

***Babu v. Ahern***  
**Consent Decree Eighth Non-Confidential Status Report**  
***Case No. 5:18-cv-07677-NC***  
**Terri McDonald Consulting LLC**  
**Sacramento, CA**  
**June 1, 2026**

The following are excerpts from the Consent Decree provisions assigned to Terri McDonald for monitoring. This document will have a summary of those provisions followed by the specific provision language and this Joint Expert’s findings and recommendations. Connected provisions have been combined for this status report; however, several will likely be separated in future reports as the County increases compliance. Additional recommendations may also be added in subsequent reports as additional information is gleaned during implementation. While this report is dated June 1, 2026, only information provided July 1 through December 31, 2025 has been included in this reporting period for rating purposes.

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

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

**Summary of Ratings**

<b>Requirement</b>	<b>Current Rating</b>	<b>Prior Rating</b>
200. Sufficient Custody Staff to Comply with Consent Decree	PC	PC
201. Filling Custody Positions	PC	PC
202. Creation of Behavioral Health Access Team	SC	PC
203. Creation of Emergency Health Care Access Team and Clinic Deputy Escorts	SC	PC
402. Out of Cell Time for Recreate Alone (Step 1) Populations Following Yard Capacity Expansion.	INYR – N/A	INYR – N/A
403. Structured Activity Time for Recreate Alone (Step 2) Populations Following Yard Capacity Expansion.	INYR – N/A	INYR – N/A
405. Out of Cell Time for Step 2 Populations Following Yard Capacity Expansion,	INYR – N/A	INYR – N/A
407. Structured Activity Time for Step 2 Populations Following Yard Capacity Expansion.	INYR – N/A	INYR – N/A
409. Out of Cell Time for General Population – Celled Housing	PC	PC
410. Structured Activity Time for General Population – Celled Housing	PC	PC
411. Out of Cell Time and Structured Activity for Step 1 and Step 2 Populations Effective immediately	PC	PC
412. Out of Cell Time and Structured Activity for Step 1 and Step 2 Populations Beginning on the fourth month after the Effective Date of the Consent Decree	PC	PC

414. Reconfiguration of Recreation Spaces Within Twenty-four(24) Months of the Effective Date of the Consent Decree	PC	PC
415. Access to Bathroom Facilities During Out of Cell Time Activities	DC	SC - DC
417. Documenting Exceptions to Out of Cell Activities due to Unusual Circumstances	SC	PC
418. Procurement and Activation of Electronic Information System to Track Out of Cell Time	PC	PC
419. Notification of Mental Health Staff When Incarcerated Person Repeatedly Refuse to Exit Cell or Neglect Basic Care	PC	PC
420. Development of Plan to Reconfigure Recreation Spaces	PC	PC
421. Maximize Outdoor Recreational Time	PC	PC
422. Behavioral Health Clients Involvement in Programming and Evaluation of Available Work Assigns to Increase Opportunities	PC	PC
423. Equal Access to Programming for Behavioral Health Clients and Alternative Custody Opportunities.	PC	PC
424. Evaluation of Potential Expansion for Programming Space.	PC	PC
500. Update to Use of Force Policies and Training	SC	PC
501. Use of Force Policy to Include Specific Mandates.	PC	PC
502. Mental Health Staff Role in Pre-Planned Use of Force Incidents	SC	PC
503. Use of Force Reviews and Expansion of Fixed Cameras	PC	PC
504. On-Going Refinement of Use of Force Policies and Training	DC	DC
505. Utilization of Special Restraints and Discontinuation of the WRAP device.	SC	PC
506. Medical and Mental Health Staff Role When Specialized Restraints are Used	SC	PC
507. Updates to the Special Restraint Policies and Training.	PC	PC
600. Access to Grievances and Grievance Trend Analysis	SC-DC	SC
712. Alert System to Address Delays in Intake Processing	SC	SC
749. Cleaning of Safety Cells.	DC	DC
750. Modesty Garments and Safety Cells	SC	SC
751. Working Call Buttons in Living Units	PC	PC
754. Emergency Response Equipment and Access to Cut Down Tools.	DC	DC
760. Clinicians Role in Restricting Property and Privileges Associated with Suicide Precautions.	PC	PC
761. Training in Security Checks and Emergency Response to Suicide Attempts	DC	SC - DC
763. Supervisor Review of Security Checks.	SC	SC
768. Out of Cell Time in Therapeutic Housing Units	PC	PC
773. De-escalation Training	PC	PC
800. Establishment of Incarcerated Person Advisory Council and Ombudsperson Program	PC	PC

1200. Development of Consent Decree Implementation Plan.	SC - DC	SC
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### Commonly Used Acronyms

ACSO	Alameda County Sheriff’s Office
AFBH	Adult Forensic Behavioral Health
BHI	Behavioral Health Incarcerated Person
CCC	Crisis Communications for Corrections
DC	Detention and Corrections Division - ACSO
GO	General Order – ACSO Policy
IOL	Intensive Observation
IP	Incarcerated Person
ITR	Intake, Transfer and Release
NA	Not Applicable
RFID	Radio Frequency Identification Device
RH	Restricted Housing
STEC	Sandy Turner Education Center
SRJ	Santa Rita Jail
THU	Therapeutic Housing Unit

### Associated Policies

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

3.10 (DC)	Daily Attendance Report – Requires Update
3.21 (DC)	Personnel Selection, Promotions, Retention and Staffing – <b><i>Published November 21, 2023</i></b>
3.27 (DC)	Position Control – <b><i>Published November 21, 2023</i></b>
3.29 (DC)	Special Management Unit Staffing – <b><i>Published November 21, 2023</i></b>
3.30 (DC)	Mandatory and Voluntary Overtime Assignments – Requires Update
4.02 (GO)	Training - <b><i>Published November 21, 2023</i></b>
4.01 (DC)	Facility Training Plans – <b><i>Published November 21, 2023</i></b>
4.02 (DC)	Facility Personnel Training - <b><i>Updated February 25, 2023</i></b>
5.69 (GO)	WRAP Device – <b><i>Updated and Approved</i></b>
6.01 (DC)	Repair and Minor Construction ACSO – <b><i>Updated October 10, 2022</i></b>
6.02 (DC)	Facility Plant Maintenance – <b><i>Updated October 10, 2022</i></b>
7.01 (DC)	Fire Safety – <b><i>Published January 26, 2024</i></b>
7.03 (DC)	Emergency Alarm Response – <b><i>Updated March 10, 2023</i></b>
7.14 (DC)	Infectious Disease Control – <b><i>Updated April 5, 2023</i></b>
8.09 (DC)	Transportation/Movement and Use of Restraints – <b><i>Addressed in 8.11</i></b>
8.11 (DC)	Emergency Medical Transportation – <b><i>Updated January 26, 2024</i></b>
8.12 (DC)	Incarcerated Person Observation and Direct Visual Supervision – <b><i>September 5, 2023</i></b>
8.13 (DC)	Use of Safety Cell – <b><i>Updated April 6, 2023</i></b>
8.17 (GO)	Body Worn Cameras – Pending Further Review
8.26 (DC)	Use of Special Restraints – <b><i>Updated February 24, 2024</i></b>

8.28 (DC)	Resistant Incarcerated Person Management – <i>Archived – Refer to 21.01.02</i>
8.29 (DC)	Positional Asphyxia – Requires Update
8.31 (DC)	Selection of Housing Unit Inmate Workers – Requires Update
9.01 (DC)	Disciplinary Isolation – <i>Archived</i>
9.02 (DC)	Restrictive Housing – <i>Updated November 21, 2023</i>
9.03 (DC)	Protective Custody – <i>Updated September 25, 2023</i>
9.04 (DC)	Therapeutic Housing Policy – <i>Published July 31, 2024</i>
9.07 (DC)	Deprivation of Authorized Items or Activities – <i>Published July 23, 2024</i>
9.08 (DC)	Contract Agency Inmates – <i>January 27, 2023</i>
9.09 (DC)	Special Incarcerated Person Management Plan – <i>Published August 19, 2025</i>
9.10 (DC)	Max Separation Incarcerated persons – <i>Archived</i>
9.11 (DC)	Effective Communication – <i>Published February 6, 2024</i>
10.01 (DC)	General Security Post Order – <i>Archived</i>
10.02 (DC)	Lieutenant/Watch Commander Post Order – <i>Updated October 20, 2023</i>
10.03 (DC)	Sergeant/Shift/Supervisor Post Order – <i>Updated May 3, 2023</i>
10.04 (DC)	Intake Deputy Post Order – Requires Update
10.05 (DC)	Housing Unit Deputy Post Orders – <i>Updated October 31, 2023</i>
10.08 (DC)	Clinic Officer Post Orders – <i>Updated March 16, 2023</i>
10.09 (DC)	Kitchen Officer Post Orders – <i>Updated October 24, 2023</i>
10.11 (DC)	Intake, Transfer, Release (ITR) Technician Post Order – <i>Updated May 23, 2023</i>
10.12 (DC)	Housing Control Post Orders – <i>Updated June 28, 2023</i>
10.18 (DC)	Yard Deputy Post Order – <i>Updated June 26, 2023</i>
10.30 (DC)	BHAT Deputy Post Orders – Requires Update
10.32 (DC)	ADA Officer Post Orders – <i>Updated August 28, 2023</i>
11.01 (DC)	Intro to Intake – <i>Refer to 10.02</i>
11.02 (DC)	Intake Procedure – Requires Update
12.01 (DC)	Intake Classification – <i>Published January 23, 2024</i>
12.02 (DC)	Reclassification – <i>Updated March 22, 2023</i>
12.08 (DC)	Incarcerated Person Work Program – Requires Update
13.01 (DC)	Medical and Behavioral Health Care – Requires Update
13.02 (DC)	Access to Care Policy – Requires Update
13.06 (DC)	Suicide Prevention – <i>Updated June 30, 2023</i>
13.12 (DC)	Behavioral Health Referral Form – <i>Archived</i>
15.01 (DC)	Sanitation Schedule – Requires Update
15.02 (DC)	Safety and Sanitation Inspection – <i>To be addressed in 15.01</i>
16.01 (DC)	Incarcerated Person Discipline – <i>Updated July 11, 2023</i>
16.02 (DC)	Incarcerated Person Rules and Information – <i>Updated June 21, 2023.</i>
	Incarcerated Person Handbook – <i>Updated June 21, 2023</i>
16.03(DC)	Incarcerated person Grievance Procedure – <i>Published April 30, 2025</i>
17.02 (DC)	Visiting – <i>Updated October 24, 2023</i>
18.01 (DC)	Intro to Incarcerated Person Services – Requires Update
18.02 (DC)	Incarcerated person Operational Programs – Requires Update
18.05 (DC)	Volunteer Services and Programs – Requires Update
18.07 (DC)	Religious Services – Requires Update
18.09 (DC)	Educational Program Planning – Requires Update
18.10 (DC)	Vocational Training Programs – Requires Update
18.11 (DC)	Social Services Programs – Requires Update
18.12 (DC)	Recreation and Incarcerated person Activity Program – <i>Updated March 9, 2023</i>
18.14 (DC)	Tablet Access – <i>Updated February 29, 2023</i>
18.17 (DC)	Parenting Program – <i>Published November 21, 2023</i>
8.18 (DC)	Inmate Death – <i>Updated June 26, 2023</i>

- 20-02 Santa Rita Jail Mandatory Overtime Program – *Updated January 2020*
- 20-17 Mandatory Overtime Frequently Asked Questions – *Updated October 2020*
- 21.01.01 (DC) Use of Force Addendum In-Custody Use of Force – *Updated March 14, 2023*
- 21.01.02 (DC) Controlled Response to Resistant Inmate – *Updated October 4, 2024*
- 21.03.01(DC) Force Training and Compliance Unit – *Instituted July 1, 2022*
- 21.03.02 (DC) Force Training and Compliance Unit Force Incident Review and Routing – *Updated November 10, 2025*

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

**Finding: Partial Compliance<sup>1</sup>**

During the July through December 2025 review period, the Alameda County Sheriff’s Office (ACSO) demonstrated a modest improvement in overall staffing levels. Average daily staffing increased from approximately 110 deputies per day in the prior reporting period to approximately 115 deputies per day during the current review period. While this reflects progress, staffing levels remain below the County’s stated benchmark of 120 deputies per day. The County has not completed a staffing analysis sufficient to determine what level of staffing is required to meet the operational demands of the Consent Decree, including housing unit mission requirements, specialized mental health units, transportation, and emergency response functions.

During this review period, ACSO substantially reduced the number of federally contracted incarcerated persons housed in the jails. As of December 2025, fewer than 30 federal inmates remained. This reduction alleviated some operational pressure and supports efforts to better align staffing resources with jail-based functions. ACSO and Alameda Forensic Behavioral Health (AFBH) also initiated a collaborative process to routinely review escort staffing needs for mental health appointments, documenting those discussions and any resulting adjustments to staffing patterns.

Shift-level staffing remained relatively balanced on the dayshift and on the overnight shift. While this distribution reflects staffing constraints, it is generally less efficient to maintain comparable staffing levels across shifts when overnight operations involve reduced movement and programming. Although ACSO has implemented limited overlap positions to support peak programming hours, the Department has not yet developed a nuanced staffing model that maximizes limited resources through differential deployment by shift. Reliance on overtime remains high, particularly on the dayshift, where overtime utilization averaged approximately 39 percent and exceeded 40 percent during several months of the review period. Use of patrol staff not routinely assigned to the jails further reduces continuity, familiarity with housing unit missions, and the benefits of specialized training.

There was a slight decrease in Technician staffing during the review period. Technician overtime utilization increased, particularly on the dayshift, where overtime averaged 26 percent and peaked at 40

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<sup>1</sup> The Mental Health Expert will report on mental health hiring and staffing.

percent in October and 33 percent in December. These trends indicate increased pressure on functional support roles essential to housing unit operations, movement, and security checks.

It is recognized that ACSO makes efforts to assign regular staff to the most complex housing units where continuity and specialized training are particularly important. However, compliance with the Consent Decree would be better supported by stabilized, sufficiently staffed, and well-trained custody personnel across all housing units and support functions. The County has not established staffing standards tailored to unit design, classification, or operational mission, nor has it implemented a real-time staffing and scheduling system capable of tracking post assignments and redeployments. As a result, ACSO remains unable to demonstrate that staffing levels are sufficient and appropriately deployed to consistently meet the requirements of the Consent Decree. The County reports it is exploring the feasibility of conducting a staffing analysis and anticipates providing additional information in the next reporting period.

**Recommendations:**

1. \*<sup>2</sup>Continue hiring associated with Provision 201.
2. \*Create a metrics report that trends daily staffing for all shifts and identifies any barriers that the number of available posts, vacancies or redirects have on programming or compliance with the Consent Decree.<sup>3</sup> Work with the Joint Experts to prioritize available resources should that be the case.
3. \*Consult with Joint Experts about how adding Technicians or Custody Deputies could improve security checks and jail operations.
4. Conduct a staffing analysis and improve staff allocation tracking through a shift scheduling program.

*(201) Defendants further agree to implement the recommendations contained in the Staffing Report, including: (1) making best efforts to hire a total of two hundred fifty-nine (259) sworn staff and seventy-two (72) non-sworn staff over a three-year period to work in the Jail in order to reach the minimum staffing levels required to safely operate the Jail without employing mandatory overtime, these positions shall be devoted solely to staffing the Jail, and the Sheriff shall certify annually that these positions are used solely for the Jail;*<sup>4</sup>

**Finding:        Partial Compliance**

**Assessment:**<sup>5</sup>

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

The target pursuant to the Settlement Agreement is the employment of 656 *deputies* and 285 *technicians* which were to be filled by August 2024. However, according to the June 2024 Bi-Weekly Staffing report, the number of authorized *deputies* was reduced to 648 positions, or a loss

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<sup>2</sup> All recommendations that begin with an asterisk were noted in prior report(s).

