strengthen its ability to evaluate the consistency and effectiveness of these practices. It is recommended that documentation should include the date, time, and staff member providing the provision of services

Recommendations:

1. AFBH to finalize implementation of the new Classification Form.

2. Defendants to continue working collaboratively with the Monitor to refine the collection, documentation, and analysis of accommodations and adaptive support information and to develop CQA reporting capable of demonstrating continued implementation, identifying trends, or emerging deficiencies, and supporting sustainability of the practices established under this provision.

Tracking

1015. Defendants shall implement an electronic, real-time networked tracking system including a grievance module ("ADA Tracking System") to document and share internally information regarding an individual's disability(ies) and disability-related accommodations within six (6) months of the Effective Date. The ADA Tracking System shall have the following functional capabilities:

(1) to store historical information regarding an individual's accommodation needs in the event the individual is returned to custody multiple times;

(2) to list the current types of accommodations the individual requires; and

(3) to track all programs, services, and accommodations offered to incarcerated persons with Psychiatric Disabilities throughout their incarcerations including any accommodations they refused.

Access to the ADA Tracking System shall be made available to and shall be used by ACSO staff at the Jail who need such information to ensure appropriate accommodations and adequate program access for people with Psychiatric Disabilities. At a minimum, Classification Staff, the ADA Coordinator, and their staff, the

Facility Watch Commander, Division Commander, Administrative Sergeant, Program Managers, and AFBH and medical staff shall have access to the ADA Tracking System. Clinical and ADA Unit staff shall be responsible for adding or modifying information regarding the nature of an individual's Psychiatric Disability and necessary accommodations, including accommodations identified at Intake and throughout the individual's incarceration. Clinical and ADA Unit staff may delegate the actual data entry piece to non-clinical or non-ADA Unit staff where appropriate. Prior to any due process events and clinical encounters, clinical and ADA Unit staff shall be required to view the information in the system to determine if the individual has a disability and what accommodations are to be provided. All housing unit deputies, clinicians, and program managers who interact with incarcerated persons shall be trained to properly use the ADA Tracking System within six (6) months of the roll-out of the ADA Tracking System.

Finding: <u>Partial Compliance</u>

(Previously rated as "Partial Compliance")

Policies:
ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date January 28, 2025):

Metrics:
Policy 1.14 Americans with Disabilities Act.
ACSO Staff Interviews.
ADA Tracking List.

Assessment:

The County has demonstrated significant advancement during this reporting period in the development and implementation of systems to track, communicate, and make available disability-related information and identified accommodations and adaptive supports. Although the comprehensive electronic ADA Tracking module contemplated for implementation within ATIMS has not yet been completed, the County has developed a layered tracking and information-sharing framework that performs many of the functional requirements of this provision. Partial Compliance remains appropriate; however, the remaining deficiencies are increasingly limited to implementation and validation of the newly established timely sharing, transfer, and documentation of disability-related information to the ADA Unit, development of an electronic ADA grievance-tracking solution, and continued work to ensure completeness of the population identification and information captured.

This Monitor recognizes that the County continues to actively work with the ATIMS contracted vendor toward development and implementation of the originally contemplated ADA Tracking module and remains hopeful that a viable solution will be achieved. Continued vendor-related delays, however, have required the County to develop alternative mechanisms to ensure that progress toward compliance is not dependent solely upon completion of the ATIMS project.

Rather than waiting for the vendor solution, the County has pursued a parallel approach: continuing its work with the ATIMS vendor while simultaneously developing and implementing alternative electronic and operational processes. These include existing ATIMS and CRIMS functionality; disability-related alerts and flags; the ADA Accommodations/Tracking List; ADA Unit Records of Contact; clinical and ADA Unit information-sharing processes; Program Services documentation; and developing CQA reconciliation and validation processes. The Monitor views this approach favorably, as it demonstrates both continued

commitment to the planned electronic solution and operational responsiveness to circumstances outside of the County's direct control.

The ADA Accommodations/Tracking List remains a central component of the current framework. The list is regularly updated and provides actionable information regarding identified individuals and their documented accommodation and adaptive-support needs. During the prior monitoring period, the Monitor identified that the list was not consistently available to all applicable program and service areas. Corrective action has occurred. During the current review, the Monitor verified distribution of this information electronically and its availability within applicable program and service areas.

The County also utilizes existing ATIMS and CRIMS functionality to provide disability-related alerts and flags and to maintain information accessible to staff responsible for implementing accommodations. These electronic mechanisms operate in conjunction with the ADA Accommodations/Tracking List and other documentation to create multiple points through which current disability and accommodation information can be communicated and accessed.

Significant advancement has also occurred in the quality and reliability of information available for specific disability populations. Following implementation of the IDD policy, associated assessment processes, and staff training, identified IDD accommodation and adaptive-support information is being communicated to the ADA Unit and incorporated into the established tracking process. During this review, the Monitor identified no significant discrepancy between the identified IDD population and corresponding ADA identification or applicable system flagging. This provides meaningful proof of practice that the current tracking framework can successfully receive, maintain, and communicate disability-related information when the underlying identification and referral process is functioning reliably.

Program Services has similarly continued development of processes for documenting accommodations and adaptive supports provided within programs and services. The County is working toward incorporating this information into its broader CQA structure, which will further strengthen its ability to evaluate whether identified accommodations and adaptive supports are provided and whether barriers to access are identified and addressed.

The revised AFBH Classification Form and functional assessment process are expected to further strengthen the tracking framework. The revised process establishes repeated opportunities during clinical encounters to identify functional limitations and accommodation or adaptive-support needs and to communicate new or modified information for incorporation into ADA tracking.

