

KELLY MITCHELL CONSULTING

JOINT EXPERT- MONITORING REPORT
AMERICANS WITH DISABILITIES ACT

BABU V. AHERN
Consent Decree Sixth Status Report
Case No. 5:18-cv-07677-NC

November 7, 2025

[4669121.1]

INTRODUCTION

Seventh Monitoring Report – ADA Provisions

This document constitutes the seventh 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, 2025. 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 June 15-17, 2025, 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. Particular attention was given to accessibility of programs and services, the provision of reasonable accommodations, and the consistency of compliance across housing units and functional areas. Special focus was applied to the work surrounding the identification of Intellectually and Developmentally Disabled incarcerated persons (IDI) and the development and provision of adaptive support needs.

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. Their assistance contributed to the ability to conduct a thorough and timely review.

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-Alameda Forensic Behavioral Health

BHI-Behavior Health Inmate

CD-Consent Decree

EC-Effective Communication

IDD- Intellectually and Developmentally Disabled

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 | PC |
| 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 | SC-DC |
| 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 | SC-DC |
| 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. | PC | SC |
| 1005. The ADA Unit staff certification course | SC | 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. | NC | 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. | SC | SC |
| 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. | PC | SC-DC |
| 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 | PC |
| 1022. The ADA Coordinator and ADA Unit review of ADA-related grievances. | PC | PC |

| Ratings → Report Date | Non- Compliance (NC) | Partial Compliance (PC) | Substantial Compliance (SC) | Substantial Compliance (DC) | Implementation Not Yet Required (INYR) | Total |
|-----------------------------|----------------------------|-------------------------------|-----------------------------------|-----------------------------------|---|-----------|
| 6th Round | 1 | 20 | 5 | 1 | 1 | 28 |
| 7th Round | 0 | 20 | 2 | 4 | 0 | 28 |
| CHANGE | 1 | 0 | 3 | 3 | 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: Partial Compliance

(Note: Previously rated as "Partial Compliance")

Policies:

- ACSO Detention and Corrections Policy and Procedure - 16.01 Disciplinary Procedure (Revision Date: August 28, 2023)
- ACSO Policy 1.14 Americans with Disabilities Act (Published January 2025):

- Current revision was sent for final review during this reporting period and was published in January 2025.
- AFBH Policy 407-1-4 Adult Forensic Behavioral Health Disciplinary Incident Response (Date of Approval July 8, 2024)

Training:

- ACSO Detention and Corrections Policy and Procedure - 16.01 Disciplinary Procedure
- ACSO Policy 1.14 Americans with Disabilities Act
- AFBH Policy 407-1-4 Adult Forensic Behavioral Health Disciplinary Incident Response Training- Pending Labor Meet and Confer. Once finalized, training will be scheduled.

Metrics and Assessments

1. ACSO Policy 1.14 – Americans with Disabilities Act

Assessment: The Joint Expert completed a formal review of the policy during the last reporting cycle for alignment with Consent Decree (CD) requirements. The policy was formally published in January 2025.

The policy incorporates key elements required under this provision. Continued monitoring will be directed toward ensuring effective implementation and integration into operational practice. Staff interviews¹ revealed an increased knowledge of how to identify the needs of the population covered under this CD provision, as well as how to provide accommodations and/or make referrals as appropriate. Observation of 7 housing units² identified an increased responsiveness to individuals who have difficulties with the provision of basic daily living skills and require staff assistance with forms. Interviews with the disabled population covered under this CD provision also reflected increased staff assistance and noted reductions in the response times to addressing their needs over the prior round. Staff in the units were aware of how to access forms and were able to identify class members and discuss specific examples of how they provide assistance as needed, to include helping with forms, reminders to shower, how to make referrals to mental health, as well of aware of how to reach the ADA Unit staff if they have questions or need assistance. It is anticipated there will be continuing improvement in the quality and provision of services as the remainder of staff receive training.

2. ACSO Policy 16.01 – Disciplinary Procedure

Assessment: This policy has been implemented, and its content is consistent with the requirements of the CD. The ACSO self-identified modifications to forms and internal tracking mechanisms for quality improvement during this round. They provided revised forms and tracking for expert review, input, and recommendations.

There has been continued progress in enhancing tracking mechanisms, and the ACSO has initiated steps toward establishing quality assurance and sustainability processes. These developments reflect a

¹ Total of 12 Housing Unit Deputy, and 4 BHAT Deputy Interviews completed.

² The monitor conducted tours of Housing Units 1, 2, 4, 8, 21, 23, 35. Monitoring activities included 42 cell front interviews and several large group dayroom sessions to allow incarcerated persons to ask questions and provide input.

positive trajectory. At the same time, monitoring identified discrepancies between established policy³ and implemented practice that require further attention and additional training.

Findings

1. AFBH Clinical Input is Not Being Considered by the Inmate Disciplinary Hearing Officer (IDHO) in advance of the disciplinary hearing (see full analysis under Provision 509).
 - o Current practice includes notifying qualified mental health professionals (QMHPs) when disciplinary actions are initiated for individuals with serious mental illness (SMI), for other Behavioral Health clients, or for individuals exhibiting unusual behavior. AFBH receives notice of the disciplinary charge and provides a review that references the requirements of Provision 509.
 - o Although ACSO is responding to all SMI Disciplinaries within 7 days of receipt, monitoring found that IDHOs are not receiving QMHP input prior to conducting hearings. In the disciplinary cases reviewed, there was no evidence of direct collaboration between the IDHO and the QMHP to consider mitigation of discipline before a sanction was determined. Moreover, because IDHOs do not receive QMHP documentation in advance of hearings, there is no opportunity to incorporate clinical input into the initial decision-making process. ACSO and AFBH are working together to improve the timely notification to AFBH and to increase compliance with required timelines.
 - o It is noted that during the final review process, many of the disciplinary actions were revised to incorporate QMHP input, thereby aligning outcomes more closely with policy.
2. ADA Unit staff are not meeting with the alleged rule violator in advance of any disciplinary hearing that may result in an increase in security level and/or placement in more restrictive housing and the IDHO is not documenting the notification to the ADA Unit to request the meeting.
 - o The ACSO is working to establish systems to ensure ADA Unit staff are meeting with alleged violators in advance of disciplinary hearings. They have reviewed with the monitor their intentions for process improvement, and it is anticipated this area will be in compliance during the next reporting round.
 - o There were two occurrences identified where the IDHO documented they found the incarcerated person in violation based on the IDHO being present during the incident, which is not in line with policy, which requires the IDHO to be “an impartial Watch Sergeant, not involved in the incident with which the rule violation occurred.” In both these cases, the discipline was dismissed in the interest of justice.

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. Anticipated revisions include the addition of guidance specific to individuals with intellectual and developmental disabilities (IDD) and those exhibiting atypical behaviors, as well as the integration of corresponding training. While the current policy satisfies CD requirements, training will be critical to ensure individualized reviews and responses.

³ CD059778-ACSO Policy 16-01

Recommendations

1. Completion of training on ACSO Policy 1.14 – Although training of Custody and Ancillary Staff has been initiated, AFBH staff have yet to initiate training due to ongoing Labor Meet and Confer. Training will be scheduled upon approval of the Labor process. It is anticipated the training will begin upon completion of Meet and Confer. Delay in training is impacting the increase in compliance rating of this provision.
2. Completion of training on AFBH Policy 407-1-4 – Adult Forensic Behavioral Health Disciplinary Incident Response: Implement training to ensure compliance with CD provisions and provide guidance on intellectually disabled (IDI) incarcerated persons and those exhibiting atypical behaviors. This policy and procedure is currently pending Labor Meet and Confer and training will be scheduled upon approval. Delay in training of this policy is having a negative impact on achieving compliance.
3. Operational alignment with current policy. The ACSO should adjust current operational practices to align with policy and ensure the QMHP documentation is transmitted to and reviewed by the IDHO prior to the disciplinary hearing. This is addressed further in Provision 509.
4. Continue efforts to establish internal monitoring and quality improvement processes.

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: Partial Compliance

(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 March 2025. AFBH has not yet initiated training.
- ACSO Disciplinary Procedure – Custody training has been initiated and is ongoing to include Senior Hearing Officer training.
- AFBH Adult Forensic Behavioral Health Disciplinary Incident Response Training is anticipated to be implemented during the next monitoring period.

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 (for the disabled population covered under the consent decree)⁴ For this monitoring period 25% or 52 packages were reviewed.

Assessment:

The County has developed a comprehensive Disciplinary Policy that includes language consistent with this provision. It is noted the ACSO staff have proactively initiated internal quality improvement efforts related to disciplinary processes, forms, and tracking to include the identification of additional staffing in the Disciplinary Unit to perform internal audits and reporting. These efforts reflect a constructive approach to compliance by moving beyond minimum requirements of the Consent Decree to establish sustainable internal monitoring and quality assurance mechanisms. The initiation of these improvements demonstrates a commitment to long-term system change and provides a strong foundation for continued progress toward full ADA compliance. Additionally, the monitors have been advised of a new Disciplinary pilot program which is in development. During this tour, ACSO began communication with the population on the intent to revise the program, as well as advising them of the potential clearance of all current loss of privileges associated with the current process. Initial communication was met with enthusiasm from the population.