<sup>3</sup> The Joint Experts and/or the National Institute of Corrections (NIC) can assist.

<sup>4</sup> Note due to the complexity of this provision, the provision has been separated into five (5) subsections with the Finding documented below Provision (201)(1) and the Recommendations below in Provision (201)(5)

<sup>5</sup> These findings are specific to custody positions as the Mental Health Expert will conduct mental health staffing analysis.

of eight (8) authorized *deputy* positions. The ACSO reports this is a temporary redirect of position authority to support units within ACSO to assist with jail operations by increasing training, background, recruitment and internal affairs staff. This is a reasonable approach to support jail operations and will be reviewed as ACSO is closer to filling all jail deputy positions.<sup>6</sup>

The number of *deputy* vacancies has declined since the Seventh Monitoring Report, which indicated 282 *deputy* vacancies as of July 5, 2025. According to the staffing report ending January 3, 2026, there were 241 *deputy* vacancies, resulting in a vacancy rate of 43 percent. Conversely, the number of *technicians* vacancies increased by two staff members, equating to an 8 percent vacancy rate within the *technician* classification.

The table below details historical staffing figures, including baseline levels before the Consent Decree, staffing numbers reported previously, and current levels at the conclusion of this reporting period.

**Bi-Weekly Staffing Report  
Ending January 3, 2026**

	<b>Ending April 4, 2020</b>	<b>Ending July 5, 2025</b>	<b>Ending December 31, 2025</b>	<b>Change from April 4, 2020</b>	<b>Change Since July 5, 2025</b>
<b>Authorized Badge Positions</b>	404	647	647	243	0
<b>Authorized Non-Badge Positions</b>	211	282	282	70	0
<b>Badge On-Site</b>	278	365	378	100	+13
<b>Non-Badge On- Site</b>	182	231	229	47	-2
<b>Background Investigators and Recruiting</b>	4	15.5	18.5	12.5	0 <sup>7</sup>

\*Includes 2 Sergeant, 12 deputies, 7 retired annuitants and 1 human resources technician.

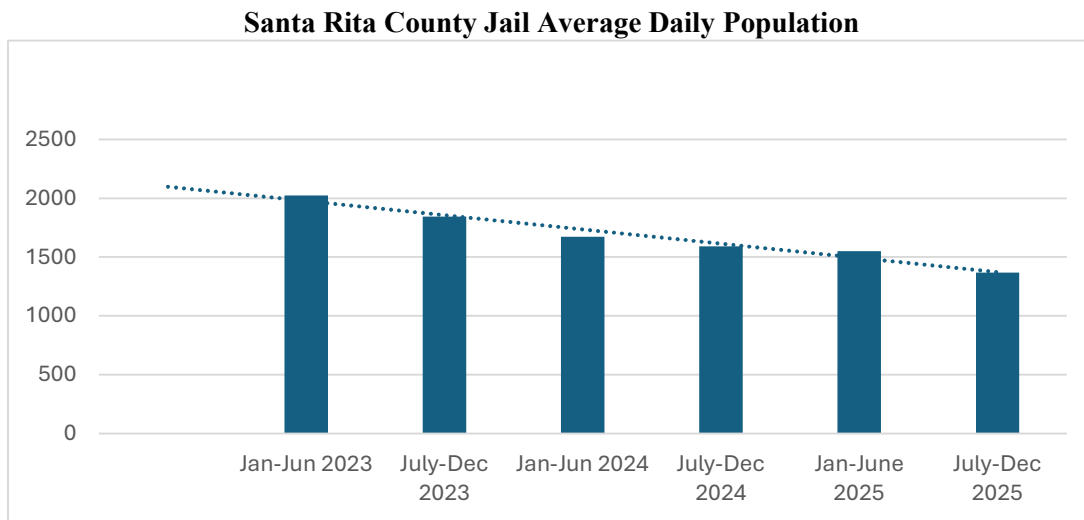
ACSO continues to operate academies; however, graduation rates from these academies do not directly correspond to increases within the custody division, as staff must also be allocated to patrol, courts, and other public safety roles. During the review period, ACSO achieved a net increase of 13 sworn staff members in the custody division, including deputies, supervisors, and managers. Additionally, ACSO reports two upcoming academies: Class 186 with 41 recruits and Class 187 with 38 recruits, reflecting ongoing recruitment and background screening efforts.

<sup>6</sup> Note: ACSO reported during this monitoring period there has been a historical error in the Expert’s position calculation and ACSO under identified filled positions. As the expert was not able to evaluate the error or reconciled positions during this rating period, it has not been corrected. However, the next reporting period will resolve the discrepancy if one exists as well as correct underreporting of positions as appropriate.

<sup>7</sup> This report includes 1 Sergeant and 2 Deputies assigned to recruitment.

The County has successfully reduced its population, which has helped ease the demands for staff. Between the first and last six months of 2025, the average daily incarcerated population fell from 1,493 to 1,369—an 8 percent decrease. Comparing July through December of 2024 (1,551) to the same period in 2025, the reduction was 12 percent.

The following graph shows the historical population trends for the period of January 2023 through December 2025.



The following represents several recommendations from prior reports:

- (1) Ensure salary and benefits are competitive to lure qualified candidates.
- (2) Ensure a strong recruitment strategy with well-resourced hiring teams available to expedite hiring in a hyper competitive market.
- (3) Continue in robust and aggressive alternative to custody efforts with the Criminal Justice and community provider partners.
- (4) Evaluate medical guarding and medical transportation practices to bring more services into the jail and cluster hospital guarding into a secure community setting.

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

*In Compliance.* ACSO has provided sufficient data to demonstrate that the Detentions and Corrections division is not carrying long term sick employees in vacant custody positions from other divisions.

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

*In Compliance.* The Compliance Unit comprises one captain, one lieutenant, two sergeants, four deputies, and ten sheriff’s technicians. While the team remains responsive and dedicated to fulfilling the requirements of the Consent Decree, there are ongoing concerns regarding insufficient resources, particularly in the area of data analysis. It is essential for ACSO to demonstrate real-time compliance

monitoring and trend analysis to achieve substantial compliance. Currently, it appears that adequate resources have not been allocated to support a fully self-evaluating and self-correcting system.

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

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

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

Although a formal direct supervision staffing model has yet to be implemented, ACSO has made significant progress in assigning adequate staff to housing units, stabilizing complex units so staff familiar with each unit are assigned, installing deputy workstations that support direct observation in several areas, and working on expanding these observation stations. Consequently, when reviewing footage from critical incidents, it is now uncommon to find no staff present to respond—a marked improvement observed in 2025.

#### **Recommendations:**

1. \*Continue with hiring plan and utilization of retired annuitants and overtime to fill vacant posts.<sup>8</sup>
2. \*Continue to retain Background Unit personnel and augment with retired annuitants as workload dictates.
3. \*Continue with aggressive recruitment and retention strategies.
4. \*Continue the process of retaining supervisors in custody, rather than transferring to patrol, to allow for consistency and skill development for the sergeants.
5. \*Continue to designate deputy posts that are best filled by regularly assigned staff, keeping reliance on overtime in higher risk units to a lower percentage than the medium and low risk units.
6. \*Implement the measures described above to address the shortage of staff, including:
  - a. Ensure salary and benefits are competitive to lure qualified candidates.
  - b. Ensure a strong recruitment strategy with well-resourced hiring teams available to expedite hiring in a hyper competitive market.
  - c. Continue in robust and aggressive alternative to custody efforts with the Criminal Justice and community provider partners.
  - d. Evaluate medical guarding and medical transportation practices to bring more services into the jail and cluster hospital guarding into a secure community setting.
7. \*Collaborate with an outside expert and/or the Custody Expert to establish agreed upon staffing levels and support positions based on a dynamic staffing model that takes into consideration various classifications, support needs and staff relief pattern requirements.

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<sup>8</sup> It is noted that retired annuitants are not currently utilized to work in housing units but do assist with transportation, which lessens the impact on the redirection of housing unit staff and involuntary overtime. The County is encouraged to consider the use of retired annuitants in housing units as well if that would assist with the vacancy challenges.

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

***Finding: Substantial Compliance***

**Assessment:**

The County has consistently maintained the BHAT program and has initiated a quarterly reassessment of BHAT needs in collaboration with AFBH leadership. During this review period, the County continued to staff the BHAT program with differentiated weekday coverage. On Mondays and Fridays, approximately three to four deputies typically staffed the BHAT program, while on Tuesdays, Wednesdays, and Thursdays staffing levels were consistently higher, averaging six to seven deputies per day, except when those days coincided with holidays. At least two BHAT deputies were assigned on all regular workdays during the review period, as reflected in the BHAT daily reports. The BHAT reports continue to identify group participants, which assists with verification of program activity.

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The following table reflects the average monthly BHAT escorts for the period January 2024 through December 2025 followed by the monthly breakdown for the period of July through December 2025:

**BHAT Monthly Escort Statistics  
January 2024 through December 2025**

<b>Time Period</b>	<b>Completed Escorts</b>	<b>Refused Escorts</b>	<b>% Appts Refused</b>	<b>Groups</b>
January through June 2024 Average	400	31	8%	83
July through December 2024 Average	595	54	9%	124
January through June 2025 Average	591	108	14%	145
July through December 2025 Average	687	95	14%	149
<b>Q3/Q4 2025</b>	<b>Completed</b>	<b>Refused</b>	<b>% Refused</b>	<b>Groups</b>
Jul-25	759	109	14%	130
Aug-25	716	96	13%	140
Sep-25	640	100	16%	145
Oct-25	837	113	14%	170
Nov-25	570	68	12%	150
Dec-25	597	84	14%	158
<b>Q3/Q4 2025 Average</b>	<b>687</b>	<b>95</b>	<b>14%</b>	<b>149</b>
Q1/Q2 2025 Average	591	108	14%	145
<b>Difference Q1/2 and Q3/Q4</b>	<b>96</b>	<b>-13</b>	<b>N/C</b>	<b>4</b>

Overall, the BHAT escort data demonstrate significant growth and strengthening of the program over the review period. Average completed escorts increased by approximately 100 per month from the first half of 2025 to the second half of 2025, representing roughly a 16 percent increase in escort activity. This growth aligns with expanded BHAT staffing and reflects the County’s continued investment in both the program and the deputies supporting it.

Importantly, this increased volume did not result in a higher refusal rate. While overall activity increased, the percentage of refused appointments remained stable in the latter half of 2025, and the average number of refusals declined. Monthly data show expected variation but no concerning trends, with periods of peak escort and group activity occurring without corresponding increases in refusals. Group participation also continued to grow and remained consistently strong through the end of the year.

Taken together, the data reflect a mature and expanding BHAT program that has increased service delivery capacity through additional staffing while maintaining stable participation and engagement.

BHAT deputies participated in the Crisis Communications for Corrections (CCC) training update in July 2025, with several expressing that the training was beneficial. The provision stipulates that both the Mental Health Monitor and the parties must agree on the refresher training which occurred in February 2026. This provision is well anchored in policy, practice and internal analysis. It is assumed this provision will be recommended to discontinue monitoring in the next review period.

**Recommendations:**

1. \*Maintain ongoing monitoring of metrics for BHAT deputies to assess whether the current cohort adequately supports the requirements of the jail system. Ensure that these metrics are aligned with AFBH to evaluate needs as clinical resources expand. Continue collaborative efforts with AFBH regarding BHAT deputy staffing needs.

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

**Finding:**        **Substantial Compliance**

**Assessment:**

During this review period, ACSO continued to identify Emergency Health Care Access Team (EHCAT) deputies at the beginning of each shift. EHCAT deputies are generally drawn from patrol personnel working overtime or reassigned for the shift, an approach intended to allow regular housing officers to remain in their assigned units. ACSO also continued to ensure that clinic deputies receive CCC training. Clinic deputies interviewed during the December 2025 monitoring tour reported receiving the required training.

In September 2025, ACSO updated the Watch Commander’s end-of-shift report to standardize documentation related to the deployment of EHCAT deputies for transportation and hospital guarding purposes. This update addressed the final outstanding documentation concern identified in the prior reporting period, and review of the updated reports confirms that EHCAT deployment is now routinely documented.

Based on these developments, it is anticipated that during the next review period, a recommendation to discontinue monitoring of this provision will be appropriate, assuming ACSO continues to assign and document EHCAT deputies through the Watch Commander’s end-of-shift report and continues to ensure that clinic deputies receive CCC training.

**Recommendations:**

1. \*Continue to assign EHCAT deputies and document deployment on the Watch Commander’s end-of-shift report.
2. Continue to ensure that Clinic Deputies receive the required CCC training.

*(402) [Following reconfiguration of recreation space] Individuals who are on “Recreate Alone” status (meaning they cannot recreate with other incarcerated persons) [Step 1] shall be offered at least fourteen (14) hours per week of out-of-cell time, which shall include at least some amount of Structured Time, as set forth below. ACSO shall use best efforts to offer individuals two (2) hours of out-of-cell time per day.<sup>9</sup>*

*(403) [Following reconfiguration of recreation space, Step 1] Defendants shall use best efforts to provide at least five (5) hours per week of Structured Time (which includes therapeutic, educational, substance abuse, self-help, religious or other structured programming), which will count towards the total out-of-cell time. Incarcerated persons may participate in these programs in handcuffs or other appropriate restraints only if necessary to ensure the safety and security of the Jail. If ACSO is unable to meet this requirement, the Parties agree to meet and confer regarding the reasons why and to examine methods of increasing the amount of Structured Time.<sup>10</sup>*

*(405) [Following reconfiguration of recreational space, Step 2 ] Individuals shall be offered at least twenty-one (21) hours per week of out-of-cell time, which shall include at least some amount of Structured Time, as set forth below. ACSO shall use best efforts to offer individuals three (3) hours of out of cell time per day.<sup>11</sup>*

*(407) [Following reconfiguration of recreational space] Defendants shall use best efforts to provide at least eleven (11) hours per week of Structured Time [for the Step 2 population], which will count towards the total out-of-cell time. Incarcerated persons will participate in Structured Time programs in restraints if necessary to ensure the safety and security of the Jail. Incarcerated persons may participate in these programs in handcuffs or other appropriate restraints only if necessary to ensure the safety and security of the Jail. If ACSO is unable to meet this requirement, the Parties agree to meet and confer regarding the reasons why and to examine methods of increasing the amount of Structured Time.<sup>12</sup>*

***Finding: Implementation Not Yet Required – Rating N/A***

Refer to the findings in the Second Monitoring Report<sup>13</sup> as this provision is not yet subject to rating. However, based on completion of recreational spaces in February 2026, these provisions will be in effect the next monitoring period. Refer to Provision 414 for additional information on yard construction.

***Recommendations:***

- 1. Refer to Provisions 411, 412 and 414.*

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<sup>9</sup> This Provision refers to Step 1 populations in restricted or administrative separation housing. See Provision 411. This may not be achievable until reconfiguration of recreational space.

<sup>10</sup> This Provision refers to Step 1 populations in restricted or administrative separation housing. See Provision 411. This may not be achievable until reconfiguration of recreational space.

<sup>11</sup> This Provision refers to Step 2 populations in restricted or administrative separation housing. See Provision 411. This may not be achievable until reconfiguration of recreational space.

<sup>12</sup> This Provision refers to Step 2 populations in restricted or administrative separation housing. See Provision 411. This may not be achievable until reconfiguration of recreational space.

<sup>13</sup> Page 13.