Of particular significance during this reporting period, the County established additional ADA Unit staffing specifically intended to support timely review and entry of clinically identified disability, accommodation, and adaptive-support information. This staffing structure is intended to create a substantially more contemporaneous connection between clinical identification and the operational information available to the ADA Unit and other responsible staff. Once fully implemented, this process is expected to reduce reliance upon periodic or delayed manual transfer of information and move the County significantly closer to the real-time functionality contemplated by this provision.

The Monitor also recognizes the development of internal reconciliation and CQA processes designed to evaluate the accuracy and completeness of ADA information across systems and disciplines. These processes have demonstrated an increasing ability to identify discrepancies, transparently report identified deficiencies, initiate corrective action, and evaluate implementation. The identification of discrepancies should not, standing alone, be viewed as a failure of the developing CQA process; rather, the ability to independently identify and address such concerns is an important component of a sustainable internal compliance system.

Collectively, the County has developed a substantial ADA tracking framework that no longer relies exclusively upon successful implementation of a single vendor-developed ATIMS module. Existing electronic systems, disability alerts and flags, ADA Accommodations/Tracking Lists, clinical information, ADA Unit documentation, Program Services documentation, established distribution processes, and developing CQA validation collectively perform many of the identification, documentation, communication, and access functions contemplated by this provision.

Notwithstanding these substantial advancements, two significant components prevent advancement to Substantial Compliance during this reporting period.

First, the newly established ADA Unit staffing and real-time clinical information-entry process has not yet been operational for a sufficient period to demonstrate consistent proof of practice. Continued review is necessary to establish that newly identified or modified disability, accommodation, and adaptive-support information is entered timely, accurately maintained, and reliably available to staff responsible for implementation.

Second, the County has not yet implemented an electronic ADA grievance-tracking solution sufficient to satisfy the grievance component expressly required by this provision**.** Development of a mechanism capable of capturing and supporting appropriate review and monitoring of ADA-related grievances remains necessary.

As discussed in preceding provisions, additional work also remains to ensure complete identification and communication of the broader Psychiatric Disability population. This affects the completeness of information available for incorporation into the tracking structure and should be distinguished from the functionality of the tracking mechanisms themselves.

Accordingly, Partial Compliance remains appropriate; however, the nature and scope of the remaining work have changed substantially from prior monitoring periods. The County is no longer developing an ADA tracking framework from the ground up. It has established multiple interconnected systems and practices that perform many of the required functions and has demonstrated meaningful proof of practice across several components.

With successful implementation and validation of the new ADA Unit real-time information-entry process, development of an appropriate electronic ADA grievance-tracking solution, continued validation of the completeness and accuracy of the information captured, and continued development of the ATIMS vendor solution where feasible, the Monitor believes the County has established the foundational infrastructure necessary to move this provision toward Substantial Compliance during the next reporting period.

Recommendations:

1. Continue the current process of input and distribution of ADA-related information via established tracking processes until the ATIMS tracking module is fully operational.
2. Revise the ADA Tracking List to ensure that all accommodations and adaptive supports are documented, including for SMI, non-SMI psychiatric disabilities and individuals with learning disabilities (LD).
3. The County to develop and implement an electronic ADA grievance-tracking solution.

1016. Housing unit, education, and program office staff shall be provided with a report listing all individuals with Psychiatric Disabilities in the relevant unit or program, as well as any needed accommodations. The information provided shall be limited to identifying the individuals who have a disability and what accommodations shall be provided. It shall not

contain any information beyond the minimum required to ensure the individual's disability needs are accommodated. Until the electronic ADA Tracking System is fully implemented, this report shall be updated and provided to staff in written form at least once per week. Once the ADA Tracking System is fully implemented the report shall be updated electronically, in a manner accessible to housing unit deputies, daily.

Finding: <u>Partial Compliance</u>

(Previously rated as "Partial Compliance")

Policies:

ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date January 28, 2025).

Training:

ADA Training has been implemented

Metrics:

Policy 1.14 Americans with Disabilities Act.
Staff Interviews (custody and non-custody staff from multiple disciplines).
ADA Accommodation List
ATIMS Flags

Assessment:

The County has demonstrated significant advancement during this reporting period in the development and implementation of systems to track, communicate, and make available disability-related information and identified accommodations and adaptive supports. Although the comprehensive electronic ADA Tracking module contemplated for implementation within ATIMS has not yet been completed, the County has developed a layered tracking and information-sharing framework that performs many of the functional requirements of this provision. Partial Compliance remains appropriate; however, the remaining deficiencies are increasingly limited to implementation and validation of the newly established timely sharing, transfer, and documentation of disability-related information across departments and information systems., development of an electronic ADA grievance-tracking solution, and continued work to ensure completeness of the identified population and information captured.

This Monitor recognizes that the County continues to actively work with the ATIMS contracted vendor toward development and implementation of the originally contemplated ADA Tracking module and remains hopeful that a viable solution will be achieved. Continued vendor-related delays, however, have required the County to develop alternative mechanisms to ensure that progress toward compliance is not dependent solely upon completion of the ATIMS project.

Rather than waiting for the vendor solution, the County has pursued a parallel approach: continuing its work with the ATIMS vendor while simultaneously developing and implementing alternative electronic and operational processes. These include existing ATIMS and CRIMS functionality; disability-related alerts and flags; the ADA Accommodations/Tracking List; ADA Unit Records of Contact; clinical and ADA Unit information-sharing processes; Program Services documentation; and developing CQA reconciliation and validation processes. The Monitor views this approach favorably, as it demonstrates both continued commitment to the planned electronic solution and operational responsiveness to circumstances outside of the County's direct control.