As discussed in the prior provision, the QMHP input and documentation continues to be provided after the hearing and during the review process. During this monitoring tour, discussions were held

⁴ Disciplinary packages include the following forms: PD-631, PD-96a, PD-427, PD-631, and ACSO-550 as appropriate.

with the Disciplinary and Compliance Unit staff regarding modifying their process to have the AFBH review and recommendations available prior to the hearing rather than considered after the hearing but prior to determination of sanctions. Requiring mental health input prior to a disciplinary hearing, rather than limiting consideration to after the hearing has occurred, aligns with ACSO policy and represents best practice. Early involvement of qualified mental health staff ensures that decision-makers are informed of any underlying psychiatric, intellectual, or developmental disabilities that may have contributed to the behavior in question. This allows for:

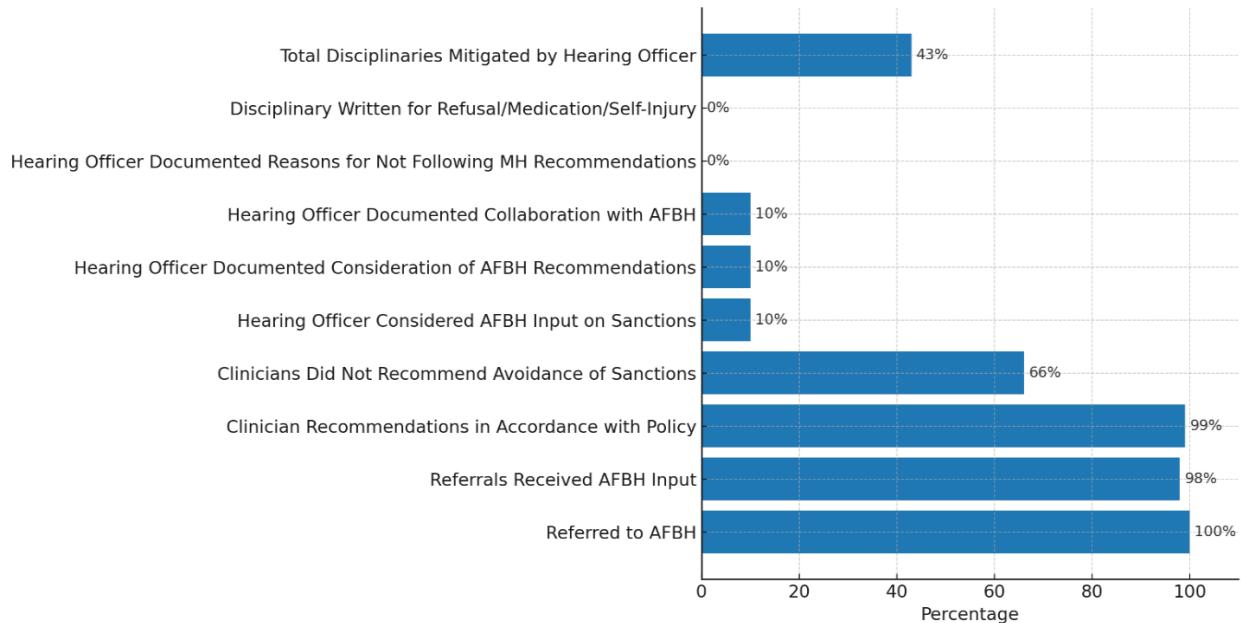
- **Individualized responses:** Hearings can incorporate clinical context when determining whether behavior was willful misconduct or a manifestation of disability, resulting in more appropriate sanctions or alternative interventions.
- **Diversion opportunities:** Certain cases may be redirected toward treatment or supportive interventions, reducing unnecessary reliance on punitive measures.
- **Reduced risk of harm:** Early input can prevent the imposition of sanctions that could exacerbate a mental health condition (e.g., isolation or loss of program access).
- **Improved compliance documentation:** Proactive review creates a clearer record of disability considerations, strengthening the facility's compliance with ADA and CD requirements.
- **Stronger facility culture:** Embedding clinical review into the process supports a multidisciplinary approach and reinforces the principle that behavioral health needs are integral to operational decision-making.

Overall, the anticipated outcomes of shifting mental health input to occur before disciplinary determinations include increased due process considerations, improved treatment alignment, reduction in adverse behavioral incidents, and a more sustainable framework for compliance with ADA provisions. The hearing officer may also determine that no hearing is warranted based on the feedback and simply dismiss the disciplinary report or convert the documentation to information only.

A random sample of 25%, or 52 Disciplinary packages, were reviewed during this monitoring period to determine whether ACSO and AFBH complied with the requirement to include Qualified Mental Health Professionals (QMHP) in the disciplinary process. This assessment included review of all forms and documentation associated with the QMHP input into the process and the ACSO's consideration of the input. A summary of the findings are included below:

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Disciplinary Package Review - Key Metrics



Highlights of Disciplinary Analysis

- There is substantial compliance in the referral of packages to AFBH for review, referrals receiving AFBH input and clinical recommendations in accordance with policy.
- There is a significantly low percentage of compliance for Hearing Officer responsibilities. The agreement by the ACSO to align current practices with policy and training for Hearing Officers should increase compliance in the next reporting period.
- ADA disciplinaries continue to show a significant number (43%) are mitigated. Documentation is unclear to substantiate if these mitigations are based on clinical input. There is a need for training to address documentation on reason for mitigation.
- The ACSO and AFBH are currently collaborating on revisions to the Disciplinary process, and it is anticipated modifications to the forms, tracking and associated training will allow for a more substantive analysis in the next reporting period.
- Based on the document review for this rating period, there was no evidence that SMI/BHI/IDI clients were subjected to discipline for refusing treatment or medications or if engaging in self-injurious behavior or threatening such. Although there is 1 disciplinary report for an individual who threatened self-harm, input suggests the incarcerated person utilized threat to gain food, rather than intent to harm.

Recommendations:

1. Recommend continued collaboration between ACSO and AFBH on revisions to the Disciplinary Process, procedures, internal monitoring mechanisms, and quality assurance process.

2. Recommend additional training for Hearing Officers, Watch Sergeants and the Classification Lieutenant, and respective designees on requirements of documentation of consideration of AFBH input, collaboration on discipline, and mitigation.

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).

Finding: Substantial Compliance-Discontinue Monitoring

(Previously rated as “Substantial Compliance-Discontinue Monitoring”)

Policies:

- ACSO Detention and Corrections Policy and Procedure - 16.01 Disciplinary Procedure (Revision Date: August 28, 2023).

Training:

Training is currently provided as part of ACSO’s Correctional Officer training that is mandated for newly hired correctional officers upon updates to policies and procedures for all staff with responsibilities for duties associated with the policy and procedure.

Metrics:

- Monitoring of Policy 16.01 Disciplinary Procedure for language consistent with the CD.
- Review of 10% of Disciplinary Reports for documentation of staff authoring disciplinary having input in the recommended discipline.

Assessment:

The County has continued to maintain substantial compliance in this provision and has established a Disciplinary Procedure Policy which includes language specific to this provision to include eliminating the requirement that staff authoring reports make a recommendation to the Hearing Officer regarding sanctions. The policy also outlines ACSO’s disciplinary hearing timelines. The ACSO no longer uses disciplinary diets and approval for utilization has been removed from policy. Disciplinary Training is incorporated into Annual Training. A total of 52 disciplinary reports over this rating period were reviewed and there was no evidence that the staff authoring the discipline had input in the recommended discipline.

Recommendations:

1. The Expert finds that the County has been in substantial compliance with this provision for the last 4 rating periods (equating to a period of 24 months). Accordingly, the Expert

recommends the parties consider requesting this provision be terminated from monitoring.

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
- 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
 - 16.03 Grievance Policy-Pending revision
 - 17.05 Inmate Communication, Mail and Visiting
 - 18.03 Inmate Orientation
 - 18.09 Educational Program Planning- will require revision to include IDD support language once developed
 - 18.10 Vocational Training Programs-will require revision to include IDD support language once developed
 - 18.11 Social Services Programs
 - 18.12 Recreation & Inmate Activity Program and Planning-will require revision to include IDD support language once developed
 - 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
- TBD -IDD Screening and Assessment Policy- drafted. The Experts have worked with ACSO and AFBH staff in the development of an IDD program and initiation of policy. It is anticipated this policy will be published in the next monitoring round.

Training:

- ADA Training – In person Training was implemented March 2025 and is ongoing. It is anticipated ACSO staff and program providers will complete initial training by the end of December 2025. AFBH staff are expected to initiate training upon completion of Labor Meet and Confer. It is anticipated that this training will begin early 2026.
- Behavioral Health Disciplinary Incident Response

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

The ACSO Policy 1.14 – *Americans with Disabilities Act* was formally published on January 28, 2025, and training has been initiated for ACSO staff and contract employees. It is anticipated that AFBH will implement training in the next monitoring round.