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

**Assessment: Partial Compliance**

The following introduction is repeated from the Fourth Monitoring Report:<sup>14</sup>

There are essentially two types of non-restricted housing units – those units where the majority of the population are compatible and program together; and those units where the classifications of the Class Members are complex, requiring small group activities in the unit, versus allowing the upper tier, lower tier or entire unit out of the cells together. The analysis of this provision will focus on the complex units for this report.

This provision, which evaluates non-restricted housing and non-THU units, requires that individuals be offered at least twenty-eight (28) hours of out-of-cell time per week, with best efforts toward providing four hours per day. Individuals assigned to specialized statuses, including THU or restricted housing, were excluded from the calculations but several units evaluated in this provision may have housed mixed classifications during the review period, or the units were deactivated or reclassified during the review period. As with prior reports, due to the workload associated with analyzing out-of-cell time tracked in the Guardian RFID system, sample week evaluations were utilized rather than full-month audits. The weeks reviewed were July 6–12, August 10–16, September 7–13, October 12–19, November 9–15, and December 14–20, 2025. Each monthly reference below corresponds to the applicable review week.

In the prior reporting period (January–June 2025), Housing Units 7 and 8 demonstrated sustained averages above 28 hours, and Housing Unit 21 showed measurable improvement following the relocation of the women’s population from Housing Unit 24. That prior report reflected encouraging momentum in certain units, despite ongoing documentation challenges.

The July–December 2025 review reflects a more uneven trajectory.

**Average Weekly Out-of-Cell Hours (28-Hour Requirement)**

<b>Housing Unit</b>	<b>July</b>	<b>August</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>December</b>
<b>HU 1</b>	21.5	18.25	16	22.75	30.75	29
<b>HU 2</b>	40.75	—	—	—	—	—
<b>HU 7</b>	36.5	19.25	39	19.75	23.25	29.25
<b>HU 8</b>	—	17	29.25	41	38	21.75
<b>HU 21</b>	21.5	24.75	25.75	—	—	20.75
<b>HU 24</b>	—	—	—	58	64.5	55.25
<b>HU 25</b>	18.25	16.5	14.5	—	—	—

— = Unit not reviewed that month

<sup>14</sup> Pages 15-20.

In reviewing the July through December 2025 sample week averages, some improvements were noted and several units demonstrated reduced average out-of-cell hours. The challenges with accurate documentation appear to persist despite ACSO repeatedly conducting training and staff members being able to articulate their responsibilities to track out-of-cell time when interviewed during site tours. The following are unit level examples:

### **Housing Units 1**

#### **Male blended housing unit (Restricted Housing and THU removed from calculation)**

Housing Unit 1 remained below 28 hours from July through October before exceeding the benchmark in November and December. However, distribution within the unit remained uneven. In September, nineteen of twenty-two individuals averaged approximately 13 hours or less; in October, ten of thirteen averaged approximately 13 hours. Even after exceeding 28 hours, disparities persisted—one individual received 13.25 hours in November and one individual (FAAUI, P., BNQ094) received 2.25 hours in December.

### **Housing Unit 7**

#### **Male primarily maximum custody**

Housing Unit 7 previously demonstrated relatively stable compliance despite documentation limitations. During July–December 2025, performance was less consistent. While July, September, and December exceeded 28 hours, August, October, and November fell materially below the benchmark. This reflects reduced stability compared to the prior reporting period.

Additionally, in July and September—months in which HU 7 exceeded 28 hours—no yard activity was documented. The absence of yard documentation, despite high weekly totals, limits the ability to confirm that outdoor access was regularly incorporated into out-of-cell delivery.

### **Housing Unit 8**

#### **Male primarily maximum custody (THU removed from calculation)**

Housing Unit 8 underwent several operational changes during this review period that affected how out-of-cell time was assessed. In July and August, portions of the unit housed THU level-of-care class members; their out-of-cell time is addressed under Provision 768. Beginning in September 2025, the unit functioned as general population housing. During the latter part of the review period, however, ACSO began operating pods D, E, and F as loss-of-privilege units.

When Housing Unit 8 operated solely as general population, the unit exceeded the required unstructured daily out-of-cell time. However, the pods designated for loss-of-privilege status did not achieve the required four hours of out-of-cell time per day on average. Documentation and discussions with staff and Class Members also reflected no structured activity for individuals housed in those pods.

During the December 2025 tour, it was learned that out-of-cell opportunities and programming in the loss-of-privilege pods had been significantly restricted. A review of the out-of-cell logs indicated that individuals in these pods were receiving, on average, less than three hours of out-of-cell time per day. Both staff and class members reported that the required four hours of out-of-cell time was not being provided and that structured activity had been reduced primarily to journaling for a small percentage of the population.

Based on observations during the tour, the loss-of-privilege pods were operating in a manner that closely resembled restricted housing. Individuals were typically exercising alone in the dayroom, had limitations placed on privileges and property, and were not receiving meaningful programming. At the same time, the unit was not operating with the medical and mental health rounds, oversight, or due process protections normally associated with restricted housing.

ACSO acknowledged these concerns and stated that they understood the requirements. The agency committed to modifying the program, and the operation of the loss-of-privilege pods will be closely monitored during the next reporting period.

### **Housing Unit 21**

#### **Female blended housing unit (Restricted Housing and THU removed from calculation)**

In the prior reporting period, Housing Unit 21 averaged 27.5 hours and nearly half of the population reached the 28-hour benchmark for the first time, reflecting forward momentum.

That progress was not sustained. During the current review period, HU 21 did not meet 28 hours in any month reviewed (July, August, September, December). December is particularly illustrative: although the unit average was 20.75 hours, five of seven individuals averaged fewer than 16 hours. The regression reflects population-wide shortfalls rather than isolated instances.

### **Housing Unit 24**

#### **Female primarily minimum and medium security**

Housing Unit 24 reflects the most significant improvement since the prior report. Previously, when housing the women's population, HU 24 averaged approximately 19 hours per week and did not meet the 28-hour requirement. During the current review period, HU 24 averaged between 55 and 64.5 hours per week for each month reviewed (October–December), demonstrating sustained compliance. This confirms that the 28-hour requirement is operationally achievable under certain housing configurations.

However, even in this unit, yard documentation during December was limited despite high overall out-of-cell totals, raising questions as to whether meaningful outdoor access is consistently ensured or incorporated into documented hours.

### **Housing Units 25**

#### **Female primarily minimum and medium security**

Housing Unit 25 did not meet the 28-hour requirement in any month reviewed. Yard documentation during those review weeks was minimal or absent.

These patterns reflect that unit-level averages alone do not establish uniform compliance at the individual level.

### **Yard Documentation**

Across multiple housing units and months, yard access was either not documented or minimally documented. In some instances, units exceeded 28 hours without any documented yard activity (e.g., HU

7 in July and September). In other units that fell below 28 hours, yard was either limited or not reflected in the logs.

Whether yard was not offered or not recorded, the absence of consistent yard documentation prevents verification that meaningful outdoor recreation is regularly incorporated into weekly out-of-cell delivery. Accurate documentation of yard access is a necessary component of compliance measurement under Provision 409 but is also addressed in Provision 414.

### **Internal Monitoring and Compliance Management**

A continuing concern is the absence of reliable, standardized internal monitoring by ACSO of Provision 409 compliance. Operational housing changes—such as pod conversions, therapeutic housing expansion, and the creation of loss-of-privilege pods—are routine and appropriate. However, when housing status is not clearly reflected in out-of-cell documentation and weekly totals are not tracked at the individual level, compliance deficiencies may persist undetected and external monitoring becomes difficult and less reliable.

The Joint Expert currently calculates weekly averages manually to assess compliance, which is resource-intensive and reactive. Sustained compliance with Provision 409 requires ACSO to independently monitor weekly out-of-cell totals, clearly identify classification status in documentation, and promptly address units that fall below the 28-hour benchmark.

#### **Recommendations:**

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

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

**Finding:**        **Partial Compliance**

## Assessment:

Provision 410 requires Defendants to use best efforts to provide at least fourteen (14) hours per week of Structured Time, which counts toward the total out-of-cell time required under Provision 409. While Provision 409 measures total out-of-cell time, Provision 410 evaluates whether a sufficient portion of that time consists of structured programming such as educational activities, clinical groups, work assignments, or other organized programs.

In the prior reporting period, the Joint Expert noted that although certain housing units exceeded the 28-hour total out-of-cell requirement, Defendants were not yet able to reliably document that they were making best efforts to provide fourteen hours per week of structured activity. Deputies were intermittently tracking structured activities and programming within the Guardian RFID system, particularly in the women's housing unit. However, documentation remained inconsistent, and the system did not reliably generate weekly structured-hour averages at either the individual or unit level.

During the July–December 2025 review period, little has changed, but structured activities were observed across all general population housing units but not necessarily captured in the Guardian RFID tracking system. Work assignments, education programming, clinical groups, and AFBH services were occurring. Minimum and medium housing units continue to have greater access to work details and classroom programming, including access to the Sandy Turner classroom, while maximum or mixed-classification units rely more heavily on smaller group programming and in-unit activities due to security constraints. These operational differences are expected and appropriate within a correctional environment. The issue under Provision 410 is not the absence of programming, but the absence of a reliable mechanism to quantify structured activity in a manner that demonstrates a baseline provision of programming, much less compliance with the fourteen-hour benchmark.

The Guardian RFID system does contain a column designated for structured activities. However, with the exception of Housing Unit 24, that column is not consistently utilized across the housing units reviewed. Even in Housing Unit 24—where structured activities were more consistently entered—the documentation likely did not capture all structured programming occurring during the review period. As a result, the Joint Experts cannot rely exclusively on RFID reports to calculate weekly individualized or weekly structured averages.

ACSO does not generate sample out-of-cell reports for all housing units due to the workload associated with scrubbing and reconciling the data, even for a single sample week per month. For this reporting period, as with prior reports, the review targeted celled general population housing units. Dormed housing units are believed to provide routine pod time—potentially exceeding 28 hours per week of out-of-cell access—but structured activity within those units currently is not tracked in a manner that easily permits reliable structured-hour measurement. There is data available through various reporting systems such as the Guardian report, worker rosters, Sandy Turner classes, AFBH classes and faith based services but to combine all of those reports is overly burdensome. The focus of the analysis has therefore remained on the celled housing units utilizing the Guardian RFID system, the County's reported mechanism for internal monitoring.

Within the celled units reviewed, Housing Unit 24 reflects the clearest example of documented structured programming during this reporting period. In November, twelve of thirty-three class members (35 percent) were documented as receiving some type of structured activity, averaging approximately two hours per individual. By December, documentation reflected that twenty-nine of thirty-one class members (94 percent) received structured activity, averaging approximately 5.5 hours per individual. This represents a substantial increase in documented structured hours within a single reporting cycle.

The Joint Expert recognizes that programming opportunities have increased across the facility. Expanded use of the Sandy Turner classroom, increased mental health programming, and the development of additional spaces for group activity reflect meaningful operational effort. It is recognized that the current documentation does not fully capture the scope of structured programming now occurring. In that sense, the County's multiple internal data systems underrepresent improvements that have been made.

At the same time, the December data from Housing Unit 24—where structured participation averaged 5.5 hours per week despite significant effort and high overall out-of-cell totals—illustrates the practical challenge inherent in achieving a fourteen-hour weekly average across certain classifications. While lower security, minimum, and medium housing units may be structurally positioned to approach that benchmark through work assignments and classroom programming, maximum and mixed-classification units face operational constraints that limit large-group programming time. Even in a well-performing unit housing general population females, such as Housing Unit 24, the documented structured hours remain substantially below fourteen.

Provision 410 requires Defendants to make best efforts to provide fourteen hours of structured activity per week and contemplates that, where the requirement cannot be met, the Parties will meet and confer regarding the reasons and examine methods of increasing structured time. As soon as ACSO is able to measure structured hours more accurately at the individual and unit level through consistent utilization of the Guardian RFID structured-activity column and standardized reporting, the Parties should meet and confer regarding what measurement standard is appropriate and achievable across varying housing classifications. It is likely that structured activity expectations will vary based on the specialized mission of certain units and the security classifications of the incarcerated persons housed therein.

For the present reporting period, while programming has expanded and participation has increased in certain units, Defendants have not demonstrated through reliable documentation that they can quantify the average weekly structured activities to assist with demonstrating where the system may have achieved substantial compliance. Until this issue is resolved, the County will remain at partial compliance.

#### **Recommendations :**

1. Resolve the inability to accurately measure structured activity time at the individual level.
2. \*Develop a strategy to increase structured activities for housing units unable to attend existing programs or work assignments due to security concerns.
3. See other out-of-cell Provisions for additional recommendations.

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

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

*(17) hours of out-of-cell time, including structured and unstructured time to Restrictive Housing incarcerated persons on Co-Recreation status (Step 2) per week.*

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

**Assessment:**

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

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

During this review period, restricted housing males were assigned to Housing Unit 1 and restricted housing females were assigned to Housing Unit 21. The restricted housing population continued to decline, and no males or females were reported to be placed into Step 2 of the program during this review period. Individuals typically completed Step 1 and then transitioned to a non-restricted housing unit.

Measuring average out-of-cell time during this review period proved difficult due to limitations in the way the Guardian system reports activity data. The issue is not the reliability of the data captured in Guardian. Rather, the system records a large number of activity entries that include both security checks and out-of-cell events, and the system does not currently generate reports that separate those activities in a way that allows for straightforward calculation of out-of-cell time for individuals or housing units.

As has been previously reported, because Guardian does not produce a report that easily isolates out-of-cell activity, the Custody Expert and ACSO staff have worked together to review sample weeks. Historically, this review focused on Class Members who remained housed in restricted housing for the entire one-week sample period.

During this review period, however, the continued decline in the restricted housing population made that approach more difficult. For the six sample weeks selected for July through December 2025, there were no restricted housing females who remained in the unit for the entire sample week. Women may have been housed in restricted housing during portions of those weeks, but the sample methodology only captures individuals who remain in the unit for the full week. Similarly, during the sample weeks in November and December 2025, there were no Step 1 males who remained in restricted housing for the entire week.

It is positive that fewer Class Members appear to require restricted housing and that placements are generally of shorter duration. However, the smaller population also limits the usefulness of the historical sample-week methodology. As a result, future monitoring will require an adjustment to the assessment approach. ACSO reports that they continue to work with the ATIMS and Guardian vendors to develop a standardized reporting mechanism. If that cannot be achieved, future monitoring will require daily review of all restricted housing placements during the reporting period rather than relying solely on sample weeks.

**Restricted Housing Males  
Housing Unit 1**

During this review period, the County continued to exceed the requirement of 10 hours per week of out-of-cell time but failed to document the provision of structured activities in any measurable amount. During the period of July through October 2025, the sample weeks demonstrated a daily average of 1.25 hours of dayroom activity and 0.75 hours of yard activity, resulting in a weekly average of approximately 14 hours of out-of-cell time. This represents an increase from the January through June 2025 average of 12.75 hours per week. The County also continued to provide outdoor recreation an average of three days per week in the restricted housing unit, and there were no weeks reviewed in which yard was not offered.

No Class Member refused out-of-cell opportunities for three consecutive days during the sample weeks. In addition, 83 percent of Class Members accepted dayroom time when offered, and 66 percent accepted yard opportunities when offered, reflecting an increase in Class Members accessing outdoor recreation.

The primary barrier to the County achieving substantial compliance with this provision remains the lack of documented structured activities in the restricted housing unit. During the December 2025 site tour, however, restricted housing Class Members were observed engaging in AFBH-facilitated groups. This was made possible through the installation of program chairs in newly renovated programming areas, allowing Class Members to safely participate. ACSO also reports that during the next review period structured activities will expand to occur in the newly activated small recreation yards.