The ADA Accommodations/Tracking List remains a central component of the current framework. The list is regularly updated and provides actionable information regarding identified individuals and their documented accommodation and adaptive-support needs. During the prior monitoring period, the Monitor identified that the list was not consistently available to all applicable program and service areas. Corrective action has occurred. During the current review, the Monitor verified distribution of this information electronically and its availability within applicable program and service areas.

The County also utilizes existing ATIMS and CRIMS functionality to provide disability-related alerts and flags and to maintain information accessible to staff responsible for implementing accommodations. These electronic mechanisms operate in conjunction with the ADA Accommodations/Tracking List and other documentation to create multiple points through which current disability and accommodation information can be communicated and accessed.

Significant advancement has also occurred in the quality and reliability of information available for specific disability populations. Following implementation of the IDD policy, associated assessment processes, and staff training, identified IDI/IDD accommodation and adaptive-support information is being communicated to the ADA Unit and incorporated into the established tracking process. During this review, the Monitor identified no significant discrepancy between the identified IDI/IDD population and corresponding ADA identification or applicable system flagging. This provides meaningful proof of practice that the current tracking framework can successfully receive, maintain, and communicate disability-related information when the underlying identification and referral process is functioning reliably.

Program Services has similarly continued development of processes for documenting accommodations and adaptive supports provided within programs and services. The County is working toward incorporating this information into its broader CQA structure, which will further strengthen its ability to evaluate whether identified accommodations and adaptive supports are provided and whether barriers to access are identified and addressed.

The revised AFBH Classification Form and functional assessment process are expected to further strengthen the tracking framework. The revised process establishes repeated opportunities during clinical encounters to identify functional limitations and accommodation or adaptive-support needs and to communicate new or modified information for incorporation into ADA tracking.

Of particular significance during this reporting period, the County established additional ADA Unit staffing specifically intended to support timely review and entry of clinically identified disability, accommodation, and adaptive-support information. This staffing structure is intended to create a substantially more contemporaneous connection between clinical identification and the operational information available to the ADA Unit and other responsible staff. Once fully implemented, this process is expected to reduce reliance upon periodic or delayed manual transfer of information and move the County significantly closer to the real-time functionality contemplated by this provision.

The Monitor also recognizes the development of internal reconciliation and CQA processes designed to evaluate the accuracy and completeness of ADA information across systems and disciplines. These processes have demonstrated an increasing ability to identify discrepancies, transparently report identified deficiencies, initiate corrective action, and evaluate implementation. The identification of discrepancies should not, standing alone, be viewed as a failure of the developing CQA process; rather, the ability to independently identify and address such concerns is an important component of a sustainable internal compliance system.

Collectively, the County has developed a substantial ADA tracking framework that no longer relies exclusively upon successful implementation of a single vendor-developed ATIMS module. Existing electronic systems, disability alerts and flags, ADA Accommodations/Tracking Lists, clinical information, ADA Unit documentation, Program Services documentation, established distribution processes, and developing CQA validation collectively perform many of the identification, documentation, communication, and access functions contemplated by this provision.

Notwithstanding these substantial advancements, two significant components prevent advancement to Substantial Compliance during this reporting period.

First, the newly established ADA Unit staffing and real-time clinical information-entry process has not yet been operational for a sufficient period to demonstrate consistent proof of practice. Continued review is necessary to establish that newly identified or modified disability, accommodation, and adaptive-support information is entered timely, accurately maintained, and reliably available to staff responsible for implementation.

Second, the County has not yet implemented an electronic ADA grievance-tracking solution sufficient to satisfy the grievance component expressly required by this provision. Development of a mechanism capable of capturing and supporting appropriate review and monitoring of ADA-related grievances remains necessary.

As discussed in preceding provisions, additional work also remains to ensure complete identification and communication of the broader Psychiatric Disability population. This affects the completeness of information available for incorporation into the tracking structure and should be distinguished from the functionality of the tracking mechanisms themselves.

Accordingly, Partial Compliance remains appropriate; however, the nature and scope of the remaining work have changed substantially from prior monitoring periods. The County is no longer developing an ADA tracking framework from the ground up. It has established multiple interconnected systems and practices that perform many of the required functions and has demonstrated meaningful proof of practice across several components.

With successful implementation and validation of the new ADA Unit real-time information-entry process, development of an appropriate electronic ADA grievance-tracking solution, continued validation of the completeness and accuracy of the information captured, and continued development of the ATIMS vendor solution where feasible, the Monitor believes the County will have established the foundational infrastructure necessary to move this provision to Substantial Compliance during the next reporting period.

Recommendations:

1. ACSO to fully implement the newly established ADA Unit real-time information-entry process.

2. ACSO to develop and implement an electronic ADA grievance tracking solution that provides the functionality required by this provision and supports appropriate tracking, review and CQA monitoring of ADA-related grievances.

3. ACSO to continue CQA validation and reconciliation of the established ADA tracking framework, including the ADA Accommodations/Tracking List, applicable ATIMS and CRIMS alerts and flags, clinical and ADA Unit information, Program Services documentation, provision of accommodation and adaptive services, disciplinary provision requirements, Grievances, and other established information-sharing processes. Review should focus on completeness, accuracy,

timeliness, and accessibility of information and include documented corrective action when discrepancies are identified.