In addition, there was continued progress towards establishing a comprehensive Intellectual and Developmental Disabilities (IDI) program and associated policies which included the following actions:

- Ongoing multidisciplinary workgroups to discuss program development and implementation with representatives from the ACSO ADA Unit, ACSO Program Staff, AFBH, Wellpath, Education Contractors, Behavioral Health and ADA monitors.
- Revision and Implementation by Wellpath of the initial screening assessment form to include IDD identification questions.
- Drafting of a Disability Screening and Assessment Policy and Procedure, including development of an associated Behavioral Health and Adaptive Support Form.
- Implementation of Secondary Screening Assessments.
- Creation of tracking tools to document screening, referral, and adaptive supports, including source of IDD identification.
- Standardization of categories of adaptive supports to allow for development of adaptive support logs and tracking.
- Development by AFBH of quality management measures.

These initiatives reflect continued advancement toward the development of a structured system for the identification, accommodation, and support of individuals with IDD.

Discussions have been ongoing regarding the utilization of the existing ACSO training program to track the compliance with staff training. It is anticipated this provision will move to substantial compliance during the next monitoring period with the addition of this quality assurance process and the implementation of outstanding policies and procedures.

Recommendations

1. Training on ACSO Policy 1.14 – ADA: Continue ACSO training implementation.
2. IDI Screening and Support Procedures: Finalize procedures for the identification and screening of the IDI population, along with provision of care, accommodations, adaptive supports, and access to programs and services. This should include the formal adoption of Adaptive Support Logs.
3. Policy and Procedure Revisions: Complete revisions to policies and procedures to incorporate IDI support language and ensure that corresponding training requirements are fulfilled.
4. Development of Quality assurance processes- Develop tools to track implementation of policies and procedures, training, and ongoing update processes.

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.

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).
- ACSO Detention and Corrections Policy and Procedure -10.32 Post Orders-ADA Coordinator (Revision Date: August 28,2023).

Training:

Nationally Recognized ADA Coordinator Training

Recommendations:

1. The Expert finds that the County has been in substantial compliance with this provision for the last 3 rating periods (equating to a period of 18 months). Accordingly, the Expert recommends the parties consider requesting this provision be terminated from monitoring.
* Although areas under the ADA Coordinator's responsibilities remain in PC, they are addressed specifically under additional provisions governing those functions. It is therefore recommended to discontinue monitoring of this provision.

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 was initiated in March 2025 for ACSO staff and contractors. AFBH is anticipated to initiate training during the next monitoring cycle.

Metrics:

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

Assessment:

Despite policy revisions and initial training, compliance remains partial. The core issue is the insufficient identification of individuals with psychiatric disabilities, particularly those outside the SMI/IDI categories—and the lack of clear communication of accommodation and adaptive support needs. AFBH has expressed that current policy and training do not provide adequate guidance to qualified mental health professionals on how to identify and document these needs. As a result, ADA Unit staff are not consistently receiving the referrals and documentation required to ensure timely 14-day interviews and ongoing reviews.

While ACSO and AFBH have begun mapping the covered population and initiated discussions on interim accommodations, progress in translating these efforts into consistent practice remains limited. Current tracking logs show continued gaps in referral detail and communication between AFBH and ADA Unit staff.

A review of twenty (20) 14-day and 60-day reviews was completed showing continued compliance with the timeliness of the reviews as well as providing necessary information and follow up to any concerns. Identifying steps and multiple attempts to establish effective communication (EC) was clearly documented on several of the ADA Interview forms. It is noted there is opportunity for improved ADA/AFBH collaboration for individuals who refuse interviews or where EC cannot be accomplished.

In addition to the document review, a total of 29 interviews with class members were completed where they were asked specifically regarding whether they received these reviews and if accommodations were being afforded. Summary of Class members' interviews:

1. 23 of the 29 class members recalled meeting with the ADA Unit staff. Of the 6 who could not recall, documentation was reviewed to confirm they had received the interview(s).
2. 21 of the 29 class members felt they were receiving necessary accommodations and supports.
3. 3 class members felt there were delays in obtaining assistance when requested. Examples included: assistance with completing commissary form, lack of responsiveness by AFBH to adjust medication, too long to receive a tablet after he broke his (it had been 9 days).
4. 6 class members did not want to answer questions. 3 of the 6 engaged in discussions outside these questions.

Overall, while procedural timeliness is being met, the substantive identification and communication of accommodation needs remain inconsistent. Continued attention to ADA—AFBH coordination, improved policy clarity, and stronger documentation practices are necessary to achieve substantial compliance.

Recommendations:

1. Revise policy language to provide direction to AFBH clinicians on identifying and documenting accommodation and adaptive support needs.
2. Implement AFBH training, aligned with revised policy, during the next monitoring cycle.

3. Ensure referrals from AFBH include specific accommodation/support needs so information can be shared with staff providing programs and services.
4. Develop interim accommodation protocols to be applied pending completion of clinical assessments.
5. Strengthen documentation practices in the ADA Tracking System to demonstrate consistent identification, referral, and follow-up.

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: 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 and is ongoing. It is anticipated ACSO staff and program providers will complete initial training by the end of December 2025. AFBH staff are expected to initiate training upon completion of Labor Meet and Confer. It is anticipated that AFBH training will begin early 2026.

Metrics:

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

Training Records.

Assessment:

Partial Compliance for this rating period.

The ADA Coordinator and ADA Unit staff have initiated ADA training for all ACSO staff and contract employees. The AFBH anticipates implementation of training during the next monitoring cycle upon completion of the Labor Meet and Confer process. 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 with Class Counsel present. Feedback was incorporated and full implementation is currently underway.

Recommendations:

1. Complete training implementation on ADA Policy 1.14. Develop a training implementation plan and provide monthly updates on total staff who have been trained and the total number still requiring training and report to the monitor via a monthly report.
2. Continue to work on the implementation of Adaptive Support Logs and associated training.

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

(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 for the third consecutive rating period (18 months). Current staffing is adequate; however, ongoing monitoring is recommended due to anticipated expansion of the IDI, learning disabled (LD), and psychiatric disability populations as screening and referral processes are further developed. The ADA Unit will also face increased responsibilities with the implementation of provisions not yet in compliance and with the development of quality assurance and self-monitoring processes.

Encouragingly, ACSO has authorized three new ADA Unit positions dedicated to providing housing-unit accommodations, adaptive supports, and proof-of-practice documentation. Discussions are also underway to assign a Grievance Unit staff member to the ADA Unit to screen ADA grievances and

coordinate responses and tracking. These planned expansions, if implemented, will strengthen the Unit's capacity and sustainability.

Recommendations:

1. Continue monitoring staffing levels to ensure alignment with anticipated workload growth related to expanded screening and referral of IDI, LD, and psychiatric disability populations.
2. Prioritize filling the three newly authorized ADA Unit positions and define their responsibilities for housing-unit accommodations, adaptive supports, and documentation.
3. Finalize the integration of a Grievance Unit staff position into the ADA Unit to oversee ADA grievance screening, assignment, and tracking.
4. Reassess staffing sufficiency once quality assurance and self-monitoring processes are fully implemented.

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”)

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. The Santa Rita Jail ADA Unit is staffed by four members: three hold ADA Coordinator certification (two Deputies and one Sheriff's Technician), and the Sergeant assigned in March 2025 has completed the ADA Foundations Course and is on track to complete full certification within one year of assignment. 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 and meet ongoing recertification requirements.

Recommendations:

The Expert finds that the County has been in substantial compliance with this provision for the last 4 rating periods (equating to a period of 24 months) and has shown attention to assurance of new ADA Unit staffing initiating training upon placement. They maintain tracking of staff training and have provided ongoing proof of practice. Accordingly, the Expert recommends the parties consider requesting this provision be terminated from monitoring.

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)

Training:

ACSO Policy 1.14-Training initiated March 2025.

ACSO Policy 9.11- Training has been implemented.

AFBH Policy 407-2-4- Training was initiated but was paused to allow for formal union negotiations. The Labor Meet and Confer was completed on 8/27/25 and training is anticipated to

be initiated in the next monitoring period.

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)
- Weekly ADA List Review
- Document Review- Clinicians Gateway for health encounter records, Disciplinary, Grievance, ADA Interview, documents.

Assessment:

Specific focus occurred during this monitoring round to assess the provision of Effective Communication during healthcare and behavioral health encounters, as the policies, procedures, and training have been initiated. A review of 50 documents,⁵ demonstrate EC is being provided and documented according to policy at a rate of 74%. In 7 of the records there was information provided in the notes to determine the class member was able to understand questions and provide appropriate responses, yet the document did not formally document methods of effective communication per policy. An onsite review of 2 ACSO Intake interviews, 2 AFBH intake interviews, and 2 Wellpath intake interviews identified increased compliance over the last monitoring cycle. The ACSO Intake Deputy exhibited exceptional communication, de-escalation, and motivational interviewing skills. The AFBH clinician did an extraordinary job of establishing effective communication as well as completing all associated documentation. This included an encounter that required an interpreter. The need was identified within seconds, interpreter services established quickly, and when she experienced technical difficulties, she immediately reestablished service and had the new interpreter explain the reason for the disruption. The second encounter was with an individual who did not have the capacity to establish effective communication. The QMHP tried various methods to establish the EC, and when unable to, communicated with the ACSO intake deputy on collaborating for provision of housing. The first Wellpath encounter established Effective Communication, whereas the second encounter completed the intake form with little communication with the incarcerated person and failure to document effective communication. No pre-release encounters were assessed during this round. During the next monitoring period, focus on EC in all programs and services to include religious activities, and academic/vocational education classrooms will be reviewed.