The remaining challenge will be ensuring proof of practice by documenting these program activities through the Guardian RFID system or another mechanism that provides sufficient detail to demonstrate the activity in a manner that does not overlap with unstructured out-of-cell time.

The following data reflects average out-of-cell time offerings during the period of October 2023 through December 2025, followed by available sample week averages for July through October 2025.

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

<b>Step</b>	<b>Oct to Dec 2023<sup>15</sup></b>	<b>Jan to June 2024<sup>16</sup></b>	<b>July to Dec 2024<sup>17</sup></b>	<b>Jan to June 2025<sup>18</sup></b>	<b>July to Dec 2025</b>
Step One Out-of-Cell	< 8 Hours	12 Hours	13.75 Hours	12.75	14
Step One Yard Offered	Unavailable	41 %	94%	98%	100%
Step Two Out-of-Cell	<12 Hours	15.5 Hours	24.25	18.50	N/A
Step Two Yard Offered	Unavailable	41%	93%	75%	N/A

<sup>15</sup> Refer to Fourth Monitoring Report, pages 20-24.

<sup>16</sup> Refer to Fifth Monitoring Report, pages 22-23.

<sup>17</sup> Refer to Sixth Monitoring Report, pages 21-26

<sup>18</sup>

**Average Weekly Out-of-Cell Time Restricted Housing – Males**  
**Sample Weeks July through October 2025<sup>19</sup>**

<b>Sample Week</b>	<b>Inmates</b>	<b>Avg Dayroom hours</b>	<b>Avg Yard hours</b>	<b>Avg Total OOC hours</b>	<b>% Yard Acceptance</b>	<b>% Dayroom Acceptance</b>	<b>Avg Yard Days/Wk</b>
July 6-12, 2025	8	1.75	0.75	2.5	70%	67%	3
Aug 10-16, 2025	8	0.75	1	1.75	44%	90%	2
Sept 7-13, 2025	18	1.25	0.75	2	61%	83%	4
Oct 12-18, 2025	7	1.5	0.25	1.75	90%	90%	1
<b>Average</b>	10	1.25	0.75	2.00	66%	83%	3

**Restricted Housing Females**  
**Housing Unit 21**

This report could not provide analysis of computer records of out-of-cell time for women in restricted housing during this review period for the reasons previously described. Although individualized logs were requested for the female Class Members housed in restricted housing during this review period, those logs were not received in time for review.

During the December 2025 site visit, two women were housed in restricted housing, and both were interviewed. One reported she was offered approximately one hour of out-of-cell time each day and access to the yard once or twice weekly. The second reported she was provided two hours of out-of-cell time daily and also had the opportunity for yard access once or twice per week. Housing unit deputies reported that they generally attempt to offer one to two hours of dayroom time per day and yard access twice per week for women in restricted housing. However, deputies acknowledged offering two hours can become more difficult when more than two or three restricted housing Class Members are housed in the same pod because staff must also program other housing unit populations. Deputies differed on whether structured activities were consistently documented, although they noted a slight increase in such activities during this review period.

Due to factors described, an accurate average for out-of-cell time for the female restricted housing population could not be determined for this review period but it is clear from staff feedback that the minimum out-of-cell hours are not being achieved. The following information is provided for historical context from prior monitoring periods regarding out-of-cell time for women in restricted housing.

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<sup>19</sup> Information was not available for the November and December 2025 sample weeks of November 9-15, 2025 and December 14-20, 2025

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

Step	Dec 2023 <sup>20</sup>	Jan to June 2024 <sup>21</sup>	July to Dec 2024	Jan to June 2025
Step One Out-of-Cell	6.5 Hours	8.5 Hours	11.75	15.5
Step One Yard Offered	Unavailable	31 %	58% <sup>22</sup>	50%
Step Two Out-of-Cell	6.5 Hours	2 Hours	16.5	N/A
Step Two Yard Offered	Unavailable	0%	58%	N/A

**Summary**

Based on the available data, sample week reviews, interviews, and site observations, it appears that Class Members in restricted housing are generally being offered at least 10 hours per week of unstructured out-of-cell time. To confirm this more reliably in future reports, the monitoring methodology will adjust to include daily review of all Class Members housed in restricted housing during the reporting period rather than relying solely on sample weeks.

It is also critical that ACSO begin capturing structured activities through the Guardian RFID system or another reporting mechanism that can be integrated with the unstructured activity report. Without a reliable method for documenting structured activities, the County may be providing these opportunities but may be unable to sufficiently demonstrate proof of practice. Given the relatively small restricted housing population and the consistent assignment of deputies to these units, implementation of such documentation should be feasible.

The County has also made meaningful efforts to reduce reliance on restricted housing, which has helped alleviate pressure on the limited spaces available for out-of-cell time. In addition, the County has constructed additional indoor and outdoor programming areas that should assist in meeting and exceeding the current benchmark.

These improvements will be particularly important in preparation for the enhanced out-of-cell requirements under Provisions 402, 403, 405, and 407, which require approximately fourteen hours of out-of-cell time per week for Step 1, including five hours of structured activities, and twenty-one hours per week for Step 2, including eleven hours of structured activities. Those provisions will take effect during the next reporting period.

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<sup>20</sup> Fourth Monitoring Report, pages 23-24.

<sup>21</sup> Refer to Fifth Monitoring Report, page 25.

<sup>22</sup> Combined female Step 1 and Step 2 in measuring yard offering due to low population counts.

## Recommendations:

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

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

**Finding:        Partial Compliance**

## Assessment:

During this review period, the County continued to move forward on several significant infrastructure and space-reconfiguration projects that directly affect safety, programming capacity, clinical access, and overall operations. While some projects have required design revisions, regulatory consultation, or sequencing adjustments, tangible progress occurred in key areas, including yard reconfiguration, quasi-yard construction, confidential interview space planning, accessibility upgrades, camera expansion, and the adaptive reuse of HU 31 following the withdrawal of funding for the proposed Mental Health Facility. While it is recognized there have been significant delays on many projects, collectively, these efforts reflect continued forward movement and a practical approach to addressing operational and treatment space needs within the existing facility footprint.

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

- (1) Installation of custody-grade security desks and observation platforms. Due date August 22, 2023.

*During this review period, the County undertook a pilot program involving placing regular desks in HU 1, 2, and 9. It was determined that the piloted desk design does not adequately meet the needs of custody staff, so modifications are under discussion. Additionally, the County continues to evaluate options for the placement of custody observation areas within dorm units and is seeking approval from the Board of State and Community Corrections for proposed design*

*concepts. Given that these areas contain dining tables that may have to be removed, compliance with state regulations must be ensured prior to removing or relocating any tables in units where Class Members are not cell fed. An estimated completion date was anticipated during this review period but has not yet been provided. As the project has experienced significant delays with evolving plans, it necessitates dedicated attention from General Services (GSA) and ACSO.*

(2) Reconfiguration of Large Yard Space. Due date August 22, 2023.

*The status update previously reported this project to be completed by January 2026. Although it was not finished during the review period, seven of the eight small yards on the Maximum side of the facility were approved for use in February 2026,<sup>23</sup> with the last small yard expected to open by late April 2026. The three small yards built on the Minimum/Medium side of the facility were projected to be finished by late April 2026 but were not approved for use until late May 2026. The reconfiguration of the Large Yard Spaces should be complete in the next review period, constructing a total of eleven sub yards in those areas. Despite substantial delays, the sub yards are well designed, contain toilet and sink facilities and are substantially larger than most sub yards observed in local detention facilities, giving more room for large muscle exercise and allowing small groups of Class Members to recreate together.*

(3) Quasi-Yard construction projects. Due date August 22, 2023.

*The completion date, originally reported as June 2025 and later January 2026, has changed. The Quasi Yards are currently in their final stage of construction. Construction on the Quasi Yard could not start until the sub yards mentioned in bullet #2 were complete; otherwise, many Class Members would have lacked access to outdoor recreation. The estimated final completion was initially late April 2026 but delayed until May 2026; in the interim Class Members should have access to the sub yard recently approved for occupancy.*

(4) Confidential interview spaces. Due date August 22, 2023.

*The County continues to utilize Sandy Turner meeting spaces, as well as newly developed programming areas and other designated options to address current needs. Additionally, the County has introduced a plan to reconfigure vacant cells in Housing Units 1, 2, 9, and 21 in order to convert them into six additional private consultation rooms. The County also plans to repurpose underutilized holding areas within the intake area to create four further private interview spaces, thereby ensuring confidential interviews during the admission evaluation process. At present, the proposed plans are considered both thoughtful and feasible. The next phase involves initiating the procurement process for construction and an update will be provided in the next report.*

(5) Cell softening project to reduce suicide hazards and improve overall cell conditions.

*Construction completed January 2024.*

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<sup>23</sup> The first small yard on the maximum side was reported as utilized on February 5, 2026. Utilization will be evaluated in the next reporting period.

- (6) Security Screen Project – Add additional security screening to upper tier of high-risk housing units.

*Construction completed April 2023.*

- (7) Accessibility Upgrade – In Construction. Refer to the ADA Expert Report for additional information.

*Change in status as was previously estimated Fall 2026 but current estimated as the summer of 2026.*

- (8) Camera Expansion – Construction began late 2023

*No Change since last report. - Final completion is estimated to be February 2027.*

- (9) Mental Health Facility (SB 863) –Completion was estimated to be early 2028.

*The County continues to demonstrate initiative and adaptability in developing alternative programming and clinical space following the Legislature’s withdrawal of funding for the proposed Mental Health Facility. During this review period, the conversion of HU 31 was completed, and the unit became operational in early 2026. The building was functionally divided: one half renovated for AFBH clinicians to provide dedicated clinician and office space, and the other half renovated for custody leadership and operations. This layout promotes collaboration while maintaining clear operational roles.*

*The custody side houses the Watch Commander, the Custody Operations Center, and the BHAT team. The AFBH space reflects a professional work environment designed for both individual and team-based clinical work. The center includes quiet rooms and respite areas to support private meetings, report writing and staff wellness.*

*During the December 2025 tour, clinical programming was observed in converted pod spaces in HU 1, 2, 9, and 21, with programming chairs added to facilitate structured group activities for Class Members requiring additional safety controls. The County is also finalizing the Chapel conversion into a multipurpose programming space, renovating group rooms in HU 25, and completing plans for ten additional confidential interview rooms in housing units and intake.*

*While some components remain in progress, the County’s expanded group, treatment, and provider spaces became operational this review period and are being actively utilized. The Joint Experts will work with the County next period to review programming schedules and address any remaining gaps, including those related to movement and escort logistics.*

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

### **Recommendations:**

1. \*The County should continue to appraise the Joint Experts and class counsel on the status of repurposing of vacant housing units to create a mental health treatment unit.
2. GSA and ACSO should devise a realistic and achievable plan for the deputy desks and observation platforms. The Joint Experts remains available to assist.

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

***Monitoring Discontinued***

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

***Finding: Substantial Compliance***

**Assessment:**

Provision 417 permits temporary exceptions to out-of-cell time when necessary to preserve the safety and security of the institution, incarcerated persons and staff, provided those exceptions are documented, limited in duration, and approved by the Watch Commander. The provision is focused on ensuring that any such exceptions are clearly justified, time-limited, and subject to supervisory review. The requirements were memorialized into Policy 9.09 – Special Incarcerated Person and the Watch Commander’s Post Orders – Policy 10.02. Staff were trained in the policies during this review period with 90 percent of the custody staff completing the training.

During the July–December 2025 review period, ACSO demonstrated substantial compliance with these requirements by strengthening documentation and supervisory review practices for both housing-unit lockdowns and individualized emergency restrictions. In response to prior recommendations, ACSO utilized standardized approval forms to document instances in which individuals were not permitted out of their cells due to emergent safety concerns, and later in the review period refined Watch Commander End-of-Shift reporting to capture housing-unit and individual lockdown activity more consistently.

A summary of this information is reflected in the below table:

**Documented Lockdowns  
July through December 2025**

<b>Month 2025</b>	<b>Unit Lockdowns</b>	<b>Individual Lockdowns</b>	<b>Management Plans*</b>
July	HU 8 A on 7/8/25; HU 3 through 8 on 7/27/25; HU 6 & 33 on 7/28/25; HU 22/23/32/33 on 7/29/25	7	Two Class Members
August	None Noted	4	Two Class Members
September	HU 32 & 33 on 9/6/25; Facility-wide on 9/7/25; Numerous units on 9/13/25	2	Two Class Members
October	HU 9 D on 10/23/25	3	One Class Member
November	None Noted	5	
December	HU 6 A on 12/4/25	5	
<b>Total July-Dec</b>	<b>10 Incidents</b>	<b>26</b>	<b>3 Class Members</b>
Total Jan-June 2025	7 Incidents	23	4 Class Members

\*Not all management plans entailed use of restraints during recreation as the RHC made weekly adjustments to management plan status. Two class members were on managements plans on more than one month.

From July through December 2025, ACSO documented ten housing-unit lockdown incidents and twenty-six individualized emergency lockdowns. Housing-unit lockdowns were concentrated in a limited number of months, primarily July and September, and were most often associated with short-term staffing constraints or multiple violent incidents occurring within compressed timeframes. The absence of housing-unit lockdowns in August and November reflects a conservative and targeted use of institutional restrictions rather than reliance on routine or prolonged lockdowns. Individual emergency lockdowns occurred across all months reviewed and were consistently supported by documentation identifying the precipitating conduct and the duration of the restriction.

Beginning in September 2025, Watch Commander End-of-Shift reports were more clearly structured to require documentation of any lockdown occurring during the shift. Prior to that refinement, lockdown activity was documented primarily through individual emergency lockdown approval forms and narrative End-of-Shift entries. Because the daily End-of-Shift reporting framework was not fully implemented for the entire review period, a formal crosswalk between End-of-Shift reports and individual emergency lockdown forms was not conducted during this review. That reconciliation is anticipated in the next review period now that reporting practices have stabilized.

During the December 2025 tour, most Class Members reported consistent access to out-of-cell activities, and few reported an entire day in which out-of-cell activities were not offered. Several reported filing complaints concerning lack of access but most stated access generally was due, they believed, to lack of staffing.

The following table reflects reported grievances for the period of July through December 2025 concerning denial of out-of-cell time to the dayroom or yard:

**Grievances – Pod and Dayroom  
July through December 2025**

Month	Grievances
July	20
August	11
September	12
October	6
November	6
December	4
<b>July – December 2025 Average</b>	<b>10</b>
Jan-June 2025 Average	11

Grievance data for the July–December 2025 period reflects an average of approximately ten grievances per month related to out-of-cell activity, including access to pod time, dayroom time, and yard. This represents a slight decrease from the January–June 2025 average of eleven grievances per month. The highest grievance volume coincided with months in which housing-unit lockdowns were documented, suggesting that grievance trends generally align with periods of increased restriction rather than indicating unexplained or routine denial of out-of-cell access. While grievance volume alone does not indicate misuse of lockdowns, clearer acknowledgment in grievance responses when out-of-cell activity is limited due to staffing or security-related exceptions would improve transparency and credibility.

As documented in prior reports, in relatively rare instances, individuals with significant violent behavior were permitted out of their cells only under heightened controls, including remaining in restraints during out-of-cell activity. These circumstances were addressed through special management plans and reviewed on an ongoing basis, including weekly consideration by the Restrictive Housing Committee, to ensure that such heightened restrictions did not persist beyond the period necessary to address the underlying safety risk. It is positive to report that the County installed secure programming chairs in units that rely on special management plans, creating an opportunity for those Class Members to engage safely in available programming.