Housing Placements

1017. The fact that an individual has a Psychiatric Disability and/or requires reasonable accommodations for that disability shall not be a factor in determining the individual's security classification. Individuals with Psychiatric Disabilities shall be placed in housing that is consistent with their security classification and disability-related needs. Individuals with Psychiatric Disabilities shall be screened for potential victimization and vulnerability concerns and those factors shall be considered when determining appropriate housing; however, their disabilities shall not be used to justify placing an individual in a more restrictive privilege level than that in which they would have otherwise been classified except as provided herein. Individuals with severe or profound cognitive, intellectual, or developmental disabilities shall not be housed in a more secure setting unless it is determined by the Classification Unit and mental health staff that there are no other viable alternatives to prevent the individual from being victimized. This decision shall be based on an individualized assessment of the person's needs and the specific safety and/or security concerns affecting the individual, including whether the person is able to function safely in a dormitory environment. To the extent possible, individuals housed in more secure settings due to victimization concerns shall receive the same privileges, access to programs, and out-of-cell hours that they would otherwise receive. The reason for housing an incarcerated person with a severe or profound cognitive, intellectual, or developmental disability in a more secure setting due to victimization concerns shall be clearly justified and documented in the ADA tracking system and classification documents and shall be reevaluated at least every sixty (60) days.

Finding: Substantial Compliance

(Previously rated as "Substantial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date January 28, 2025)
- ACSO Detention and Corrections Policy and Procedure - 12.04 The Santa Rita Jail – Housing Unit Classification (Revision Date May 4, 2023).

Training:

- Classification Training Implemented

Metrics:

- Policy 1.14 Americans with Disabilities Act.
- Policy 12.04 The Santa Rita Jail – Housing Unit Classification.
- ACSO Staff Interviews.
- ACSO Housing Matrix.

Assessment:

The County previously achieved Substantial Compliance with this provision. In prior reports Classification reviews combined with clinical documentation had identified that individuals were housed consistent with security classification and disability-related needs. Tours of housing

units, including restrictive and therapeutic housing settings, demonstrated multidisciplinary engagement regarding individualized housing and support needs. Staff discussions reflected familiarity with identified individuals, consideration of vulnerability and functional needs, and active problem-solving regarding appropriate placement and supports. These practices provided evidence that disability-related needs are being considered as part of individualized housing decisions rather than being used as a basis for unnecessarily restrictive placement.

However, during this reporting period it was identified there were female incarcerated individuals, who based upon individualized assessments, would have the ability to function safely in a dormitory setting if such housing were available. Consultation with Dr. Montoya, Behavioral Health Monitor, further confirmed this finding. Accordingly, the current absence of a female dormitory option raises concerns regarding the County's continued ability to ensure that females with psychiatric, cognitive, intellectual, or developmental disabilities are housed in the least restrictive setting consistent with their classification, individualized disability-related needs, and vulnerability considerations.

The County had a female dormitory option prior to current construction-related housing limitations. It remains unclear if a viable female dormitory or comparable less restrictive housing option will be available upon completion of the current construction projects. It is recommended the County look to identify such space commensurate with male housing unit options. During the next monitoring period, review will focus on the County's identification of a sustainable housing option for females whose classification and individualized needs support placement in a less restrictive setting. Absent identification and implementation of a viable option, continued Substantial Compliance with this provision may no longer be supported.

Recommendations

1. The ACSO should identify and implement a sustainable housing option for female incarcerated individuals whose security classification, disability-related needs, and individualized vulnerability assessment support placement in a less restrictive setting.

2. The County should develop and implement an internal quality assurance process to monitor compliance with this provision.

Access to Out-Of-Cell Time and Yard

1018. Defendants shall ensure that individuals with Psychiatric Disabilities are offered equal access to yard and day room exercise and recreation time as non-disabled individuals in comparable classification levels. Refusals of out-of-cell time and yard shall be documented consistent with Section III(D). Minimum out-of-cell time requirements apply to all incarcerated persons unless specifically contraindicated by a mental health treatment plan due to suicide precautions.

Finding: Partial Compliance

(Previously rated as "Partial Compliance")

Assessment

This Monitor identified no evidence during this reporting period that individuals with Psychiatric Disabilities are being offered less access to yard, dayroom, exercise, or recreation time than similarly classified individuals without disabilities housed in comparable settings. Staff interviews, incarcerated-person interviews, and direct housing-unit observations did not identify a pattern of disability-related restriction of out-of-cell opportunities.

The requirements regarding the amount and provision of out-of-cell time are also evaluated within the scope of the Custody Joint Monitor. Refer to the Ninth-Round Monitoring Report of Custody Joint Monitor Terri McDonald, including Provisions 402–412 and 768, for additional findings and analysis regarding out-of-cell time and applicable requirements within the Therapeutic Housing Units (THUs) and other housing settings.

The primary limitation affecting the ADA Monitor's ability to demonstrate compliance with this provision remains the identification of the population against which equal access must be measured. Existing out-of-cell tracking information, including pod/dayroom and recreation time, does not consistently identify whether an individual has a Psychiatric Disability or otherwise permit reliable comparison of out-of-cell opportunities between individuals with Psychiatric Disabilities and similarly classified individuals without disabilities. Individuals housed within the THUs are more readily identifiable through their housing and clinical status; however, the population subject to this provision is not limited to individuals housed in therapeutic units or those designated as SMI.

As discussed throughout this report, Psychiatric Disability is not synonymous with Behavioral Health designation or SMI status. Not every individual receiving Behavioral Health services necessarily has a Psychiatric Disability for purposes of the Consent Decree, while individuals outside of the SMI population may have psychiatric impairments resulting in functional limitations and disability-related needs. Accordingly, utilizing the entire Behavioral Health population would overstate the applicable population, while limiting analysis to SMI or THU populations would understate it.

For this reason, statistical comparison of out-of-cell time based upon the populations currently identifiable within available data would not provide a sufficiently reliable measure of compliance. Until the County establishes a consistent process for identifying the Psychiatric Disability population, the Monitor cannot establish an accurate denominator or reliably compare access to yard, dayroom, exercise, and recreation opportunities with similarly situated non-disabled individuals.