There is a need to develop a process for the collection, tracking, and reporting of documented encounters in program and service areas until such time as the real time electronic system is implemented.

Recommendations:

⁵ Included Wellpath and AFBH intake forms, initial AFBH assessments, AFBH progress notes, IOL initiation documentation, IDD initial and secondary assessments, MDTT notes.

1. Complete AFBH EC Training.
2. Develop a comprehensive collection, tracking, and quality assurance system 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: Partial Compliance

(Previously rated as “Non-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.

Training:

Disciplinary Training

Metrics:

- Policy 1.14 Americans with Disabilities Act.
- Staff interviews Disciplinary Unit and ADA Unit staff.
- Disciplinary Package Reviews.

Assessment:

Compliance with this provision has improved to partial compliance. Policies and procedures are consistent with this provision and the ACSO has committed to establishing practices in alignment with policy to ensure the ADA Unit is advised of discipline for all ADA incarcerated individuals. The ADA Unit will then review for Effective Communication needs and meet with individuals in advance of the hearing. It is anticipated this provision will move to substantial compliance in the next monitoring round.

Recommendations:

1. The ADA Unit staff should begin meeting with those individuals with a SMI diagnosis or a cognitive, intellectual, or developmental disability, who have effective communication needs in advance of the disciplinary hearing that may result in an increase in security level and/or placement in more restrictive housing. They should not wait until a Restrictive Housing Unit Committee Meeting is held.
2. Proof of Practice tracking of this provision should be established until such time as the

ATIMS ADA module is implemented.

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

Training:

- Multidiscipline training material is being developed.

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

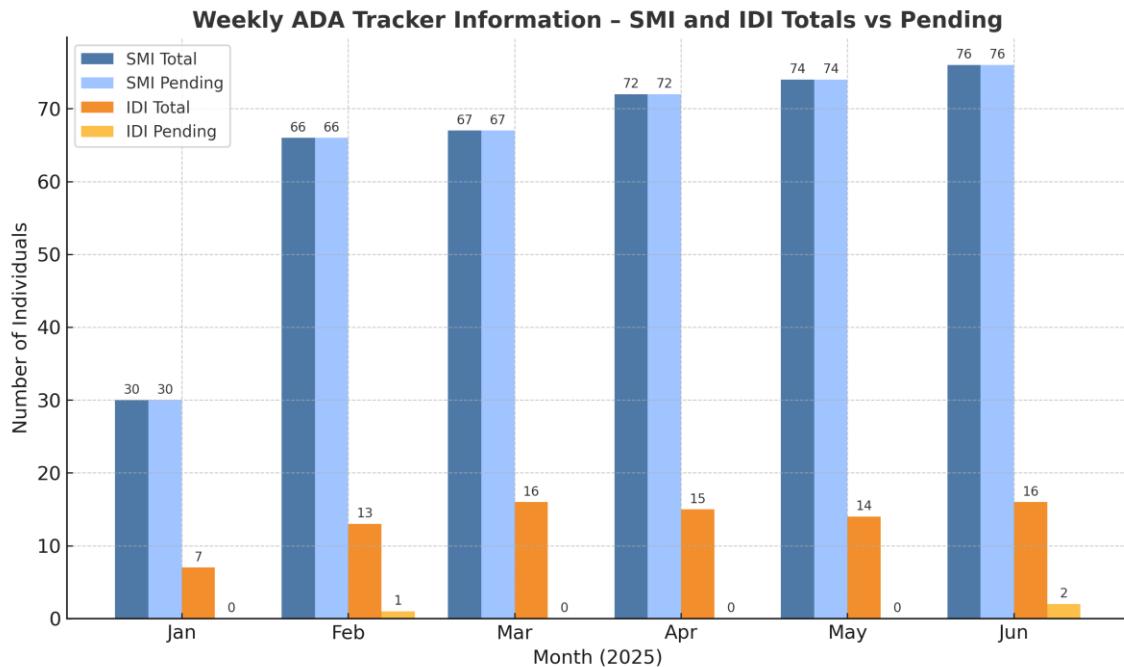
- Observe the Medical Intake Screening process by a Nurse.
- Observe the AFBH Intake Screening process.
- AFBH (Santa Rita Jail) Brief Initial Assessment Form.
- ACSO Intake/Receiving Screening Form (PD-803) (Revised July 8, 2019).
- ACBH Behavioral Health Suicide Risk Assessment.
- Behavioral Referral Form 1312.
- Inmate Disability Evaluation Form.
- Medical contract provider (Well path) Receiving Screening Alameda County Questionnaire.
- Intake/Receiving Screening Form.
- Classification Screening Form.
- ADA Tracking List
- Five-Keys (School and Programs) Continuing Student Demographics Form
- Five-Keys (School and Programs) Student Enrollment Form

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 adaptive 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 adaptive support needs and methods of communication.

During this monitoring 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 diagnosis's included on reviewed logs. The ADA Tracker currently captures individuals with SMI and IDI, 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 is necessary to ensure that all ADA-covered individuals are identified, monitored, and afforded accommodations in a timely manner. As the ADA Weekly Tracker 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.



This chart reflects the total population reflected in the ADA Weekly Tracker as well as the total with accommodation assessment information pending.

It is anticipated that policies, procedures, and training will be implemented in the next reporting period.

Recommendations:

- 1) Finalize the policy and procedures for the initial and secondary IDI screening/testing/evaluation, provision of services and accommodation/adaptive support processes.
- 2) Finalize the policy and procedures for identification, referral and testing for Learning Disabilities and communication of accommodation and adaptive support processes.
- 3) Provide direction for AFBH staff to identify and communicate accommodation/adaptive support needs to the ADA Unit for all psychiatrically disabled, not just SMI, for sharing with all program and service staff/providers throughout the facility.
- 4) Continue to provide updates regarding the enhanced ATIMS tracking system, including having system functionality to identify all class members and for staff to log pertinent information as appropriate, e.g., monitoring and provision of adaptive supports and/or reasonable accommodations.

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: 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 - 11.01 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. It is anticipated that the AFBH will implement training by the first quarter of 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:

While policies direct intake staff to refer individuals with psychiatric disabilities to the ADA Unit, consistent implementation is lacking in relation to identification of accommodation or adaptive support need communication. Current practices do not reliably capture referrals based on prior health records, correctional history, or third-party requests. Monitoring indicates that referrals are primarily generated by ACSO or AFBH when individuals present with evident needs, leaving gaps for those with less overt psychiatric disabilities. The ADA Tracking System has begun to support referral documentation, but full integration and consistent staff use have not been achieved. Refer to prior provision assessments documenting challenges and needs specific to this provision.

The following are examples of failure to capture or provide third party, or intake assessment, information to the ADA Unit during this reporting period:

1. Case 1- Intake assessment identified prior Regional Center supports. Information was not relayed to ADA Unit, nor were accommodation/support needs identified. (CD145144)
2. Case 2-Case notes document impairments affecting ability to perform daily living activities. No referral to ADA unit is documented, or specific accommodations/support needs identified. (CD15150)
3. Case 3-Documented need for assistance with daily living activities, but no referral to the ADA unit for documentation, nor specific support needs identified. (CD145192)
4. Case 4-CDCR Armstrong notification marked urgent, identified Effective Communication needs for simple language, speak slowly and clearly as well as medical accommodations.

The medical accommodations were documented on the Weekly ADA Tracker, but the effective communications needs were not included. (CD121926)

Recommendations:

1. Strengthen intake and post-intake training to ensure staff understand all referral triggers, including prior health records and third-party requests.
2. Require review of prior correctional and medical records during secondary assessment and/or future appointments to identify psychiatric disabilities not self-disclosed and any prior accommodations and adaptive support needs.
3. AFBH, Wellpath, and Education providers to develop policy and training to ensure appropriate tracking and transfer of information to the ADA Unit specific for accommodations and adaptive support needs.
4. Expand the use of the ADA Tracking System to capture and track all referrals, including third-party requests, with periodic audits to verify compliance.

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: 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 - 18.03 Inmate Orientation (Revision Date October 30, 2020).

Training:

- Effective Communication training has been initiated, and ADA Policy 1.14 training is scheduled for implementation in March 2025.

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:

This provision is in Substantial Compliance. All incarcerated persons are offered the Orientation Handbook in hard copy at intake, and the handbook is also available on tablets and by request. Intake staff document acknowledgment through signed Intake Classification Forms, which are retained in individual incarcerated person records. ADA Unit staff appropriately assist class members requiring Effective Communication, including those with significant cognitive or intellectual disabilities, as confirmed through review of Record of Contact forms, ADA Unit interview documentation, and as witnessed during ADA interviews while on site for this monitoring period.