ACSO has effectively established the essential operational components mandated by Provision 417, which include the development of policies, delivery of training, allowance for temporary exceptions, thorough documentation of the rationale and duration of restrictions, and approval of individualized lockdowns by the Watch Commander. Throughout the review period, documentation protocols have continued to evolve, demonstrating the County’s commitment to implementing previous recommendations in good faith and supporting a determination of substantial compliance.

Access to bathrooms is discussed further in Provision 415.

**Recommendations:**

1. Continue to comply with ACSO policy and engage in internal auditing of group and individual lockdowns occurring during the month.

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

**Finding:           *Partial Compliance***

**Assessment:**

The County continues to track out-of-cell time using the Guardian RFID system. Despite ongoing discussions with the vendor to improve real-time reporting, the system remains unable to generate timely reports that would allow unit supervisors to readily identify individuals who are not being afforded or refuse out-of-cell opportunities. These limitations continue to constrain effective supervisory and managerial oversight and fall short of the system required by this provision.

Because the Guardian system does not allow staff to readily identify individuals who have refused out-of-cell time for three consecutive days, ACSO and AFBH implemented interim workarounds late in the review period, including a supplemental log to track three-day refusal patterns, document referrals to AFBH, and record clinical responsiveness. Training regarding this interim process was provided, and its effectiveness will be evaluated in the next reporting cycle.

ACSO has not yet updated the *Recreation and Incarcerated Person Activity Program – Policy 18.12* to integrate expectations relative to additional staff attempts to encourage out-of-cell time and the process for the newly developed log to track out-of-cell refusals. ACSO is encouraged to update that policy. The ACSO is also not yet creating weekly out-of-cell tracking reports that will be necessary for supervisors to determine if out-of-cell is being offered and/or routinely refused.

**Recommendations:**

1. \*Comply with the newly developed process to notify AFBH when a Class Member has not left their cell in three days despite encouragement from custody.
  - o The new policy should include proof of practice for both internal and external monitoring.
  - o AFBH will also require a policy for the clinician(s)' role when referrals are received.
2. \*Revise the *Recreation and Incarcerated Person Activity Program – Policy 18.12* and related post orders to ensure that more than one staff member encourages out-of-cell time when a Class Member is isolating in their cell.
3. \*Establish a formal process to conduct supervisory and managerial reviews of out-of-cell time and the newly developed refusal logs.

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

**Finding: Partial Compliance**

This provision has several steps that are best addressed individually.

*Defendants shall also develop and implement policies requiring ACSO Staff to notify supervisors and AFBH Staff when incarcerated persons are, on a repeated basis, refusing to come out of their cells, refusing to shower, or are clearly neglecting other basic care and grooming and where they visually appear to be depressed, withdrawn or delusional.*

ACSO codified in the housing deputy post orders the requirement to prompt for out-of-cell time and to notify AFBH if a Class Member appears to be decompensating, including repeatedly refusing to leave their cells, refusing recreation or showers, neglecting hygiene, or appearing withdrawn or overly aggressive. The Joint Experts observed that custody staff frequently make referrals to AFBH when such behaviors occur. Many of these referrals are documented on the ITR call log, which records requests for mental health follow-up initiated by custody staff. Documentation in the ITR log improved during this review period; however, the log represents only one of several referral mechanisms. Custody staff also communicate concerns through direct emails, verbal notification to clinicians during housing-unit rounds, and discussions during team huddles. As a result, the ITR log should not be considered a complete record of all notifications to AFBH.

During this review period, the Joint Experts conducted an inclusive review of the ITR call logs from July through December, examining narrative entries associated with the requirements of this Provision, including isolation in the cell, refusal of recreation or showers, neglect of activities of daily living, or observable mental deterioration. The Joint Experts notes that there were many more mental health referrals documented in the ITR logs during this period; however, the entries reflected in the table below represent those referrals where the narrative documentation appeared linked to the behaviors described in Provision 419.

The following table is a summary of ITR Referrals where the documentation appeared associated with Provision 419:

<b>Month</b>	<b>Isolation</b>	<b>ADL</b>	<b>Decompensation</b>
July	43	9	58
August	47	6	46
September	41	6	53
October	38	9	59
November	47	13	64
December	19	3	13

These entries demonstrate that custody staff are identifying concerning behaviors and notifying mental health staff when incarcerated persons appear to be isolating, neglecting basic care, or exhibiting behavioral deterioration. The documentation is supported by interviews with ACSO and AFBH staff concerning the collaboration that occurs when a Class Member appears to be decompensating.

*Once notified, AFBH Staff shall follow-up with the incarcerated person within twenty-four (24) hours of receiving the initial notification or change in status.*

The Mental Health Joint Expert's findings regarding the timeliness of clinical follow-up are discussed in the Mental Health Eighth Monitoring Report under Provisions 406 and 407, which reflect that clinical intervention is occurring within the required twenty-four-hour timeframe following custody referrals documented on the ITR log.

*Defendants shall also ensure there is sufficient supervisory presence in all housing units and that supervisors play a pronounced role in monitoring out-of-cell and program activities and are visibly present in the units.*

Supervisors are consistently present within the housing units and are aware of their responsibility to monitor housing-unit operations, including whether out-of-cell and program activities are occurring. However, supervisors do not have access to the Guardian RFID reports that track individual participation in out-of-cell activity and therefore cannot identify when a particular incarcerated person may be repeatedly isolating in their cell or declining to participate in available activities. As a result, it is difficult to monitor compliance internally or externally with this provision because there is currently no report generated that identifies when a class member has been isolated or refusing to come out of their cell for three consecutive days.

Recognizing this limitation, ACSO and AFBH have developed a new unit-level tracking report intended to document repeated refusals of out-of-cell activity and facilitate documentation of notification to mental health staff when patterns of isolation are observed. This Joint Expert is hopeful that during the next reporting period the newly developed documentation will provide proof of practice of the efforts believed to be underway.

Interviews with custody and mental health staff and review of ITR call log documentation indicate that deputies are generally attentive to referring Class Members to AFBH when isolating or concerning behaviors are observed. The primary challenge is not the absence of referrals, but the ability to demonstrate proof of practice. Multiple referral mechanisms exist, but the County currently lacks a method to cross-reference Guardian RFID out-of-cell data with referral documentation or health records to confirm that notifications to mental health occur consistently.

The County has the framework to achieve substantial compliance in the next reporting period. Once policies are updated and the new tracking system is in place, it is believed an audit of the process will demonstrate substantial compliance.

**Recommendations:**

1. \*The County should continue to use the ITR referral log to document when a deputy is advising AFBH when a class member refuses out-of-cell for three consecutive days.
2. \*The Compliance Unit should audit the new unit level tracking sheet to measure compliance.
3. \*Policies, forms, post orders and training should be updated as appropriate.

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

**Finding:           *Partial Compliance***

**Assessment:**

The County informed Class Counsel and the Joint Experts about its plans to redesign open spaces in the existing yards by building smaller recreation areas and reconfiguring housing unit sub yards, also known as “quasi-yards,” to expand outdoor recreation spaces. The timeline for these projects is addressed in Provision 414. Although the County did not meet the original deadlines, it is now close to opening all of the newly constructed small yards and will begin work on the quasi-yards during the next review period. It is worth noting that in February 2026, after the review period ended, the County began using several individual recreation yards on the maximum-security side of the facility and expects the two smaller yards on the Minimum-Medium side to be in use during the next review period.

Additionally, ACSO created a structured activities sergeant post to ensure that the yards are used seven days a week, starting with the maximum-security side. This represents significant progress, and the Joint Expert looks forward to reviewing the upcoming master schedule this is reported to include structured activities in the new small yards.

Issues related to yard access cancellation and the watch commander's duties are addressed in Provision 417.

Any relevant recommendations will be developed once the small yards are operational and evaluated.

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

**Finding: Partial Compliance**

**Assessment:**

As provisions addressing quasi-yard and restricted housing out-of-cell utilization are covered elsewhere, this section remains focused on large yard utilization. During the current reporting period, the County observed minor improvements in large yard use. While construction activities have contributed to limited access, there continue to be opportunities for more consistent outdoor availability by mitigating certain barriers such as the ACSO not operating the yard on Sundays, lack of coverage when the yard officer is on vacation, sick leave, or training, and limiting yard hours primarily to 9:00 am through 4:00 pm. The County has indicated plans to expand yard operations to seven days per week once the two additional small yards for use by minimum and medium Class Members become available, which is expected within the next review period. These additional spaces will allow three to four separate units daily access to outdoor recreation, enabling Class Members on the Minimum-Medium side of the facility to participate in outdoor activities three to four times weekly, utilizing both the unit quasi-yards and other recreational facilities in that area of the jail.

The following table reflects the average weekly hours that the yard is open and the average number of Class Members per week that attend the large yard for the period of July through December 2025 followed by historical yard utilization data:

**Average Available Hours and Utilization of the Large Group Yard  
JULY TO DECEMBER 2025**

<b>Month</b>	<b>Average Weekly Hours</b>	<b>Average Weekly Participants</b>
July	21.1	299
August	20.4	275
September	21.0	265
October	10.3	159
November	12.0	167
December	10.8	112
<b>Monthly Average</b>	<b>15.9</b>	<b>213</b>
Jan-June 2025	12	138

**Average Available Hours and Utilization of the Large Group Yard  
JANUARY 2024 TO DECEMBER 2025**

<b>Review Period</b>	<b>Average Weekly Hours</b>	<b>Average Weekly Participants</b>
Jan to June 2024	12	138
July to Dec 2024	24	390
Jan to June 2025	12	138
July to Dec 2025	16	213

From July through December 2025, both the number of hours the large group yard was available and the number of people using it declined over the course of the period. Yard access was strongest in summer and then tapered off through the fall. When all weeks are counted, including weeks with no reported yard activity, the six-month average was 16 hours per week with an average of 213 participants.

Looking across the full January 2024 through December 2025 period, the data show that yard access and use have varied considerably over time. The July–December 2024 period reflects unusually high levels of both availability and participation. By contrast, both halves of 2025 show lower levels of yard access. The July–December 2025 period represents a modest improvement over the first half of 2025, but it did not return to the levels observed in mid-2024.

Overall, the charts show that large group yard access in the latter half of 2025 was uneven and gradually declining, with participation closely tracking the availability of yard hours. Large yard hours have historically been recorded on paper logs. ACSO is transitioning this information to the Guardian system to support improved internal monitoring.

The County has articulated a plan to substantially increase outdoor recreation opportunities in the next review period and assigning oversight to a dedicated sergeant. The County is committed to expanding yard opportunities, which is expected to be realized in the next review period. As reflected in the previous report, the County will not achieve substantial compliance until the yards are utilized to the maximum reasonable level, and the expanded yards are constructed as discussed in Provision 414.

**Recommendations:**

1. \*Conduct an in-depth evaluation of all available outdoor recreation spaces and create a master schedule that can be implemented and monitored daily by supervisors.
2. \*Create a formal report to the Compliance Unit documenting the reason the outdoor recreation area was not used and all efforts to return to normal operations.
3. Finalize the plan to allocate a sergeant for structured activities and ensure that two deputies are assigned daily to provide yard coverage on the minimum-medium and maximum side of the facility.

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

**Finding: Partial Compliance**

**Assessment:**

Due to the complexity of this provision, various aspects are separated for evaluation:

*Defendants shall provide programming within the facility consistent with classification level, including providing access to the Sandy Turner Education Center and Transition Center services for Behavioral Health Clients, as a means of suicide/self-harm prevention and in order to provide equal access to incarcerated persons with disabilities.*

Partially. As previously reported, the defendants currently offer programming for Behavioral Health Clients at the Sandy Turner Education Center (STEC) as well as within the housing units. Equal access has not yet been established, primarily due to challenges in quantifying the available programs and inconsistencies in reporting participation, which often lack details regarding Class Members on the behavioral health caseload. The Joint Experts will continue collaborating with the County to accurately quantify participation, thereby supporting efforts to assess equitable access.

*AFBH will designate an individual to coordinate identification and implementation of internal and external group resources and partnerships.*

Implemented. AFBH and ACSO both have designated staff responsible for coordinating internal and external resources and partnerships for programming serving both general population and THU class members.

*In evaluating current and future programming and work opportunities for incarcerated persons, Defendants shall evaluate worker assignments for incarcerated individuals to determine whether additional work opportunities could be created to assist with facility improvements and programming, such as creating programs for deep cleaning, student tutor/merit masters, and access to program support aides.*

Not yet implemented. While the County does have work opportunities in the laundry area, kitchen and pod workers, the County has not yet been able to evaluate additional work opportunities.

*Defendants shall further establish a daily tracking system for programs provided and incarcerated individuals who attended.*

Partial Implementation. The County has submitted tracking reports for STEC programming, BHAT escorted groups, kitchen workers, and laundry workers. The County also has engaged in an analysis of

STEC programming provided by classification levels. However, the various program data remains partially integrated and lacks thorough internal analysis to demonstrate equal access for workers with disabilities. While the County has demonstrated its commitment to providing and expanding programming for all incarcerated individuals, consistent measurement of participation continues to present challenges, especially due to upgraded reports that occurred during the reporting period. While the new worker reports are more thorough, the manner in which they were provided makes the review very time-consuming. ACSO has committed to reviewing the reports for the next review period to see if they can be simplified.

Previous reports have intermittently attempted to quantify access to programming based on housing assignment and behavioral health level of care. The process is complex due to the fact there are numerous reports that are generated by the County to demonstrate compliance, but they have not been consistently provided and may or may not have the Class Members' housing and/or level of care. The County has demonstrated a commitment to providing equal access to programs and work assignments but has not fully met the obligation of this provision.

**Recommendations:**

1. \*Continue the refinement of program tracking and include the housing locations where those programs are offered or the location where the IP participants reside.
2. \*Work with the Joint Expert to standardize monthly reports for all programming and work assignments occurring in the jail.
3. \*Continue to identify the workers in the monthly worker report who are assigned to the behavioral health caseload.
4. \*The Compliance Unit should begin the process of evaluating monthly trends regarding programs offered and work assignments afforded to show growth over time.
5. \*Update associated policies, post orders, training and orientation information to comply with provisions.
6. \*Prepare a quarterly report that reflects attempts to expand services in the facilities.
7. Complete a potential worker expansion analysis and provide to the Joint Experts for review.

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

**Finding:            Partial Compliance**

**Assessment:**

Due to the complexity of this provision, various aspects are separated for evaluation:

*When appropriate and consistent with individual clinical input, Behavioral Health Clients shall have equal access and opportunity to participate in jail programming, work opportunities, and education programming for which they are qualified.*

Partial Implementation. As outlined in Provision 422, Behavioral Health Clients are allowed to take part in programs, job opportunities, and educational activities. Still, it has been difficult to verify equal access for these Class Members because tracking reports are complicated as discussed in Provision 422.

*Similarly, Behavioral Health Clients shall further receive, at minimum, privileges consistent with their classification level regardless of where they are housed.*

Implemented. Class members on the behavioral health caseload receive privileges consistent with their classification and housing, unless clinically restricted as specified in Provision 760. Those in designated THUs are granted the same privileges as comparable classifications not on the behavioral health caseload.

*Defendants shall review and update any policies and practices related to program eligibility to maximize the number of persons eligible for programming.*

Partial Implementation. Both AFBH and ACSO have shown dedication to expanding programming for Class Members, but some units and areas still seem to lack equal access to services. Measuring this accurately has been challenging because of the complex nature of individualized tracking reports for different programming options. ACSO still needs to update several policies related to work programming but is committed to revising some or all of these policies during the next review period.