The Monitor recognizes that development of the Psychiatric Disability Protocol, revised clinical identification and functional assessment processes, and the County's developing ADA tracking infrastructure are expected to address this limitation. Once these processes are fully implemented, disability identification should be capable of being linked with existing out-of-cell data to permit meaningful comparative analysis.

Accordingly, Partial Compliance remains appropriate. Importantly, the continued rating is not based upon identified evidence that individuals with Psychiatric Disabilities are receiving disparate out-of-cell access and this report does not assess compliance with out-of-cell hours for the non-ADA population.[3] Rather, it reflects the current inability to reliably identify the complete population necessary to validate and demonstrate equal access as required by this provision.

Recommendations:

1. AFBH to finalize and implement the Psychiatric Disability identification process so that the population subject to this provision can be reliably identified.

[3] Refer to Custody Monitors' report for compliance with out-of-cell requirements for the non-ADA population.

2. Once a reliable Psychiatric Disability population has been established, incorporate disability status into the County's existing out-of-cell CQA analysis to permit comparison of yard, dayroom, exercise, and recreation opportunities with similarly classified individuals without disabilities and to evaluate offering of accommodations and adaptive supports and refusals where applicable.

Access to Programs and Work Assignments

1019. Defendants shall ensure that individuals with Psychiatric Disabilities have equal access, as compared to non-disabled individuals, to all programs, activities, and services including, but not limited to, educational, vocational, work, recreational, visiting, medical, mental health, substance abuse, self- improvement, religious, electronic tablets, and reentry programs, including Sandy Turner Center and Transition Center programs, consistent with their classification and for which they are qualified. To the extent they do not currently exist, Defendants shall develop job descriptions and the essential job functions associated with each position. Defendants shall inform individuals with Psychiatric Disabilities, using Effective Communication, of the programs and worker assignments that are available to them, any job descriptions/essential job functions, how to contact the ADA Coordinator, that they have a right to request reasonable accommodations, and how to do so using the ADA Request form. To the extent a person is denied access to a program or worker assignment, they shall have the right to file an ADA-related grievance and/or otherwise appeal that decision. Programming staff shall access the ADA Tracking System to determine whether participants in a program have a disability and their accommodation needs. Until the ADA Tracking System is in place, the ADA Unit shall, on a weekly basis, provide program staff with a list of individuals with disabilities and their accommodation needs.

Finding: Partial Compliance

(Previously rated as "Partial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date January 28, 2025):
- Alameda County Sheriff's Office Detention and Corrections Policy and Procedure: Introduction to Inmate Services 18.01 (2 pages) (revised 12/1/19).
- Alameda County Sheriff's Office Detention and Corrections Policy and Procedure: Inmate Operational Programs and Services 18.02 (2 pages) (revised 10/30/20).
- Alameda County Sheriff's Office Detention and Corrections Policy and Procedure: Commissary Procedure 18.06 (9 pages) (revised 10/12/21).
- Alameda County Sheriff's Office Detention and Corrections Policy and Procedure: Religious Programming 18.07 (3 pages) (revised 12/1/19).
- Alameda County Sheriff's Office Detention and Corrections Policy and Procedure: Library Services 18.08 (2 pages) (revised 12/1/19).
- Alameda County Sheriff's Office Detention and Corrections Policy and Procedure: Educational Program Planning 18.09 (4 pages) (revised 12/1/19).
- Alameda County Sheriff's Office Detention and Corrections Policy and Procedure: Vocational Training Programs 18.10 (3 pages) (revised 12/1/19).
- Alameda County Sheriff's Office Detention and Corrections Policy and Procedure: Social Services Programs 18.11 (3 pages) (revised 3/1/20).

- Alameda County Sheriff's Office Detention and Corrections Policy and Procedure: Recreation and Inmate Activity Program and Planning 18.12 (3 pages) (revised 3/9/23).
- Alameda County Sheriff's Office Detention and Corrections Policy and Procedure: Inmate Entertainment Systems 18.13 (3 pages) (revised 12/1/19).
- Alameda County Sheriff's Office Detention and Corrections Policy and Procedure: Inmate Tablet Access18.14 (3 pages) (revised 2/9/23).
- Alameda County Sheriff's Office Detention and Corrections Policy and Procedure: Services for Released Inmates 18.16 (2 pages) (revised 10/12/21).
- Alameda County Sheriff's Office Detention and Corrections Policy and Procedure: Parenting Program 18.17 (5 pages) (revised 11/21/23).
- Alameda County Sheriff's Office Detention and Corrections Policy and Procedure: Legal Assistance Program 18.21 (3 pages) (revised 12/1/19).

Training:

ADA Policy 1.14 training has been implemented.

Metrics:

- Staff Interviews (custody and non-custody staff from multiple disciplines).
- Incarcerated Person interviews.
- Job Descriptions and Essential Functions
- Policy 1.14 Americans with Disabilities Act.
- Policy 18.01 Introduction to Inmate Services.
- Policy 18.02 Inmate Operational Programs and Services.
- Policy 18.06 Commissary Procedure.
- Policy 18.07 Religious Programming.
- Policy 18.08 Library Services.
- Policy 18.09 Educational Program Planning.
- Policy 18.10 Vocational Training Programs.
- Policy 18.11 Social Services Programs.
- Policy 18.12 Recreation and Inmate Activity Program and Planning.
- Policy 18.13 Inmate Entertainment Systems.
- Policy 18.14 Inmate Tablet Access.
- Policy 18.16 Services for Released Inmates.
- Policy 18.17 Parenting Program.
- Policy 18.21 Legal Assistance Program.