Monitoring interviews confirmed compliance. For the 5 class members who were unable to recall if they had received the handbook during intake, case record reviews confirmed issuance. The provision is being implemented consistently and effectively. However, during review of healthcare intake documentation there were occasions of clinicians documenting individuals with cognitive and developmental disabilities which were not referred to the ADA Unit to provide effective communication. As such, continued monitoring is recommended until an internal process can be established to ensure the population under this provision are being provided assistance by the ADA Unit staff.

Recommendations:

1. Establishment of a process for communication of disabilities when identified by Wellpath and AFBH to the ACSO to ensure individuals are provided assistance by the ADA unit.

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 and is ongoing. It is anticipated ACSO staff and program providers will complete initial training by the end of December 2025. AFBH staff are expected to initiate training upon completion of Labor Meet and Confer. It is anticipated that AFBH training will begin early 2026.

Metrics:

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

Assessment:

Compliance with this provision remains partial. The core challenge continues to be the identification of individuals with psychiatric disabilities outside of the SMI/IDI categories and the consistent documentation of their accommodation or adaptive support needs. While policies outline the process for requesting and providing accommodations, practice demonstrates that referrals and documentation are not sufficiently detailed or timely to ensure equal access across programs, services, and activities. As a result, Program Staff are often not receiving the information necessary to make individualized determinations of needs or to track whether accommodations have been provided.

A review of completed Disability Accommodation Request Forms and Records of Contact indicates that requests are being submitted, but there are delays and gaps in documenting individualized assessments and ensuring follow-up. In several cases, accommodations were ultimately provided, but the timeliness and documentation did not fully align with policy requirements.

Staff interviews suggest a growing awareness of the need to provide accommodations; however, interviews with class members indicate mixed experiences. Some reported that they had received accommodations (e.g., support with completing forms, access to program materials), while others described delays or inconsistent responses. For vocational programming, there is limited evidence that assessments of essential job functions are being conducted to determine whether individuals can participate with reasonable accommodations.

The ACSO has initiated training and discussions with program providers to improve understanding of individualized accommodations. This monitor commends the ACSO for its initiative in expanding training opportunities for Program staff. Specifically, Program staff have participated in School Resource Officer training, which includes modules on trauma-informed practices, de-escalation techniques, recognition of behavioral health needs, and legal requirements related to student rights and accommodations. By extending the application of this training to the jail's educational programs, the Sheriff's Office is equipping staff with the skills necessary to identify and respond to individuals in custody who require accommodations or adaptive supports. This proactive measure reflects a commitment to ADA compliance, enhances access to rehabilitative programming, and demonstrates responsive leadership in aligning custody practices with best practices in correctional education.

In addition, the ACSO coordinated with Five Keys Charter School to host a full-day training session on April 21, 2025. The training included team building, program overviews, crisis intervention techniques, safety protocols, and specialized instruction on IEP/504 processes, ADA/IDI, and Family Educational Rights and Privacy Act compliance. This multidisciplinary approach expanded program staff's capacity to identify learning and disability-related needs, understand confidentiality and educational rights, and apply ADA practices to educational and vocational settings.

The continued QMHP input in disciplinary processes, and increased huddles and multidisciplinary treatment team's (MDTT) progress in developing and expanding designated therapeutic housing units

with appropriate counseling and therapy services which are discussed in greater depth in Dr. Montoya's Monitoring Report show measurable progress to providing needed accommodations and supports.

Finally, interviews with program and services staff identified the need to develop a standardized tracking and data collection process for monitoring accommodations and adaptive supports within non-healthcare programs and services. This gap will be critical to address in order to demonstrate sustained progress toward substantial compliance.

Recommendations:

1. The AFBH to focus on developing policies that include specific guidance on individualized assessments and identification of accommodations and adaptive support needs.
2. Strengthen documentation practices for all ADA-related requests, including the assessment process, outcome, and follow-up.
3. Establish a quality assurance process to regularly review ADA requests, timeliness of responses, and the adequacy of accommodations provided.
4. Develop a tracking and data collection process for monitoring accommodations and adaptive supports within non-healthcare programs and services, with periodic reporting to the monitor.

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: 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 (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:

Compliance with this provision remains partial. While policy revisions (Policy 1.14 and Policy 9.11 on Effective Communication) provide a strong framework, consistent implementation continues to lag in practice. The central challenges are the identification and documentation of accommodation needs, timely distribution of this information to program and custody staff, and reliable tracking to ensure accommodations are consistently applied across settings.

As identified under Provision 509, significant improvement has been noted in the inclusion of Qualified Mental Health Professionals in the disciplinary process; however, documentation of their input and its consideration by hearing officers remains inconsistent. Similarly, under Provision 1011, progress has been observed in training program staff and expanding therapeutic housing opportunities, but documentation and tracking of accommodations across educational, vocational, and other non-healthcare programs remain limited.

Class member interviews suggest that while some individuals are receiving accommodations (e.g., assistance with forms, access to programs), others report delays, inconsistent responses, or a lack of awareness of available supports. Staff interviews confirmed the need for additional guidance on documenting accommodations, particularly during disciplinary proceedings and program participation.

Overall, while policies and training initiatives demonstrate continued progress, consistent documentation, communication, and monitoring of accommodations/adaptive supports remain underdeveloped, preventing this provision from reaching substantial compliance.

Recommendations:

1. Continue working toward the establishment of a real-time ADA Tracking System. In the interim, continue distributing the ADA Tracking List that lists required accommodations/adaptive supports.
2. Distribute the ADA Tracking List on a daily versus weekly basis.
3. Finalize training on Effective Communication.
4. Provide additional training to custody staff on documentation requirements during the disciplinary process, including the consideration of Qualified Mental Health Professionals' input.
5. Establish a tracking and data collection process for monitoring accommodations and adaptive supports within non-healthcare programs and services.
6. Ensure contracted program and service providers receive training on the provision of accommodations and adaptive supports, including documentation requirements.

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: 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 - 18.09 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).

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:

Compliance with this provision remains partial. Policies and training have been updated to address accommodations and adaptive supports, including Effective Communication and the identification of disability-related needs. However, the consistent documentation and communication of accommodations across custody, programs, and services remain underdeveloped.

As noted in Provision 1008, while intake screening and secondary assessments for intellectual and developmental disabilities have been developed, there are not yet clear practices governing referrals for learning-related disability assessments or ensuring that identified accommodations are communicated and applied. The absence of a structured referral process, coupled with limited documentation of specific supports, restricts the ability of custody and program staff to ensure equal access to educational and rehabilitative opportunities.

The County is in the process of establishing a Release of Information (ROI) process that will permit third-party as well as contract educational providers to share information related to assessments and accommodations. This process, once fully implemented, is anticipated to increase compliance and strengthen the ability to identify, track, and measure accommodations and adaptive supports across programs and services.

Interviews with staff and class members confirm that accommodations are being afforded in some cases (e.g., assistance with forms, adjustments in program participation), but delays, inconsistent responses, and lack of tracking continue to limit accountability. The absence of a real-time ADA Tracking System further hinders monitoring of accommodations, particularly for individuals with learning disabilities.

Recommendations:

1. Finalize the implementation of the ROI process and implement consistent protocols for the exchange of information with contracted and third-party educational providers to support the identification and monitoring of accommodations and adaptive supports.
2. 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. Continue progress toward real-time ADA tracking, ensuring the system captures accommodations/adaptive supports for all class members, including those with non-SMI psychiatric disabilities and learning disabilities.
4. Expand training for Program and Custody staff to include the referral process, documentation requirements, and responsibilities for providing and monitoring accommodations.
5. Enhance interdisciplinary communication, particularly between AFBH, ADA Unit staff, and program/education providers, to ensure adaptive supports identified in healthcare are translated into practice in custody and programs.
6. Collect and review data by housing unit and program area to assess whether accommodations are being equitably provided and to identify patterns of barriers to access.

Cross-Reference Table: Learning Disabilities (LD) – Identification, Assessment, and Accommodations

| Provision | Focus Area | Key Gaps / Issues Identified | Next Steps / Recommendations |
|------------------|--|--|---|
| 1008 | Intake screening and secondary assessments for IDI/LD | Screening questions exist, but no formal referral pathway in practice for LD assessments; accommodations not systematically tracked. | Finalize LD referral procedures; ensure identified accommodations are documented and communicated. |
| 1011 | Equal access to programs, services, and activities | Progress in training staff, but limited tracking of accommodations in educational/vocational programs; inconsistent communication of supports. | Expand program staff training; strengthen tracking and documentation of accommodations across programs. |
| This Provision | Reasonable accommodations across custody, programs, and services | Policies on LD referrals not yet consistently in practice; ADA Tracking System not fully functional; adaptive supports inconsistently applied. | Provide additional training on LD referral policies; implement real-time ADA Tracking System; require program providers to document accommodations. |

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: 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):
 - Additional Revision for IDI/LD procedures is anticipated in the next reporting period.
- 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).

Training:

Training on the ADA Policy 1.14 is scheduled for March 2025. Additional training will be required upon the establishment of IDI/LD procedures.