*Defendants shall consult with various incarcerated person services providers, including educational providers, faith-based providers, and mental health providers, to evaluate and expand program offerings throughout the Jail.*

Partial Implementation. Program expansions indicate that both AFBH and ACSO have engaged external providers to broaden their offerings. However, the County currently lacks a reporting system to quantify these initiatives and provide evidence of effective implementation.

*ACBH, including AFBH, shall continue to cooperate with the Alameda County Behavioral Mental Health Court and to seek options for alternatives to custody through community-based organizations and treatment providers.*

Implemented. The County maintains ongoing collaboration with the Alameda County Behavioral Mental Health Court to identify and refer eligible clients for community-based diversion programs. AFBH has recently started supplying documentation regarding referral practices, which will be included in subsequent reports.

### **Recommendations:**

1. See recommendations provision 422.

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

**Finding:        *Partial Compliance***

**Assessment:**

During this review period, the County began utilizing renovated programming spaces created through pod conversions in Housing Units 1, 2, and 9. Housing Units 21 and 35 also received updates to in-unit programming space, though those areas remain limited in size. Collectively, these efforts reflect a sustained strategy to expand programming through the repurposing of existing housing unit space.

The County has determined that Housing Unit 25 will be used to house the male THU population currently located in Housing Unit 35. Classroom spaces within Housing Unit 25 are undergoing remodeling and are expected to be available during the next reporting period, allowing for expanded structured activities within the unit. The County has also identified opportunities to utilize newly constructed small yard spaces for structured group activities during appropriate weather conditions. Renovations to the chapel are in their final stages and will result in a multi-purpose space suitable for both religious services and group programming.

Overall, the County has made substantial progress in expanding programming space across multiple populations. Programming for minimum- and medium-security individuals is well supported through effective utilization of the Sandy Turner classrooms. The County has also demonstrated strong progress within restricted housing and THU units by creating additional group programming space and advancing the development of individualized interview areas for private consultations, as reflected in Provision 414. These spaces are well maintained and actively utilized.

The population that remains least supported is maximum-security males housed in general population units, including Housing Units 4, 6, and 8. While the County has provided an overview of available programs, this provision requires a comprehensive needs assessment that has not yet occurred. The County has not completed a full analysis of existing space availability, nor fully implemented a programming pod model within these units, which could reduce reliance on centralized classroom space.

Despite limitations on new construction, the County has demonstrated significant effort and creativity in repurposing existing space. Continued evaluation of available space and targeted strategies to extend programming access to maximum-security males will be necessary to achieve full compliance with this provision.

**Recommendations:**

1. \*Continue to refine the daily program offering report the County developed since the last reporting period. The report reflects the location for the programming, which is excellent.
2. \*Conduct an existing space assessment to determine if the opportunity exists to expand programming in underutilized spaces, such as the classroom space in the various housing units.
3. \*Ensure Phase II and Phase III address inadequate space in the female THU/RH unit as well as lack of programming opportunities and space for the higher security populations.
4. \*Complete the classroom renovation in HU 25 to relocated the male THU from HU 35 to HU 25.

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

**Finding:** Substantial Compliance

**Assessment:**

The County has developed and implemented updated written use-of-force policies governing both emergent and pre-planned uses of force, along with the associated training curriculum. These policies and training materials were reviewed and approved by the Use of Force Expert and Class Counsel prior to implementation. The updated policies incorporate the structured use-of-force review process and associated review forms, aligning policy language with operational oversight practices. Additionally, as referenced in Provision 773, the County developed both initial and refresher de-escalation training, which was reviewed and approved by the Mental Health Expert and Class Counsel. Staff have received training on the updated policies and forms, and the revised use-of-force framework has been incorporated into the new employee academy curriculum.

Based on the development and implementation of updated written policies governing both emergent and pre-planned uses of force, the approval of those policies and associated training by the Use of Force Expert and Class Counsel, and the documented rollout of training to custody staff — including incorporation into the new employee academy — the structural requirements of this provision have been met. The consultation requirement regarding de-escalation training has also been satisfied through review and approval by the Mental Health Expert and Class Counsel. The County has therefore completed the core policy, training, and implementation components required under this provision. Accordingly, Provision 500 is rated Substantial Compliance.

**Recommendations:**

1. Continue to train new employees on the approved policies utilizing approved lesson plans.
2. Continue to utilize trend analysis and lessons learned to update policy and training associated with the force provisions.

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

**Finding:** Partial Compliance

**Assessment:**

Provision 501 focuses on whether the updated use-of-force policy contains and reflects the specific substantive components required by the Consent Decree, including supervisory accountability, PEIS tracking, clinical engagement by AFBH, strike restrictions, coordination in pre-planned force incidents, and training standards for force review. The County’s quarterly FTC reporting provides insight into how these required elements are functioning within the broader force framework but is not yet fully comprehensive to demonstrate proof of practice.

The analysis below reviews the available force data, review timelines, tactical trends, and location patterns to assess whether the required policy components are evident in practice and reporting. The County continues to demonstrate sustained engagement in refining its use-of-force policy framework, training delivery, and internal review mechanisms. The most notable development during this reporting period is the maturation of the review process at the managerial level. Final command-level reviews are increasingly substantive, more analytically grounded, and more willing to articulate policy violations where appropriate. This represents meaningful institutional growth.

At the same time, Q2 and Q3 2025 introduce data points that warrant monitoring, particularly with respect to category distribution and review timeliness. These developments do not yet constitute regression; however, they require continued attention.

When viewed against longer-term trends, the distribution of force categories from 2023 through 2024 reflected relative stability, with Category I incidents consistently representing the predominant proportion of force utilized at the Jail and Category III incidents remaining rare.

The following tables present quarterly averages for 2023 and 2024, followed by 2025 data structured for direct comparison.

**Use of Force Incidents by Category  
Quarterly Average 2023-2025**

Category	2023	2024	2025 (Q1-Q3)
Cat I	98	86	103
Cat II	30	32	36
Cat III	3	1	2
Total	131	119	141

**Use of Force Incidents by Category  
Quarterly Average January through September 2025**

Category	Q1	Q2	Q3	Average (Q1-Q3)	2025 Avg. difference from 2024 Avg
Cat I	87	127	95	103	17
Cat II	29	36	42	36	4
Cat III	1	1	4	2	1
Total	117	164	141	141	22

In 2023 and 2024, Category I incidents consistently accounted for the majority of force used at the Jail. The first two quarters of 2025 reflected a similar pattern. In the third quarter of 2025, however, Category I incidents declined to approximately 67 percent while Category II incidents increased to roughly 30 percent. Category III incidents remain rare, although four occurred during Q3. At this stage, this shift does not yet indicate a sustained change in force practices. Monitoring will continue to evaluate whether this shift is temporary or an emerging trend in force utilization.

The County continues to track the timeliness of review completion by category. The following tables reflect baseline performance for 2023 and 2024, followed by 2025 data through Q3.

**Use of Force Review Averages  
Average Days to Complete Review 2023-2025**

Category	2023	2024	2025 (Q1-Q3)
Category I	40	42	46.5
Category II	90	69	64.5
Category III	96	100	135

**Use of Force Review Averages**  
**Average Days to Complete Review January through September 2025**

Category	Q1	Q2	Q3	Average (Q1–Q3)	Diff vs 2024 Avg (Days)
Category I	47	44.5	48	46.5	4.5
Category II	29	76.6	88	64.5	-4.5
Category III	0	0	135	135	35

Category II review timelines lengthened in Q2 and Q3 compared to Q1 2025. This appears to be associated with more thorough and substantive managerial review, reflecting growth in the depth and seriousness of the process. However, longer review periods can create risk if accountability is delayed. During this reporting period, ACSO recognized that an instance of employee misconduct was not identified as quickly as it should have been, in part due to challenges with the PEIS process and the time required to complete the review. That matter is discussed in a subsequent provision. As the review process continues to mature, the County must ensure that increased rigor does not come at the expense of timely detection and corrective action.

Overall, the County demonstrates continued maturation in force review practices at the managerial level, improved concurrence, and sustained reliance on Category I responses. However, Q3 proportional shifts and review timing trends warrant continued monitoring.

The County also tracks the types of force used for each incident. It is important to understand that a single force incident could include the use of more than one force option. For example, in an incident one staff may use oleoresin capsicum (OC) followed with a control hold or ground controls and another utilize a taser. The County will measure multiple force options in this scenario. The following tables depict force options employed during Calendar Year 2023 and Calendar Year 2024 (baseline), followed by 2025 data through Q3.

**Types of Force Used by Quarter<sup>24</sup>**  
**Total Incidents 2023 through 2025**

Type of Force	2023		2024		2025 (Q1-Q3)	
	Average	Share of Total (%)	Average	Share of Total (%)	Average (Q1–Q3)	Share of Total (%)
Control Hold	82	42%	100	52%	123	46%
Ground Control/Takedown	88	44%	75	39%	112	42%
OC	7	3%	5	2%	9	3%
Taser	6	3%	3	2%	7	3%
Personal Body Weapons (Strikes)	14	7%	11	5%	16	6%
Batons	0	0%	0	0%	0	0%
Projectiles	1	0%	0	0%	0	0%

<sup>24</sup>While it is noted that types of force and force incidents appear to have increased, this may be partially attributed to staff requirements to report all force, even minor physical strength during escorts.

From 2023 through 2025, force trends show both stability and some shifts in how force is being applied. As discussed in the prior reporting period, the most noticeable change entering 2025 was the increased reliance on control holds compared to 2024. That pattern continued into Q2 2025, with control-oriented tactics remaining prominent. In Q3 2025, however, there was a modest increase in OC and taser use compared to Q2, consistent with the quarter-specific rise in higher force categories noted above. These developments should continue to be monitored in the context of force locations and the County’s ongoing emphasis on de-escalation and alternative tactics.

Custody continues to identify the housing units with the highest prevalence of force. The following tables reflect the highest force utilization locations by quarterly location data for 2025 through Q3.

**Use of Force Locations  
January through September 2025**

Location	Q1		Q2		Q3	
	Total Incidents	Percentage of force incidents	Total Incidents	Percentage of force incidents	Total Incidents	Percentage of force incidents
Housing Unit 9	27	26%	Closed	N/A	12	9%
Intake Area	22	22%	29	18%	28	20%
Housing Unit 8	14	14%	27	16%	7	7%
Housing Unit 21	14	14%	19	12%	12	9%
Housing Unit 2	Closed	N/A	27	17%	28	20%

Throughout monitoring, the Intake Area (ITR) and Housing Unit 9 have consistently accounted for a significant share of use-of-force incidents. In Q1 2025, that pattern continued, with force concentrated in Housing Unit 9 and Intake. By Q2 and Q3, Housing Unit 2 (which replaced HU 9 as the principal THU for males) emerged as another high-use location, while ITR remained a steady contributor. Housing Unit 21 also continues to appear among the higher-use units across quarters.

Taken together, these patterns show that force remains concentrated in intake settings and therapeutic housing environments. Although the County does not yet track the percentage of force incidents involving behavioral health class members, the location trends suggest a clear connection between force activity and behavioral health acuity. This reinforces the need for continued emphasis on programming, clinical engagement, and de-escalation strategies in these areas. This also highlights the need for behavioral plans for Class Members consistently engaged in force incidents. While there are special management plans for some Class Members who are repeatedly violent, those plans are not clinically driven or encompass all Class Members who are routinely engaged in force incidents.

Overall, the County has made significant and measurable progress in implementing the requirements of this provision. The current leadership team has strengthened the force review process, elevated the quality and depth of managerial analysis, and demonstrated a clear commitment to accountability and reform. The policy foundation is in place, training has been delivered and incorporated into academy curriculum, and command-level oversight reflects a more thoughtful and disciplined approach than in prior reporting periods. The remaining work is nuanced and focused on refinement rather than structural overhaul. To reach Substantial Compliance, the County must ensure that the required policy components are

consistently operationalized and documented in a manner that clearly demonstrates proof-of-practice. These final steps are achievable and are built directly upon the progress already made.

**Recommendations:**

1. Integrate PEIS data into quarterly force reporting and individual force review packages, including documentation of staff prevalence rates, early intervention triggers, and supervisory response where applicable.
2. Document AFBH engagement for incarcerated persons involved in multiple force incidents, including identification of repeat-force individuals and whether behavior plans were developed or updated. Incorporate into Quarterly report.
3. Track and incorporate into the Quarterly report regarding AFBH engagement in pre-planned force incidents.
4. Develop a quarterly supervisory accountability summary reflecting the number of force incidents involving policy violations and the corresponding corrective actions taken (training, counseling, discipline, or referral for further investigation).
5. Establish internal review completion benchmarks by force category and implement supervisory escalation when review timelines exceed those benchmarks.
6. Continue reinforcing de-escalation training and alternative tactics in high-use units, particularly intake and therapeutic housing environments.

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

**Finding:**        ***Substantial Compliance***

**Assessment:**

During the May through September review period, the Custody Joint Expert identified four pre-planned uses of force. In each of these incidents, AFBH was contacted in advance of the planned operation. Documentation reflects that clinical staff were summoned prior to force and that de-escalation efforts were undertaken before force occurred. The record does not reflect any pre-planned use of force proceeding without advance AFBH involvement. There was no requirement that AFBH remain on site during the actual extraction. Most files included non-audio video of the AFBH clinician standing cell front apparently talking to the Class Member.

The Custody Joint Expert also reviewed emergent cell entries involving active self-harm or acute medical emergencies, including attempted ligature, self-abusive behavior, self-harm in cell, suspected overdose, and seizure. These incidents presented immediate threats to life or serious bodily injury, and deputies appropriately exercised judgment by acting promptly to preserve life and prevent further injury. In most of these cases, there was no practical opportunity to delay intervention to secure advance AFBH presence and the deputies exercised appropriate judgement to engage in emergency cell entries.

The Custody Joint Expert notes one concern regarding the self harm in the cell incident. Although staff report that AFBH was contacted prior to entry, the documentation does not clearly reflect the precise timing of that contact in relation to the use of force. As a result, it is unclear whether AFBH could have responded in time to attempt de-escalation before force became necessary. Improved documentation of contact times and response intervals is necessary to ensure clarity regarding clinical engagement in

emergent situations. This documentation gap, however, does not negate the overall finding that Defendants are ensuring AFBH presence in advance of pre-planned uses of force as required by Provision 502. However, better documentation during the force review process regarding discussion between ACSO and AFBH regarding the factors in that incident was warranted.

Incidents involving non-preplanned, non-emergent entries that raise questions regarding slowing down and engaging AFBH are addressed separately under Provision 501 and do not alter the analysis under this provision.

Based on the evidence reviewed during this reporting period, it is clear ACSO staff are consistently ensuring an AFBH clinical staff is present in advance of all pre-planned uses of force and are documenting de-escalation efforts consistent with Provision 502. While improved documentation is warranted in isolated instances, the overall requirements of the provision are being met. Accordingly, the Custody Joint Expert finds Defendants to be in Substantial Compliance.

### **Recommendations:**

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

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

**Finding:**        *Partial Compliance*

### **Assessment:**

The County has maintained an effective use-of-force review system. As described in the Second and subsequent Monitoring reports, the Unit Sergeant and Unit Lieutenant utilize the Blue Team software to conduct reviews of all force incidents and are the initial reviewers of all incidents.<sup>25</sup> The Force Training Unit (FTU) has a responsibility for independently reviewing all Category II and III incidents as well as no less than 10% of Category I incidents. Custody Managers review all Category II and III incidents but review Category I incidents if referred for a review of a potential serious policy violation.