Assessment:

The County demonstrated meaningful progress during this monitoring period in implementing the requirements of this provision. As discussed elsewhere in this report, completed ADA training, established review of essential job functions for worker assignments, expanded program opportunities, improved communication of accommodation and adaptive support needs, and developing Program Services quality assurance processes provide an increased framework for ensuring access to programs, services, and work assignments.

The ADA Unit continues to inform incarcerated individuals of available programs and services, how to contact the ADA Unit, their right to request reasonable accommodations, and available mechanisms for requesting accommodations and filing ADA-related grievances. This information is reinforced through ADA Unit contacts, including 14- and 60-day reviews, responses to requests, and

housing-unit rounding. The ADA Accommodation List is distributed electronically daily to Program Services and other responsible areas and identifies known accommodation and adaptive support needs.

Proof of practice during the onsite review was generally positive. Incarcerated individuals reported increased satisfaction with access to programs and services and demonstrated substantially greater awareness of available opportunities than observed during prior monitoring periods. Individuals interviewed also demonstrated awareness of how to contact the ADA Unit and request accommodations or assistance. Essential job functions for worker assignments have been established, individuals with disabilities were observed participating in worker assignments, and no grievances involving denial of a worker assignment were identified during this monitoring period.

Re-Entry practices demonstrated meaningful advancement during this monitoring period. Prior monitoring identified a primary focus on the SMI population, which did not encompass the broader population of individuals with Psychiatric Disabilities subject to this provision. During the current monitoring period, the County expanded Re-Entry planning beyond the SMI population to include individuals with IDI and other identified disabilities and initiated planning earlier in the period of incarceration. Increased collaboration among Re-Entry staff, AFBH, Pretrial Services, Probation, and community-based providers further strengthened identification and communication of accommodation and adaptive support needs during Re-Entry planning. These changes represent meaningful progress toward ensuring access to Re-Entry services across the broader population covered by this provision.

Program Services has also made meaningful progress in developing the internal quality assurance infrastructure necessary to evaluate this provision. In collaboration with the Monitors, staff have continued development tracking tools, audit methodologies, and reporting processes intended to evaluate program participation, accommodation and adaptive support needs, and barriers to access. These efforts provide an important foundation for sustainable internal monitoring of equal access.

The findings of Custody Joint Monitor Terri McDonald regarding programming access are also incorporated into this review. See Custody Joint Monitor Terri McDonald's Ninth-Round Monitoring Report, Provision 423, addressing programming for Behavioral Health clients at the Sandy Turner Education Center (STEC), including continuing challenges in quantifying available programming, and reliably reporting participation.

As discussed throughout this report, the primary remaining limitation under this provision is the County's inability to reliably identify the complete population of individuals with Psychiatric Disabilities against which equal access must be measured.

The County must also continue developing validated data that link the identified population and accommodation needs with program and worker-assignment availability and participation. The Program Services CQA processes, ADA Accommodation List, revised clinical identification processes, newly established ADA information-entry staffing, and developing ADA tracking infrastructure provide much of the framework necessary to conduct this analysis once reliable population identification is established.

Accordingly, Partial Compliance remains appropriate. This rating does not reflect identified evidence of systematic denial of access to programs, activities, services, worker assignments, or Re-Entry services. Rather, despite demonstrated improvements in access and the expansion of Re-Entry planning beyond the SMI population, the County cannot yet demonstrate through sufficiently reliable and validated comparative data that the complete population covered by this provision has equal access compared with similarly situated individuals without disabilities.

During the next monitoring period, review will focus on implementation of the Psychiatric Disability identification process and development of reliable comparative data to evaluate access to programs, services, Re-Entry opportunities, and worker assignments across the populations covered by this provision.

ADA Grievances and Requests

ADA Requests:

1020. Defendants shall provide and maintain a readily available mechanism for individuals to make a request for reasonable modifications independent of the grievance system ("ADA Request"). This ADA Request form must be available in hardcopy as well as on electronic tablets to the extent that electronic tablets are provided to individuals for use. All ADA Requests shall be routed to the ADA Coordinator or a member of their team for review. The ADA Coordinator or a member of the ADA Unit shall review all ADA Requests within seven (7) days to evaluate them for any emergent issues that require an expedited response. Where an emergent issue is identified, the ADA unit shall respond within 48 hours of review and facilitate, as needed, obtaining any information required from AFBH to provide a response and/or scheduling an emergency appointment with AFBH staff as needed. For non-emergent issues, the ADA Unit shall provide a response within thirty (30) days of receipt of such a request. All ADA Requests and responses shall be documented in the ADA tracking system. Defendants shall inform individuals with Psychiatric Disabilities of the process for submitting ADA Requests in a manner that is effectively communicated. Where an individual is unable to submit written or electronic requests, the individual may make a request orally, and the Multi-Service deputy, housing unit staff, and/or the ADA Unit shall assist the individual in submitting the request in writing.

Finding: Partial Compliance

(Previously rated as "Partial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date January 28, 2025):
- ACSO Policy 10.32 Americans with Disabilities Act Coordinator (Post Order) (Issued Date August 28, 2023).
- ACSO Detention and Corrections Policy and Procedure - 17.05 Inmate Communication, Mail and Visiting(Revision Date December 1, 2019).

Training:

ADA Policy Training implemented.

- Policy 1.14 Americans with Disabilities Act.
- Policy 17.05 Inmate Communication, Mail and Visiting
- ACSO Policy 10.32 Americans with Disabilities Act Coordinator (Post Order) (Issued Date August 28, 2023).
- ACSO Staff Interviews.
- Incarcerated Person Interviews.
- Document Review-Request for accommodations.

Assessment:

The County has continued development of tracking and CQA processes intended to address this requirement. The ADA Unit has established internal tracking mechanisms, and the County's broader ADA tracking infrastructure continues to mature. Newly established ADA staffing responsible for timely review and entry of ADA-related information is expected to further strengthen the ability to capture requests, document actions and responses, and monitor required timelines.