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:

This provision remains in Partial Compliance, though notable progress has been made in both policy development and operational practices.

As detailed under Provision 1008, AFBH has implemented an initial and secondary screening/evaluation process to identify individuals with intellectual and developmental disabilities (IDI), determine adaptive support needs, and establish recommended monitoring

frequencies. The contracted healthcare provider has begun utilization of a screening tool to identify IDI individuals and initiate communication to the ADA Unit and AFBH.

The ADA Unit continues to conduct 14-day and 60-day interviews with identified class members, ensuring ongoing review of accommodations and documenting attempts to establish Effective Communication (EC). Recent reviews confirm timeliness of these interviews, with documentation of adaptive supports and follow-up to concerns where identified. This remains an important safeguard, particularly for individuals with cognitive or learning disabilities who may not otherwise be able to articulate needs through traditional request processes.

In addition, three additional ADA Unit positions have been established after this reporting cycle, but prior to this report writing. These staff will be tasked with providing direct assistance in housing units, reinforcing accommodations and adaptive supports in day-to-day activities (e.g., commissary, laundry exchange, form completion, use of electronic tablets), and providing proof of practice documentation. Their presence is anticipated to expand the ADA Unit's reach beyond formal interviews and enhance consistent application of supports at the housing-unit level.

While these are meaningful developments, gaps remain around referrals for learning-related disabilities (LD). Policies and practices for referral to educational providers for LD assessment and accommodations are not yet fully developed. The ADA Unit is in the process of establishing a Release of Information (ROI) process with contracted and third-party education providers, which should allow assessments, and accommodation plans to be shared, tracked, and monitored while maintaining FERPA compliance.

Interviews demonstrate positive practices: deputies were able to provide concrete examples of accommodations (reading/writing assistance, support with tablets, reminders for appointments). Class members interviewed reported familiarity with ADA Unit staff and noted supportive interactions, as well as noticeable improvement from the prior monitoring tour in the assistance with activities of daily living. Cells were much cleaner, and identified individuals were receiving reminders to shower and change into clean clothes, although formal documentation continues to be a challenge.

Given the establishment of additional ADA Unit staff, continuation of the 14-day and 60-day review process, and the anticipated ROI process, this provision is expected to move towards Substantial Compliance in the next reporting cycle.

Recommendations:

1. Finalize IDI/LD-specific procedures, including clear referral pathways for IDD and LD assessments.
2. Maintain and expand the 14-day and 60-day ADA interview process with explicit documentation of accommodations and adaptive supports provided or pending.
3. Formalize the role of the three additional ADA Unit staff in housing units with clear expectations for monitoring and documenting adaptive supports.

4. Develop and implement the ROI process with contracted and third-party educational providers to support consistent identification and tracking of accommodations and supports.
5. Establish a standardized data collection system to track accommodations in non-healthcare programs and services, including educational and vocational programming.
6. Complete training on revised policies/procedures to ensure custody, healthcare, and program staff understand identification, referral, and documentation requirements.
7. Strengthen interdisciplinary collaboration among ACSO, AFBH, contracted healthcare, and education providers to integrate accommodations into daily practice and program access.

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: 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:

Upon establishment of real time ADA tracking system training shall be provided.

Metrics:

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

Assessment:

Measurable progress has made in this reporting period on the establishment of a real time ADA tracking module within the ATIMS. The developer is working on modifications with the anticipation of an updated version for testing during the next reporting period. Continued progress and updates on the Grievance Module have been shared with the monitors and are anticipated to significantly advance the tracking, monitoring, and compliance reporting, thereby establishing a sustainable quality assurance process. The Joint Monitors look forward to the implementation of these modules.

In the interim, manual tracking systems are updated daily and Medical Alert Flags and ADA Tracking Lists are available to staff to identify accommodation/adaptive support needs. The Weekly ADA Tracking List continues to be distributed across the facility. As noted under the previous provision, there is a need to appropriately identify and list specific accommodation and adaptive support needs on the ADA Tracking List, so all programs and services have the necessary information to provide support. It was further identified through staff interviews that the tracking list was not provided to all programs and service areas. It is critical to establish a reference list that is reviewed when new programs and services are established and for self-monitoring to ensure areas are receiving critical information. It has been further discussed to establish an automated reporting system that will distribute the listing on a daily versus weekly basis.

The transition from manual to automated tracking and reporting within ATIMS is expected to significantly improve sustainability, accuracy, and accountability. By moving toward daily automated distribution of ADA tracking information, ACSO will reduce the risk of delays or omissions in communicating accommodation needs, strengthen consistency across housing units and program areas, and provide a reliable foundation for self-monitoring and quality assurance. These advancements will better equip custody and program staff to provide timely and appropriate accommodations, ultimately improving equal access for all class members.

Recommendations:

1. Continue the current process of input and distribution of ADA-related information 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 non-SMI psychiatric disabilities and individuals with learning disabilities (LD).
3. Develop and implement an internal tracking and auditing tool to monitor compliance with distribution requirements, ensuring that all program and service areas receive accurate and up-to-date information.

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: 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 implementation March 2025 for custody and contract providers. AFBH is anticipated to initiate during the next reporting period.

Metrics:

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

Assessment:

This provision remains in partial compliance. As noted under the preceding provision, the ADA Tracking List continues to be distributed on a weekly basis, but its content often reflects referrals to AFBH or diagnostic information rather than specific accommodations or adaptive supports. This limits its utility for staff and program providers who require clear, actionable information to meet the needs of class members.

Interviews confirmed that custody staff are generally able to access disability information via the ADA Tracking List and ATIMS Disability Flags. However, program providers often lack ATIMS access, making the Weekly ADA Tracking List their primary source of information. Without accurate distribution and documentation of accommodations and adaptive supports, this population remains at risk of unequal access.

Implementation of the ATIMS ADA module and automated distribution process (see Provision 1015) is anticipated to resolve these gaps by ensuring consistent, accurate, and timely communication of accommodation needs across housing units, programs, and services.

Recommendations:

1. In the interim, continue providing electronic hard copies of the ADA Tracking List and ensure all staff are trained in the use of ATIMS Disability Flags.
2. Revise the Weekly ADA Tracking List to include non-SMI psychiatric disabled and LD accommodations and adaptive supports.
3. Transition the list to daily distribution until the ATIMS ADA module is fully implemented.

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

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:

This provision continues to be in Substantial Compliance. Document reviews and onsite observations confirmed there is no evidence that individuals with severe or profound cognitive, intellectual, or developmental disabilities are being housed in more restrictive settings based solely on their disability status. Tours of Restrictive Housing and THU, units, including participation in unit huddles, demonstrated collaborative and informed staff practices. Staff engaged in individual discussions of class members’ needs and exhibited proactive problem-solving, providing assurance that any housing placement decisions are appropriately reviewed and documented.

In addition, further analysis is warranted to ensure that classification decisions for individuals identified as IDI are not driven primarily by overlapping mental health diagnoses that may result in placement in therapeutic behavioral health units rather than in the least restrictive, appropriate housing setting.

Although this provision is currently in Substantial Compliance, this Monitor recommends monitoring for at least one additional cycle until policies and procedures are finalized and implemented regarding the identification, assessment, and provision of accommodations and adaptive supports. This continued oversight will help ensure sustainability and consistency in practice.

Recommendations

1. Should the IDI population increase, convene a multi-disciplinary workgroup (including Joint Experts) to evaluate the feasibility, benefits, and risks of clustering in designated housing.

2. Continue monitoring classification decisions for individuals with IDI to ensure housing assignments reflect individualized assessments, with equal program access safeguarded.
3. Periodically review classification and housing data to detect and address any emerging trends toward over-restrictiveness or program isolation.

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

There is no evidence to suggest that class members with psychiatric disabilities are offered disparate access to out-of-cell time than non-disabled individuals with comparable classifications in the same housing units. However, other than those class members who are housed in the THUs and are identifiable as having a psychiatric disability due to their housing assignment, the out-of-cell tracking logs, to include pod time and recreation time, do not designate ADA codes or whether a class member has a psychiatric disability. The THUs have specific out-of-cell requirements pursuant to the CD. Refer to the Seventh Round Monitoring Report by Terri McDonald, Custody Joint Monitor, Provision 768. Refer to Expert McDonald’s report, provisions 402-412 for additional detail concerning out-of-cell time.

It is important to note that not all individuals designated as Behavioral Health qualify as having a psychiatric disability under the ADA. Conversely, the category of psychiatric disability is broader than those designated as SMI, as it includes individuals with conditions such as anxiety disorders, post-traumatic stress disorder, obsessive-compulsive disorder, and other diagnoses that may not fall under an SMI designation but nonetheless require accommodations and adaptive supports to ensure equal access.

Recommendations:

1. Continue work to establish out of cell compliance reports which include the ability to track all psychiatric disabled class members, with ADA codes, not just SMI and yet not expand to the broader total Behavioral Health population.
2. Initiate internal self-monitoring and establishment of sustainable quality assurance processes.

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 Access 18.14 (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 is scheduled to begin implementation in March 2025.