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<sup>25</sup> Category I use of force incidents are generally physical force and ground takedowns; Category II is generally use of personal body weapons, chemical agents, impact weapons, group incidents involving more than five (5) IPs or injuries to staff or IPs as a result of force not considered a serious bodily injury; Category III are serious bodily injuries due to the incident, impact weapons strikes to the head or other head strikes likely to cause serious bodily injury; use of impact weapons, chemical agents or strikes on a restrained IP.

The County continues to maintain the FTC comprised of one (1) lieutenant, three (3) sergeants and (1) analyst. In addition to reviewing force incidents, the FTC conducts individual and group trainings and prepares quarterly force trend reports.

During this review period, the use of force Expert reviewed all Category II and III incidents and a sample of Category I force packages covering May through August 2025. This four-month review period deviates from prior monitoring cycles, during which six months of force packages were reviewed. However, due to ACSO conducting more substantive and detailed evaluations of use-of-force incidents during this period, it was not realistic to review September and October force packages as originally anticipated. The next review period will include a six month review.

The review volume and concurrence rates are summarized below:

**Use of Force Reviews  
May through August 2025**

<b>Month</b>	<b>Requested</b>	<b>Received</b>	<b>Non-Concur</b>	<b>Partial Concur</b>
May	16	16	0	7
June	19	19	0	4
July	20	20	1 <sup>1</sup>	7
August	14	14	0	2
<b>Total</b>	<b>69</b>	<b>69</b>	<b>1</b>	<b>20</b>

In prior monitoring periods, the expert assessed concurrence with ACSO’s overall findings. In the last report,<sup>26</sup> the non-concurrence rate was 11% and the partial concurrence rate was 21%, reflecting an overall concurrence rate of 68%. During the present review period, the non-concurrence rate was 1% and the partial concurrence rate was 29%, reflecting an overall concurrence rate of 70%. With the exception of one incident, at least partial concurrence was achieved on the most significant aspects of the review process, including identification of policy violations and recognition of when the force policy may have been violated.

In reviewing Category I use-of-force incidents, non-FTC sergeants and lieutenants serve as the primary mechanism for review. As mentioned, only approximately ten percent of Category I incidents proceed to the FTC for secondary review, and none proceed through a managerial review layer unless a potential serious policy violation is identified. As a result, the quality of analysis at the first-line supervisory level becomes even more critical in these cases. Many of the partial concurrence determinations during this review period arose from Category I incidents where force may have been technically within policy, but opportunities for disengagement, improved de-escalation, or tactical reassessment were not fully identified or addressed by frontline supervisors. Reliance on sergeants and lieutenants who may not yet have a consistent management-level understanding of evolving force expectations creates risk within the review system in circumstances where they are the final reviewers. Strengthening first-line analytical rigor in Category I incidents is therefore essential to improving overall review quality.

In establishing concurrence rates, this does not mean staff did not make mistakes, including serious mistakes or violations of policy, during this review period. It does mean that ACSO identified the most

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<sup>26</sup> Seventh Monitoring Report, page 55.

serious issues during their review process, which is how the system is designed to function. In the reviews, ACSO also continues to review less lethal weapons, chemical agents, and tactical decision-making as a constant feature of its use-of-force package reviews, consistent with Provision 503(c). It is also positive to report that one hundred percent of force incidents are reviewed, satisfying Provision 503(a). At this stage in ACSO's compliance with this provision, the issue is not the quantity of reviews, but the quality of reviews—particularly at the first-line supervisory level and how lack of timeliness can negatively impact the overall process.

Review of several use-of-force incidents identified delays in supervisory determinations involving force that later appeared not objectively reasonable and may have exceeded the threat presented. The first example occurred in June 2025. During that event, a takedown occurred after a deputy reported physical contact by the Class Member during medication distribution. A unit sergeant reviewed the incident the following day and found training issues but determined the force was within policy. A lieutenant later reviewed the incident and likewise found no force policy violation. It was not until September 5, 2025 that the FTC determined the force may have exceeded the threat presented and that the deputy's documentation of the incident did not match the video. That represents an 85-day delay between the incident and identification of a potential serious policy violation. During that time, the deputy continued to work in housing units.

The second example involved four separate use-of-force policy violations occurring within a 14-day period in July involving the same deputy. In the first three incidents, the initial sergeant and lieutenant reviews found the force within policy or identified only training issues, despite later determinations that the force did not match the threat presented. Personal body weapons and other unprofessional behaviors were used in these incidents. Although there were ongoing issues with problematic use of force, the deputy remained assigned to housing units during this time. After the fourth incident, a sergeant noted that the force used seemed inconsistent with policy and recognized a troubling pattern, which he reported along with his previous efforts to address the deputy's actions. The deputy was removed from housing unit assignment 34 days after the first incident and 20 days after the final incident. It is positive to report that ACSO implemented a new internal process for tracking force incidents designed to capture these types of incidents immediately.

Beginning September 2025, ACSO sought feedback from the use-of-force Expert and Class Counsel to a proposed update to the ACSO use-of-force review policy. On November 10, 2025, the ACSO revised the Force Review policy (21.03.02) which clarified supervisors' responsibilities to conduct prompt and comprehensive reviews of force packages, promptly notify management if concerns arise, and provide guidance on redirecting staff from Class Member contact when appropriate.

Conducting self-evaluations of system challenges and reporting demonstrates substantial internal accountability and is of considerable importance. The weakness identified by ACSO was the failure of first-line supervisory review to consistently identify force that was not objectively reasonable at the outset. Although management and the FTC ultimately recognized the problem, those determinations occurred weeks after the incidents and only after multiple similar events took place.

As acknowledged by ACSO, the Force Provisions mandate a supervisory review process that is both meaningful and capable of preventing recurrence. When force deemed not objectively reasonable is only recognized during higher-level reviews weeks later, the system operates reactively rather than proactively. Enhancing the thoroughness and timeliness of initial supervisory evaluations is critical for compliance, especially since these are often the sole reviews conducted for most Category I use-of-force incidents, which constitute the majority of such cases. The revised policy underscores the expectations for sergeants

and lieutenants regarding their responsibilities in the review process. During this period, ACSO has increased efforts to address supervisory shortcomings related to insufficient review of use-of-force incidents through management oversight. However, because management does not review Category I incidents, this remains a significant systemic risk.

Provision 503(c) addresses the use of impact weapons and oleoresin capsicum (OC) in pre-planned force incidents. During the period of May through August 2025, ACSO reported four pre-planned force incidents, two of which involved only physical strength and holds. The following is an overview of the two involving less-lethal force:

- A Class Member refused to exit a restricted housing cell to be rehoused to a THU. A cool down period was provided, AFBH and supervisors attempted to gain compliance, but the Class Member refused. As a result, a cell entry was ordered, and OC was utilized prior to the cell entrance. Training issues related to the planning of the event were shared with ACSO, but the OC was deemed appropriate.
- Deputies attempted to convince an intake Class Member to exit a holding cell for housing. AFBH and a supervisor attempted to gain compliance. The Class Member was threatening to assault staff with body fluids if they entered the cell, so OC was authorized due to the threat. Training issues relative to planning the extraction were identified but OC was deemed appropriate.

Improvements noted this monitoring period:

- All of the improvements noted in prior monitoring reports have been maintained.
- ACSO self-identified additional training needs for sergeants and lieutenants regarding quality of reviews, updated the associated policy and trained all supervisors. ACSO has increased accountability when sergeants and lieutenants fail to conduct a meaningful force review.

The following areas for improvement were documented in previous Monitoring Reports followed by the current status in italics:<sup>27</sup>

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

*The FTC continues to track policy violations and whether the response is training or formal corrective action. ACSO has emphasized greater staff accountability for serious errors in judgment and policy violations. Concerns remain, however, regarding employee accountability when both ACSO and the use-of-force expert determine that force was outside policy. While the Settlement Agreement does not require evaluation of final disciplinary outcomes, the Expert continues to raise concerns about accountability decision-making in such cases.*

*It is positive that, for the first time since monitoring began, all serious policy violations observed in the sample reviews during this review period resulted in written documentation. However, in some instances, the corrective action for what ACSO considered a violation of policy and the Expert considered to be unnecessary or excessive force consisted only of written training. The County is*

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<sup>27</sup> Any prior recommendations documented as resolved in the last report have been removed.

*reminded that being “steadfast and unapologetic” in addressing serious policy violations as required in Provision 501 when holding staff accountable for their actions may require difficult personnel decisions, even when the employee has not previously presented concerns.*

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

*Deputies continue to demonstrate de-escalation attempts in many of the force incidents reviewed. However, ACSO and the Expert continue to identify incidents in which staff actions did not involve de-escalation attempts. ACSO has improved in addressing those incidents when they are identified. ACSO is encouraged to focus on expanding CCC training to help deputies build de-escalation skills.*

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

*Resolved. There were no incidents of failure to engage in in-cell decontamination and no incidents in this review period concerning poor food slot tactics.*

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

*This continues to be an area of focus during ACSO reviews. During this review period, at least five incidents were evaluated where it appeared staff may have had the time to summon AFBH and/or engage in a pre-planned force. In one incident the deputies used good judgement and disengaged and exited the cell when it appeared the situation was escalating.*

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

*In Process - The staff continue to do a good job of bringing a wheelchair to provide transport for a resistive person. The ACSO still is exploring other equipment to assist with upper tier movement of resistive or incapacitated persons.*

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

*While it is positive that Sergeants are noted to be available and responding to attempt to resolve incidents, it is clear additional training is needed, particularly in controlled situations. Improvement during this review period is noted, likely attributed to the offsite sergeant training forum and training conducted by the FTC.*

- The tray slots in the restricted housing units require different locking mechanisms.

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

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

*Resolved. The most striking improvement during this review period has been the quality of manager reviews within the use of force review process. The management team has displayed remarkable and bold leadership by setting clear expectations, engaging in meaningful communication about force principles, offering hands-on training and mentoring, and tackling both individual and systemic concerns revealed through the reviews.*

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

*Resolved. Staff consistently provided direct supervision until a medical assessment occurred post force.*

- Revise policies and training to mandate AFBH evaluation following the use of force in situations where it appears that the class member has decompensated or is experiencing a mental health crisis prior to rehousing.

*This recommendation will be addressed in Provision 501.*

- Work with the Custody and Mental Health Expert to develop a violence reduction plan for the intake and THUs experience higher than average force incidents.

*ACSO has focused on increasing programming opportunities in the THUs and continues to monitor challenges in the ITR. This recommendation is best addressed in Provision 501.*

- Expand the CCC training to ensure that over 50 percent of the staff assigned to the intake area and THU have received the full CCC training.

*This recommendation is addressed in Provision 773.*

Provision 503(d) requires completion of fixed camera installation in areas with high prevalence of force. The camera project remains in process. For the status of the camera installation and monitoring project, refer to Provision 414.

Based on the totality of the review, Provision 503 remains in Partial Compliance. ACSO has made meaningful progress at the executive and FTC levels, demonstrating increasingly rigorous, clear-eyed evaluation of force and improved identification of conduct that was not objectively reasonable. Tracking controls have been strengthened, and additional expectations for sergeant and lieutenant review have been reinforced. However, substantial compliance cannot be found at this time because the timeliness and rigor of first-line supervisory review remain inconsistent. Delayed identification of force that was not objectively reasonable allowed multiple similar incidents to occur before corrective intervention. Quality reviews necessarily require time, but clear and realistic timeframes for each layer of review must be established and adhered to so that deputies can either be promptly corrected or removed from inmate contact pending further investigation when serious policy violations occur.

If ACSO continues to improve front-end supervisory rigor, reinforces expectations for Category I reviews, and maintains its strengthened tracking controls, substantial compliance is achievable in the next monitoring period but that assumes that the Parties agree that the camera project can be rated under Provision 414 as it is not slated for completion in the next review period.

## Recommendations

1. \*Continue to train all existing custody supervisors and managers in the new policies or to address identified trends that require discussion.
2. \*Continue to provide updates on the project plan for expansion of fixed cameras in the jail based on use of force trends.
3. \*Continue to analyze force packages for training and policy revision need trends.
4. \*Address the various recommendations from these provisions in a comprehensive quarterly use of force review process, which should also identify opportunities for violence reduction.<sup>28</sup>
5. \*Increase CCC training in high force utilization units.
6. Improve quality and timeliness of initial force reviews to quickly determine if any significant policy violations may have occurred and address immediately. Evaluate lack of FTC and managerial reviews of the majority of Category I incident reviews.

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

### **Monitoring Discontinued**

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

**Finding:           Substantial Compliance**

### **Assessment:**

As noted in multiple prior Monitoring Reports, effective oversight of restraint chair usage had been significantly compromised by incomplete documentation, poor internal tracking, and inconsistent observation logs. Over at least three reporting periods, the County was unable to reliably provide accurate placement counts, consistent release times, or complete incident packets. During the January through June 2025 review period, 35 restraint chair placements were identified; however, placement and release times were known in only 18 cases. Among those known placements, the average duration was 6.75 hours. Nearly half of the incidents lacked documented removal times, making it difficult to determine whether restraints were applied only for the amount of time reasonably necessary.

During the July through December 2025 reporting period, the County made significant structural improvements. Internal monthly tracking of all restraint chair placements was implemented. Restraint chair usage was incorporated into Watch Commander end-of-shift reporting. The Compliance Unit began internally monitoring and tracking each restraint chair placement. Incident reports and observation logs were more consistently compiled and maintained. Most importantly, placement and release times were

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<sup>28</sup> Reworded for clarity from previous report.

The following table reflects restraint chair placements and average duration per month for July through December 2025:

**Total Restraint Chair Placements  
July -December 2025**

<b>Month</b>	<b>Placements</b>	<b>Average Duration</b>
July	1	5
August	3	4
September	4	4.25
October	4	4
November	4	6
December*	3	3.75
<b>Six-Month Average*</b>	<b>3.17</b>	<b>4.5</b>

\* Paperwork provided for 2 of 3 placements. Incomplete file not included in Average Duration calculation.

Across the 18 placements with documented placement and release times, the overall six-month average duration was 4.5 hours. This reflects a meaningful reduction from the 6.75-hour average during the January–June 2025 review period. No placement during this reporting period exceeded eight hours except for one for several minutes beyond the eight hour mark.

Importantly, the documentation during this review period reflects consistent involvement of mental health clinicians at the initiation of restraint chair placements and routinely throughout the duration of the restraint. In the vast majority of cases, mental health staff were notified at the front end, assessed the inmate at or near placement, and conducted subsequent reassessments during the episode. These reassessments are documented both in the observation logs and frequently within the incident reports. Medical staff were likewise involved in the placement decision and retention evaluation. Watch Commanders assessed the status hourly.

Narrative documentation during this reporting period consistently reflected behavioral crises, self-harm risk, or immediate safety concerns. There is no indication that restraint chairs were used as punishment or as a substitute for treatment. WRAP devices were not utilized.

The County’s improvements are not limited to shorter duration. They reflect systemic change. The County implemented internal monthly tracking of restraint chair utilization, incorporated restraint chair reporting into Watch Commander end-of-shift summaries, improved compilation of incident packets and observation logs, and enhanced compliance unit monitoring of placements. These actions directly addressed prior recommendations and materially improved the ability to evaluate this provision.

Based on the reduction in utilization, the improved documentation of placement and release times, the shorter and more consistent duration of restraint, the consistent involvement of mental health clinicians at the front end and throughout the restraint episode, and the absence of evidence of punitive use, the

County has demonstrated that restraint devices are applied only for the amount of time reasonably necessary and not as a substitute for treatment.

### **Recommendations**

1. Continue to accurately document restraint chair placements, duration and oversight.
2. Continue multidisciplinary reviews of restraint chair placements, with focus on repeated placements.