As discussed under Provision 1015, the comprehensive ATIMS ADA module has not yet been implemented due to continued vendor delays. The County has appropriately developed alternative tracking mechanisms while continuing to work with the contracted vendor toward an electronic solution. The absence of the ATIMS module does not negate the significant operational progress demonstrated under this provision; however, the Consent Decree requires ADA Requests and responses to be documented within the ADA Tracking System, and the County must demonstrate a reliable mechanism for capturing and monitoring this information.

Workgroups have been established for this Monitor to work collaboratively with the ADA and CQA Units to develop and refine the tracking, monitoring, and reporting processes necessary to evaluate compliance with the timeframes established by this provision during the next reporting period. This work is focused on ensuring that ADA Requests can be followed from receipt through review, identification of emergent concerns where applicable, response, and closure, and that the County can reliably report performance against the seven (7)-day review, 48-hour emergent response, and thirty (30)-day non-emergent response requirements.

The Monitor views establishment of this collaborative CQA process as an important advancement toward sustainable compliance. The objective is not solely to demonstrate compliance during external monitoring, but to establish an internal reporting structure through which the County can routinely identify untimely or unresolved requests, investigate the cause of identified deficiencies, initiate corrective action, and validate subsequent improvement.

Accordingly, Partial Compliance remains appropriate. Importantly, the continued rating is not based upon a lack of accessible mechanisms for requesting accommodations or lack of incarcerated-person awareness of those mechanisms. Those components are well established and demonstrated in practice. The remaining work is increasingly focused on demonstrating complete capture, timely response, documentation, and closure of requests regardless of the pathway through which the request originates.

Given the established request mechanisms, demonstrated incarcerated-person awareness, expanded ADA Unit capacity, and the development of a structured CQA process specifically designed to validate required timeframes, the Monitor anticipates that, with successful implementation and demonstrated proof of practice of these processes, this provision is positioned to achieve Substantial Compliance during the next reporting period.

Recommendations

1. The ADA and CQA Units to work in collaboration with this Monitor to develop and implement a tracking, monitoring, and reporting process to ensure the totality of ADA Requests are captured regardless of the method by which they are received and can be tracked from receipt, through review, response, and documented closure.

2. The ACSO CQA Unit should implement routine reporting and validation of compliance with the required timeframes, including the 7-day initial review, 48-hour response for identified emergent issues, and 30-day response for non-emergent issues. Review should identify untimely or unresolved requests, evaluate the cause of identified deficiencies, and document corrective action and subsequent validation.

ADA Grievances:

1021. Defendants shall provide and maintain a grievance system that provides for prompt and equitable resolution of complaints by individuals with Psychiatric Disabilities who allege disability-related violations. Defendants' grievance form shall continue to include a checkbox or similar means to identify that the grievance is ADA-related. Defendants shall train grievance staff to route "ADA" grievances appropriately even if the individual who filed the grievance did not check the "ADA" checkbox. Once implemented, the ADA Tracking System shall route grievances relating to incarcerated individuals who are Behavioral Health Clients to AFBH for their review in case there are underlying mental health issues that are driving the grievances. ADA staff shall consult with AFBH prior to imposing any grievance- related restrictions on incarcerated individuals who are Behavioral Health Clients. Until the ADA Tracking System is implemented the ADA Unit shall review and route grievances filed by individuals with SMI electronically to AFBH for review. AFBH shall assist as necessary in resolving issues raised by incarcerated individuals in grievances, including meeting with the grievant as needed.

Finding: Substantial Compliance

(Previously rated as "Partial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure - 1.14 Americans with Disabilities Act (Revision Date January 28, 2025):
- ACSO Policy 10.32 Americans with Disabilities Act Coordinator (Post Order) (Issued Date August 28, 2023).
- ACSO Detention and Corrections Policy and Procedure - 16.03 Inmate Grievance Procedure

Training:

- Policy 1.14 -Training implemented
- AFBH Grievance Policy-Draft under review

Metrics:

- Policy 1.14 Americans with Disabilities Act.
- Policy 16.03 Inmate Grievance Procedure.
- ADA Grievances
- ACSO Staff Interviews.
- Incarcerated Person Interviews.

Assessment:

The County demonstrated meaningful advancement during this reporting period in maintaining an accessible grievance system and strengthening processes for identifying and appropriately routing grievances that present potential ADA-related concerns.

Of particular significance, three designated staff within the Grievance Unit received certified ADA training and assumed responsibility for screening grievances for potential ADA issues. The screening process considers the substance of the complaint, including whether a grievance may implicate a disability-related accommodation or Effective Communication need even when the grievant has not selected the ADA checkbox. Embedding trained ADA screening capacity within the Grievance Unit has strengthened the process for identifying and routing potentially ADA-related grievances.

Access to the grievance process was also demonstrated through multiple submission methods. As further documented by the Custody Monitor under Provision 600, incarcerated individuals may submit grievances electronically through tablets without requiring deputy approval. A backup paper grievance process remains available and was confirmed during onsite review to be accessible within housing units. The Custody Monitor further identified established grievance tracking, monitoring, and reporting processes, including trend analysis and review of timeliness data.

A random sample of 60 grievances, (20 SMI, 20 BHI, 10 IDI, 10 General Population) were reviewed to evaluate implementation of the identification and routing requirements of this provision. Fifty-eight of 60 grievances (96.7%) were appropriately screened. Two (2) grievances (3.3%) were screened as non-ADA despite presenting a potential nexus to an accommodation need. One (1) involved a request for an accommodation associated with the effects of psychotropic medication, and the second involved a request for a medical accommodation. Both grievances warranted ADA review to determine whether an accommodation or other ADA-related response was required, regardless of the ultimate clinical determination regarding the requested accommodation.