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 1802 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 remains in Partial Compliance during this reporting period. While measurable progress has been made in expanding access to programs and services for ADA class members, training on the ADA Policies has only recently begun (March 2025), and additional work is required to ensure consistent application of accommodations and adaptive supports across all program areas.

As addressed in the last monitoring report, essential job functions associated with each position have now been established. The ADA Unit continues to inform incarcerated

persons—using Effective Communication—of the programs available to them, how to contact the ADA Coordinator, their right to request reasonable accommodations, and the process for submitting an ADA Request form or filing an ADA-related grievance or appeal. Additionally, the ADA Unit distributes the Weekly ADA Tracking List to program and service areas.

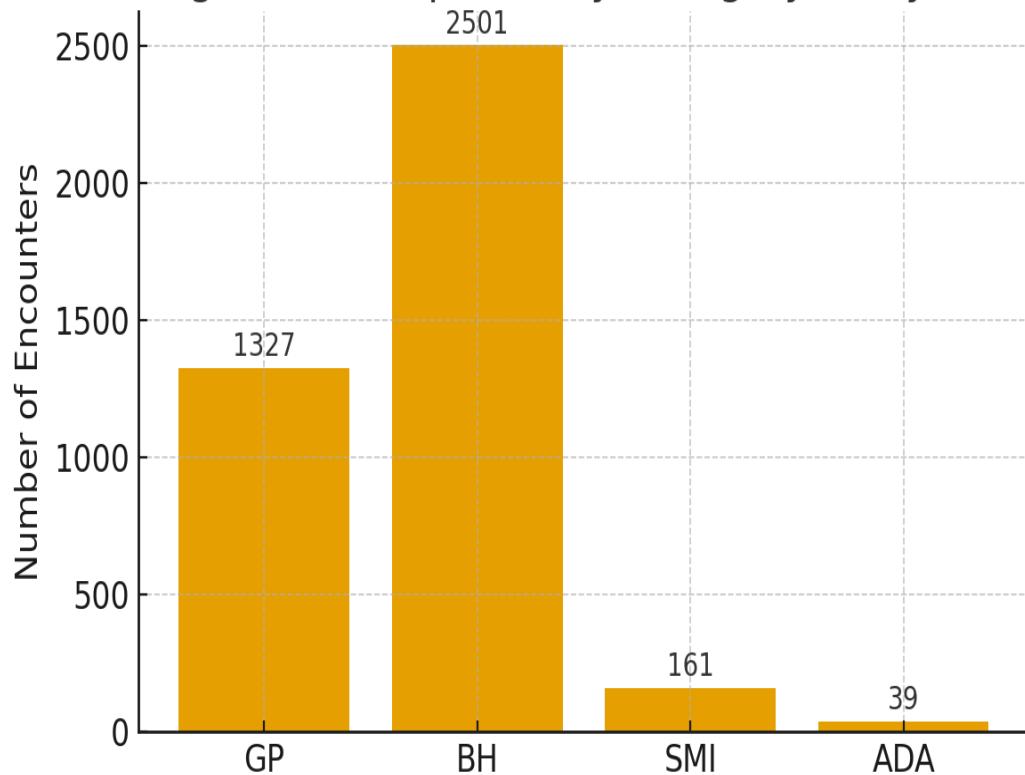
These areas are more specifically addressed in the provisions above in this report. A cross-referenced analyses collectively reflects that, although structural improvements are underway, continued development of training, communication, and monitoring processes is required before this provision can reach Substantial Compliance.

To further assess equal access to programs and services, this monitor reviewed a sample of program and religious service participation data for May 2025. These data sets, presented in the charts below, illustrate both areas of progress and ongoing challenges. The program participation sample shows that ADA class members are engaging in multiple educational and vocational opportunities, but inconsistencies in the reports limit the ability to fully evaluate equity. This is further supported through analysis provided by Terri McDonald in her Seventh-Round report provision 423. Although both monitors assessed utilizing different methodologies, both monitors agree that to strengthen future monitoring and allow for deeper qualitative analysis there is a need for more consistent reporting that includes:

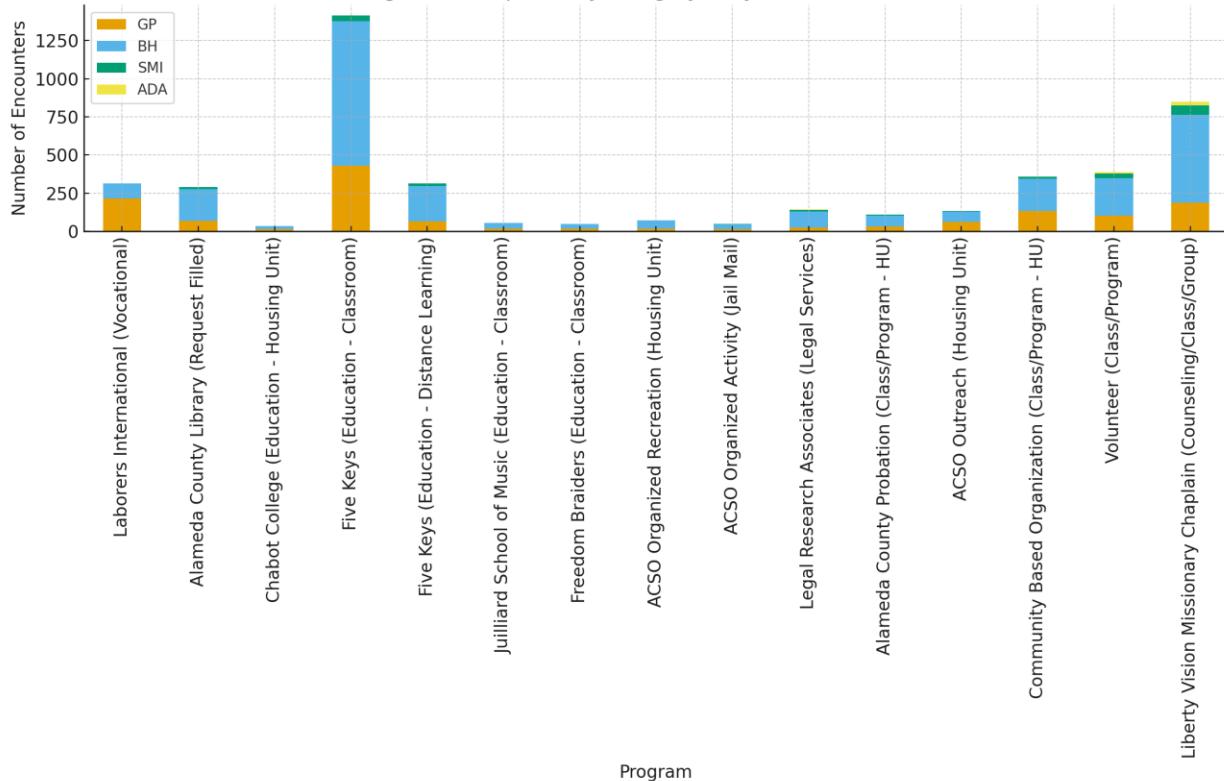
- Disaggregate populations to more clearly distinguish between specific categorization (e.g., SMI, Psych Disabled, LD, IDI, BH) and to establish accounting rules for how to track individuals in these categories to include how to count individual with multiple designations.
- Standardize reporting across programs and housing units.
- Ensure that accommodations and adaptive support needs are documented and linked to participation data.

Equity in work assignments presents similar challenges. Current reporting systems do not fully capture whether ADA class members are afforded equal opportunity in work placements. However, on-site monitoring confirmed that ADA class members are engaged in a variety of job assignments. Further, there were no grievances related to job assignments during this reporting period. It was also noted that specific housing unit designations can restrict access to some opportunities, further complicating assessment of equity.

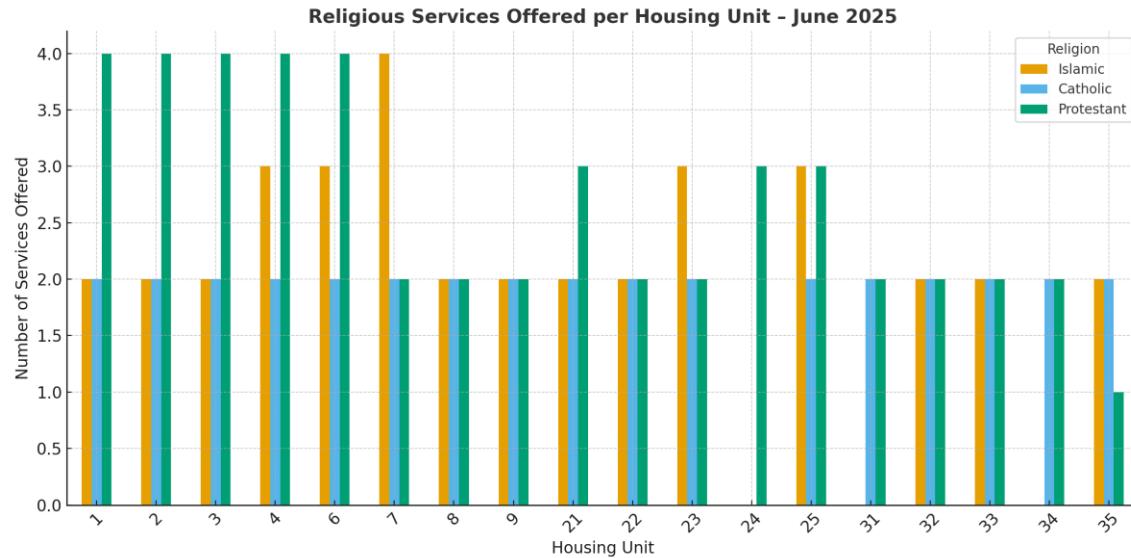
Program Participation by Category - May 2025



Program Participation by Category (May 2025) - Raw Counts



Religious services were analyzed separately based on concerns raised by class members across 4 housing units regarding inequities in religious programming.