The review also demonstrated established multidisciplinary processes for addressing grievances involving Behavioral Health clients. AFBH receives grievances for review as required by the Consent Decree, and the multidisciplinary Grievance Muster includes participation from ACSO, AFBH, and the contracted medical provider. These processes provide mechanisms to identify underlying behavioral health concerns and facilitate additional clinical assessment or follow-up when indicated as well as provide a forum for discussion and input from AFBH on individuals being considered for grievance restrictions.

During this monitoring period, the County also revised standardized grievance-response language previously used for Behavioral Health clients stating that a “mental health notification was made on your behalf.” The prior language created confusion for both grievants and AFBH staff by suggesting that each grievance provided to AFBH for review constituted a clinical referral requiring assessment or follow-up.

The revised process more clearly distinguishes between providing a grievance to AFBH for review, as required by the Consent Decree, and making a clinical referral requiring assessment or follow-up. AFBH continues to receive grievances for required review; however, clinical referral and follow-up occur when review identifies an underlying behavioral health concern or other basis for clinical assessment or follow-up. This clarification preserves the required AFBH review process while more clearly identifying matters requiring additional clinical action.

Collectively, the results of the grievance sample, onsite observations, established access mechanisms, trained grievance-screening staff, multidisciplinary review processes, and the independent findings of the Custody Monitor demonstrate that the County has established and implemented a grievance system capable of identifying and appropriately routing disability-related complaints. While two of

the 60 grievances reviewed (3.3%) reflected deficiencies in the initial ADA screening determination, the remaining 58 grievances (96.7%) were appropriately screened, and the identified exceptions did not demonstrate a systemic deficiency in implementation of this provision.

Accordingly, the evidence reviewed during this monitoring period supports a rating of Substantial Compliance with Provision 1021. Continued internal quality review should focus on the accuracy of initial ADA screening, particularly where the substance of a grievance presents a potential nexus between a disability and a requested accommodation or Effective Communication need, regardless of whether the grievant initially identifies the complaint as ADA-related.

Recommendations

1. AFBH to finalize and implement Grievance Policy and Training to ensure sustainability and prior to recommending discontinuation of monitoring.

1022. The ADA Coordinator or a member of the ADA unit shall:

(i) review all ADA related complaints;

(ii) assign an ADA-trained staff person to investigate the complaints, and/or interview the individual to the extent his or her complaint or requested reasonable modification is unclear or consult with AFBH as appropriate; and

(iii) provide a substantive written response.

The ADA Coordinator or a member of the ADA Unit shall review all ADA-related grievances within seven (7) days to evaluate them for any emergent issues that require an expedited response. Where an emergent issue is identified, the ADA unit shall respond within forty-eight (48) hours of review and facilitate, as needed, obtaining any information required from AFBH to provide a response and/or scheduling an emergency appointment with AFBH staff as needed. For non-emergent issues, the total response time for all ADA-related grievances shall be thirty (30) days from receipt. All ADA-related grievances and responses, including the provision of interim reasonable modifications, shall be documented, and tracked in the ADA Tracking System Grievance Module.

Finding: <u>Substantial Compliance</u>

(Previously rated as "Partial Compliance")

Policies:

ACSO Policy1.14 Americans with Disabilities Act (Revision Date January 28, 2025):

ACSO Policy 10.32 Americans with Disabilities Act Coordinator (Post Order) (Issued Date August 28, 2023).

ACSO Policy - 16.03 Inmate Grievance Procedure (Revision Pending).

ACSO Policy - 17.05 Inmate Communication, Mail and Visiting (Revision Date December 1, 2019).

Training:

ADA Policy 1.14 implemented March 2025.

Metrics:

ACSO Policy 1.14 Americans with Disabilities Act.

ACSO Policy 10.32 Americans with Disabilities Act Coordinator (Post Order) (Issued August 28, 2023)

ACSO Policy 16.03 Inmate Grievance Procedure.

ACSO Policy 17.05 Inmate Communication, Mail, and Visiting

Review of Inmate Grievances.

Assessment:

The same random sample of 60 grievances which were assessed under provision 1021 were reviewed during this monitoring period to further evaluate implementation of the ADA grievance review, response, timeliness, and documentation requirements of this provision. All ADA-related grievances reviewed were evaluated within the required seven-day timeframe. Emergent issues were appropriately identified and routed for expedited response, and where an emergent issue was identified, the ADA Unit responded within 48 hours of review and facilitated, as necessary, obtaining information from AFBH and/or scheduling an emergency appointment.

All ADA-related grievances were responded to within the required 30-day timeframe, with the exception of two cases in which the necessary information had been collected but the grievants were no longer in custody. Grievances and responses were consistently tracked and well documented, including documentation of Effective Communication. Review further demonstrated consultation with AFBH as appropriate to investigate and respond to identified concerns.

The County has also established quality assurance processes that include review of grievance trends and timeliness data and a multidisciplinary Grievance Muster process with participation from ACSO, AFBH, and the contracted medical provider. These processes provide ongoing mechanisms to monitor timeliness, identify trends, and address deficiencies in implementation.

Collectively, the documentation reviewed demonstrates consistent implementation of the ADA Unit review, investigation, response, timeliness, documentation, and tracking requirements of this provision. Accordingly, the evidence reviewed during this monitoring period supports a rating of Substantial Compliance with Provision 1022.

Recommendations:

1. ACSO to continue established CQA review of the grievance process with focused monitoring to ensure grievances presenting a potential nexus to a disability-related accommodation need are identified and routed appropriately.