The review identified the following:

1. Islamic Services: Services ranged from 0 to 4 per housing unit, with 3 units (24, 31, and 34) showing no documented services. It is noted; Unit 24 was not open during this rating period.
2. Catholic Services: Services were consistently documented, generally at 2 services per unit.
3. Protestant Services: Services were the most consistently available across all units, though the frequency varied, with some units recording only 1 service.
4. Equity Concerns: Units 31, and 34 were documented as receiving no Islamic programming. There was no tracking available to determine the specific number requesting Islamic programming by housing unit. However, during the monitoring tour, incarcerated individuals in the housing units brought forward concerns with inequity in programming, with the majority of concerns specific to Islamic programming,

ADA Considerations:

During this reporting month, there were no documented ADA-incarcerated individuals in housing units 3, 6, 7, 9, 25, 31, 32, or 34. This absence is important when analyzing equity of access for ADA class members. Although disparities exist in the frequency of religious services across housing units, these disparities do not appear to be consistent with unequal access for ADA class members specifically but rather reflect system-wide inconsistencies affecting the full population.

This required a separate assessment to quantify the reports. The data review confirms variability in the frequency of services, particularly Islamic services, which are not consistently offered in all housing units. Going forward, ACSO should ensure that religious programming is scheduled equitably across units, including designated housing areas, to prevent disproportionate restrictions on access.

Reentry programs also reflect promising progress. Dr. Montoya and this monitor were provided with a collaborative update from ACSO, AFBH, Probation, County healthcare systems, and Community-Based Organizations during the July tour. Updates highlighted improved identification of individuals

for reentry beginning at booking, improved tracking systems, as well as improved bridging to behavioral health services for class members. These efforts reflect a multi-agency approach and demonstrate promising collaboration to ensure continuity of care and services upon release.

Recommendations

1. Refine Program and Service Tracking
Continue working toward standardized monthly reporting on program and service participation for ADA class members, ensuring ADA status is accurately tracked and consistently reported.
2. Expand Job Assignment Tracking
Standardize reporting of job assignments to include evaluation of essential job functions and documentation of accommodations/adaptive supports.
3. Address Religious Program Equity
Continue targeted review of religious programming to ensure equal access for incarcerated individuals with disabilities whose housing assignments may otherwise restrict participation.
4. Reentry Collaboration
Sustain and expand the promising collaboration between ACSO, AFBH, Probation, County healthcare systems, and Community-Based Organizations in reentry planning. Ensure data is collected and tracked from booking through release to measure outcomes for class members.
5. Develop self-monitoring reporting tools for ongoing quality improvement that include trend analysis.

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 “Non-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 Message Requests (Revision Date December 1, 2019).

Training:

ADA Policy Training initiated March 2025.

Metrics:

- Policy 1.14 Americans with Disabilities Act.
- Policy 17.05 Inmate Message Requests.
- 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:

A review of seven ADA Requests submitted during the monitoring period indicates that while the ACSO has established a mechanism for requesting accommodations outside of the grievance process, implementation remains inconsistent.

- **Timely Responses:** 2 of 7 requests (29%) were responded to timely and documented in compliance with policy (CD127820, CD130350).
- **No Documented Response:** 3 of 7 requests (43%) had no response documented (CD119198, CD119175, CD127328).
- **Partial/Incomplete Documentation:** 1 of 7 requests (14%) was partially acknowledged (CD121926 – WC need noted but EC need not captured).
- **Not Disability Related:** 1 of 7 requests (14%) was screened out as non-disability related (CD127330).
- **Learning Disabilities (LD):** 1 of 7 requests (14%) specifically asked for LD testing (CD119175) but received no response and was not entered into the ADA Tracker.

- Effective Communication (EC): 1 of 7 requests (14%) flagged urgent EC needs (CD121926), but these were not documented properly in the Tracker.

Overall, 29% of requests were fully compliant, 57% showed deficiencies in documentation or follow-up, and 14% were “screened out” appropriately. While emergent needs (e.g. CD127820) were handled timely, the data shows clear gaps in systematic documentation, LD referrals, and EC accommodations.

Recommendations

1. Strengthen Documentation: Require ADA Unit staff to document responses to all ADA Requests, even when no accommodation is granted, and ensure closure notes documented.
2. Expand LD and EC Tracking: Ensure requests for Learning Disability assessments (e.g., CD119175) and Effective Communication needs (e.g., CD121926) are consistently responded to.
3. Quality Assurance: Implement a QA process to reconcile ADA Requests to verify requests are not missed or left unresolved.
4. Staff Training: Provide targeted refresher training for custody and program staff on their obligations to assist with oral requests and submit them for ADA Unit review.
5. Enhanced Oversight: Supervisory staff should be required to review open requests weekly to ensure no requests (e.g., CD127328) remain without documented action.

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: 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 - 16.03 Inmate Grievance Procedure (Revision in process).

Training:

ADA Policy 1.14 scheduled for

March 2025 Grievance Policy

Training

Metrics:

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

Assessment:

A total of 15 grievances were received between January and June 2025. Although all were identified as ADA grievances at intake, subsequent review found that only 10 (67%) were appropriately ADA-related, while 2 (13%) were PREA-related and 3 (20%) were non-ADA matters that were correctly screened and addressed.

Among the 10 ADA-related grievances:

- 70% (7 of 10) were referred to AFBH for clinical follow-up, demonstrating timely redirection of behavioral health-related concerns.
- 1 grievance (10%) involved Effective Communication (assistance understanding forms), which was appropriately addressed by the ADA Unit (25-0914).
- 1 grievance (10%) related to disciplinary issues (25-1193), where clinical input was considered but documentation of ADA-specific considerations was limited.
- 1 grievance (10%) raised issues outside of the County's control (25-1269 – found incompetent to stand trial by the courts), where the individual was provided information on how to contact the courts and closed.

Timeliness: Responses were generally timely and in compliance with policy. However, gaps were identified in documenting accommodations where grievances intersect with disciplinary sanctions or behavioral health treatment decisions.

Patterns Observed:

- A large proportion of ADA grievances reflected behavioral health or psychiatric needs, showing significant overlap with AFBH referrals. Although it is noted, the total number of grievances is low.
- PREA grievances (2 of 15, 13%) demonstrate crossover concerns requiring ADA review to ensure class members are fully supported during investigations.
- Current tracking does not consistently disaggregate grievances by SMI, IDI, LD, or non-SMI psychiatric disabled populations, limiting analysis of equitable resolution across subgroups.

During this review it was identified that although the ADA unit receives copies of all grievances, the screening of the grievances and routing is performed by the grievance unit, as are the preparation of the responses. Discussions have begun on how to modify this practice to ensure ADA unit staff are reviewing all ADA related grievances (see provision 1022) and forwarding as appropriate as well as involved in the preparation of the response.

It is noted the County has established a self-auditing and quality assurance and reporting process. Reviews are completed monthly with Executive Level reporting on trends, policy compliance, challenges, and corrections to deficiencies identified. This current process will only be strengthened with the new system once initiated.

Recommendations

1. Continue with efforts to establish a Grievance Tracking System that will provide for sustainable ongoing monitoring and quality assurance tools.

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: 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 - 16.03 Inmate Grievance Procedure (Revision Pending).
- ACSO Detention and Corrections Policy and Procedure - 17.05 Inmate Message Requests (Revision Date December 1, 2019).

Training:

ADA Policy 1.14 implemented March 2025.

Metrics:

- Policy 1.14 Americans with Disabilities Act.
- ACSO Policy 10.32 Americans with Disabilities Act Coordinator (Post Order) (Issued Date August 28, 2023).
- Policy 16.03 Inmate Grievance Procedure.
- Policy 17.05 Inmate Message Requests.
- Review of Inmate Grievances.

Assessment:

As addressed in provision 1022, it was identified during this review that the ADAC was not performing the review or triaging of all ADA grievances, nor providing all responses or coordination with AFBH. The reason for partial compliance is the grievances reviewed were addressed timely and in compliance with this provision. Discussions have been initiated on how to correct current practices to align with this provision and policy. It is anticipated this provision will move to substantial compliance during the next reporting period.

Recommendations:

1. Continuing with implementation of Grievance Module.
2. Align current practices for intake, screening, and response to this provision and current policy.