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

***Finding: Substantial Compliance***

### ***Assessment***

In prior reporting periods, evaluation of compliance with this provision was limited by incomplete observation logs and inconsistent documentation of clinical notification. Although placements were occurring, the County's recordkeeping did not consistently allow verification that AFBH and medical staff were alerted at initiation or that required assessments occurred within the mandated timeframes.

During the July through December 2025 reporting period, documentation improved substantially. Observation logs and incident reports consistently reflect that medical and AFBH staff were alerted at the time a restraint log was initiated. In every reviewed placement, incident reports reflect that medical and mental health were notified, and the observation logs document clinical engagement at or near the time of placement.

Review of the 18 restraint chair placements with complete documentation during this reporting period reflects that qualified mental health assessment occurred within four hours of initiation of the restraint log in 100 percent of cases and prior to release in all cases. In most instances, mental health clinicians were involved on the front end, assessing the inmate at or near placement and conducting additional reassessments during the episode. Medical staff were similarly engaged at placement and provided documented review regarding retention in the restraint device. Medical evaluation within the required timeframe was documented in 17 of 18 cases (94 percent). The single exception involved incomplete documentation rather than affirmative evidence of failure to notify or evaluate.

The consistency of notification, the documentation of medical review and opinion regarding placement and retention, and the routine involvement of qualified mental health professionals within the four-hour requirement demonstrate that the County is now meeting the timing and clinical notification requirements of this provision.

### **Recommendations:**

1. Maintain established procedures for notifying AFBH before or at the time of placement into a restraint chair.

2. AFBH must continue the protocol of assessing the Class Member within four hours of placement, and at intervals not exceeding four hours thereafter.
3. Conduct ongoing internal compliance monitoring.

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

**Finding:            Partial Compliance**

**Assessment:**

This Provision addresses not only whether restraint devices are used appropriately, but whether the County has developed and implemented policies, procedures, and training that ensure medical monitoring, hydration, sanitation, extremity exercise, and structured release practices occur consistently and are documented.

Policy 8.26 – Use of Special Restraints – was reviewed and approved by the Joint Experts in 2023 and training was provided but the training lesson plan has not yet been approved. At that time, the policy framework governing restraint chair use, medical monitoring, hydration, sanitation, and range of motion was established and deemed structurally sufficient. However, over the subsequent reporting periods, implementation lagged behind policy. Documentation was inconsistent, the Guardian tracking system proved unreliable, and observation logs frequently failed to capture required services or release details. As a result, although a compliant policy existed on paper, operational compliance could not be demonstrated.

It has taken from 2023 until the present reporting period for the County to demonstrate meaningful operational alignment with Policy 8.26. That progress was not accidental. It was facilitated by repeated corrective feedback, refinement of internal monitoring systems, transition away from inaccurate Guardian tracking entries, a return to more reliable paper-based restraint observation logs, training and internal monitoring. During the July through December 2025 reporting period, the County’s documentation reflects a substantially improved level of organization, internal review, and supervisory oversight. The Compliance Unit now tracks restraint chair utilization monthly; incident packets are more complete and Watch Commander reviews are documented regularly.

Policy 8.26 further requires that the Watch Commander evaluate the inmate’s continued retention in the restraint chair at least every hour. Review of the July through December 2025 placements reflects that hourly Watch Commander review was documented in approximately 94 percent of cases (17 of 18 documented placements), demonstrating strong supervisory oversight during restraint chair episodes.

Medical and mental health monitoring during restraint chair placements is now routinely documented and, as discussed under Provision 506, reflects timely engagement in nearly all cases. That element of Policy 8.26 is functioning as intended.

With respect to hydration and meals, documentation has improved considerably. Among placements exceeding two hours in duration, hydration activity—either offer or refusal—was documented in approximately 82 percent of cases. When restraint chair placements overlapped regular meal periods, meals were offered and documented in approximately 82 percent of applicable cases. These figures

represent meaningful progress compared to earlier reporting periods when such documentation was sporadic or absent.

However, the documentation of restroom access and range of motion remains inconsistent. Policy 8.26 requires that hydration and sanitation needs be considered and that all offers of water and restroom use be documented. It also requires that restrained individuals be provided the opportunity to exercise their extremities at reasonable intervals, with documentation in the observation log. During this reporting period, restroom access or documented offer was reflected in approximately 41 percent of placements exceeding two hours. Range of motion was documented in approximately 53 percent of such placements. While some longer restraint episodes clearly reflect compliance with two-hour interval expectations, others do not contain consistent documentation of extremity exercise or sanitation consideration.

The County is now in markedly better stead than it was in prior reporting periods. The infrastructure is in place. The policy has been approved since 2023. Internal monitoring has improved. Clinical engagement is strong. The tracking system has stabilized after transition away from unreliable electronic entries. The remaining gap is not structural; it is operationally consistent in three core areas: restroom documentation, range of motion documentation, and ensuring that hydration offers are documented in every qualifying placement.

The next and final step toward full compliance is the development of a near real-time auditing mechanism focused on ensuring the training program is approved and on restraint observation logs. The County now reliably identifies when an inmate is placed in a restraint chair and has substantially improved the completeness of the observation logs. The remaining gap is not awareness of placement, but consistent documentation of required services while the inmate remains restrained. To close this gap, the Compliance Unit should develop, in partnership with the Joint Expert, a standardized auditing tool designed to evaluate whether hydration, meals, restroom access, range of motion, medical monitoring, and supervisory review are being documented in accordance with Policy 8.26. This tool should be used contemporaneously with restraint chair placements to allow prompt feedback to the deputies responsible for documentation and to incorporate corrective guidance into training and shift briefings.

This provision also requires recurring annual training. ACSO reports that annual retraining on the restraint chair policy will occur during the deputies' required three-day annual training cycle (STC). While ACSO has been conducting training, the curricula has not been reviewed and approved by the Joint Expert for the initial or annual retraining. The lessons learned over the past several years—including the transition from unreliable Guardian entries to improved paper observation logs, the importance of documenting hydration and sanitation offers, and the two-hour range-of-motion expectation—should be incorporated into that training curriculum. Embedding these operational expectations into structured annual training, coupled with a real-time auditing and feedback loop, will help ensure sustained compliance and consistency across shifts.

With these final adjustments, real-time auditing, structured feedback, and integration into training—the County is positioned to close the remaining documentation gaps and achieve full compliance with Provision 507 during the next review period.

## **Recommendations**

1. \*Collaborate with the Joint Expert and Class Counsel to finalize the initial and annual refresher training for restraint chairs.
2. \*Collaborate with the Joint Expert to develop an auditing tool to be used to assess each restraint chair use for compliance with policy and training expectations.

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

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

**Assessment:**

The County has sustained the reforms implemented in prior reporting periods and continues to operate a functioning grievance system consistent with the requirements of this provision. The grievance policy has been updated, and supervisory post orders require supervisors to verify the availability of grievance forms during routine rounds. During the December 2025 monitoring tour, this Joint Expert confirmed that paper grievance forms were available in housing units, although most grievances are now submitted electronically through tablets. The ACSO maintains a grievance unit under the direction of the Compliance Captain.

This Joint Expert reviewed the formal monthly grievance management reports prepared for jail command staff covering July through October for this reporting period, along with supporting grievance files. Because grievances may involve extensions or proceed through multiple levels of review, completed documentation was reviewed through the end of October. These reports track grievance categories, outcomes, and timeliness and are used by jail leadership to identify trends and operational concerns.

Review of grievance files demonstrates that responses have improved and often address both the individual complaint and any broader operational issues identified during the review. In several instances, grievance reviews resulted in additional staff instruction or issues being addressed during unit briefings. This reflects a more developed use of the grievance process by management to identify trends and correct operational issues beyond the individual complaint.

Although the grievance data system does not yet generate all reports in the most efficient format, the Grievance Unit continues to compile the required metrics and provide a comprehensive monthly report to jail command staff. Jail leadership also meets regularly with the Grievance Unit to review complex grievances and meets monthly with medical leadership regarding health care grievances.

Overall, this Joint Expert finds that incarcerated persons have access to the grievance system through both electronic and paper formats, that supervisors monitor access to grievance forms during housing unit rounds, and that grievances are tracked and analyzed through a formal reporting structure. The monthly management reports and command staff reviews allow the County to monitor timeliness, identify trends, and address both individual and systemic issues arising from grievances. While ADA grievances are addressed in other provisions, access to and oversight of the grievance system has maintained reasonable standards for the second monitoring period, a recommendation to discontinue monitoring is appropriate. However, the Joint Expert will continue to review grievances and grievance trends to assess overall compliance with the Consent Decree.

**Recommendations:**

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

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

**Finding: Substantial Compliance**

The County has maintained Substantial Compliance with Provision 712. ACSO continues to operate an established alert system that notifies the Intake, Transfer, and Release (ITR) Lieutenant and Watch Commander when an individual has been held in the intake area for more than four hours, with follow-up notifications every ninety minutes thereafter. Review of available records confirms that alerts are generated, transmitted, and acted upon in accordance with established procedures.

ACSO has also continued its longstanding practice of tracking individuals held in the ITR beyond eight hours at 4:00 a.m. and 3:30 p.m., consistent with prior reporting periods. During this review period, the County enhanced this process by systematically documenting the reason for continued retention in the ITR end-of-shift reports. This enhancement reflects a refinement of existing practices intended to support internal evaluation, corrective action, and improved alignment of resources with operational demand.

The following tables reflects a sample week of ITR backlogs for the first month of the week for the period of July through December 2025 followed by historical backlogs for the period of August 2022 and January 2023 through December 2025:

**ITR End of Shift Report Data  
Average Processing Delays  
Number of IPs held in ITR beyond 8 hours**

Sample Month	4:00 Total Waiting	Avg hr wait at 4:00 am	3:30 pm Total Waiting	Avg hrs wait at 3:30 pm
July	4.6	13.75	2.3	16.25
August	2.1	12.25	1.6	14
September	4	11.25	1.7	12.25
October	2	9.75	0.7	9.5
November	4.3	9.5	1.9	9.75
December	0.4	13	0.1	18
<b>Six-Month Average</b>	<b>2.9</b>	<b>11.5</b>	<b>1.4</b>	<b>13.25</b>

**ITR End of Shift Report Data  
Average Processing Delays  
Number of IPs held in ITR beyond 8 hours**

Months	4:30 a.m.	3:30 p.m.
Aug 2022	42	44
Jan-June 2023	15	11
July-December 2023	4	4
Jan-June 2024	3.6	1.4
July – December 2024	1.7	1.1
Jan – June 2025	1.4	1.8
July – December 2025	2.9	1.4

Compared to the prior reporting period, the data reflects a modest increase in the average number of individuals held in ITR beyond eight hours at the 4:00 a.m. checkpoint, while 3:30 p.m. averages remained stable or declined slightly. When both checkpoints are evaluated together, approximately two-thirds of audited time points showed no individuals held in ITR beyond eight hours, indicating that extended intake holds occurred intermittently rather than as a routine condition. The increase observed at 4:00 a.m. was driven by a limited number of high-impact days rather than a sustained pattern.

Focusing specifically on the 4:00 a.m. checkpoint, review of the July through December sample weeks shows that approximately one quarter of sampled days included at least one individual held in ITR beyond eight hours due to awaiting Wellpath or AFBH clinical clearance. These instances were not evenly distributed throughout the week, but were concentrated during early-morning weekend hours, particularly on Saturday and Sunday mornings. These periods frequently coincide with higher intake volume and complexity, including DUI enforcement activity, increased intoxication, and elevated behavioral health acuity. In most cases, the associated delays resolved by the 3:30 p.m. checkpoint once full daytime clinical and behavioral health staffing was available.

Review of the duration of extended holds further supports this assessment. Throughout the July through December sample weeks, no individuals were documented as being held in ITR longer than twenty-four hours where a specific duration was recorded. When extended holds occurred, the average duration at the 4:00 a.m. checkpoint was approximately 11.6 hours, or about 3.6 hours beyond the eight-hour benchmark. At 3:30 p.m., the average duration was approximately 13.3 hours, or about 5.3 hours beyond the benchmark. These figures reflect limited-duration delays that were generally resolved within the same operational day.

The newly documented retention-reason data provides important insight into causation. When extended intake holds occurred and a reason was documented, medical and behavioral health screening requirements were the predominant drivers. Approximately one-half of extended-hold cases involved awaiting medical clearance or Wellpath screening, and roughly one-third involved pending AFBH screening or behavioral health evaluation. Custody-related factors such as intoxication, refusals, or post-clearance movement delays accounted for a smaller share of cases, while administrative factors were rare.

Taken together, the data shows that extended intake holds are relatively infrequent overall. Across the random sample weeks, the average daily intake over a 24-hour period was 69 Class Members, with an average of four held in intake longer than eight hours. This means that approximately 94% of Class Members were processed out of intake within eight hours. But when delays did occur, the primary driver

was limited clinical and behavioral health screening capacity. Routine shortages or reduced availability of Wellpath or AFBH staff do not fall within the exception criteria outlined in Provision (712), which permits intake processing beyond eight hours only where it is impossible due to mass arrests, serious disturbances, critical incidents, or other emergencies that divert significant staffing resources.

The data also reflects variability in the completeness of ITR end-of-shift documentation. In some instances, reports identify individuals held beyond eight hours without consistently specifying the duration of the hold or the reason for continued retention. At the same time, many reports reflect active supervisory engagement, including efforts to request additional clinical staffing and to document concerns regarding screening inefficiencies. Continued standardization of supervisory documentation will be important to support consistent accountability and meaningful internal review.

Overall, the County should be credited for sustained improvement in intake processing and for maintaining extended intake holds at a limited and manageable level. Further evidence indicates that the remaining delays are not systemic, but are time- and day-specific, driven primarily by early-morning weekend clinical resource constraints. In response to their internal monitoring findings, ACSO and Wellpath established a new criteria for notification on delays and developed a plan to activate additional screening areas if that occurs.

Based on the totality of the data and proof of practice reviewed, the County remains in Substantial Compliance despite noted intermittent delays. In addition to the documentation to monitor compliance, the County is moving forward with the construction of 4 additional interview booths, which should help address delays associated with insufficient confidential spaces in the ITR to complete clinical assessments. Continued monitoring is recommended for one additional reporting period to ensure causation information is captured and analyzed by ACSO and evaluate whether targeted adjustments to weekend and early-morning clinical staffing, combined with standardized supervisory documentation, effectively addressed the limited intake delays identified during this review period. A recommendation to discontinue monitoring cannot occur until there are updates to relevant post orders and internal monitoring captures the data in a manner that allows for corrective action when necessary.

### **Recommendations:**

1. \*Continue to ensure adequate resources continue to be available to engage in timely processing, including overnight behavioral health clinicians.
2. \*Update policies, forms, post orders and training to comply with this provision.
3. \*The Compliance Unit and AFBH should monitor daily delays and develop corrective action plans as necessary based on established trends and systemic barriers.
4. Continue with internal plans to construct four additional private interview areas in the ITR. Compliance will be evaluated in Provision 414.

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

### **Monitoring Discontinued**

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

**Finding: Substantial Compliance**

**Assessment:**

Review of documentation, Class Member and staff interviews, and monitoring observations confirms that clinical personnel continue to make determinations regarding placement of individuals into a modesty garment, except in the rare circumstance in which clinical staff are not immediately available. In those limited situations, custody staff may initiate temporary placement pending prompt clinical evaluation. There is no evidence that modesty garments have been used for discipline or punitive purposes. Documentation reflects that use of the garment remains limited to instances involving threatened or actual self-harm.

As will be discussed in greater detail in Provision 760, clinical staff continue to retain sole authority regarding continued placement on Intensive Observation Level (IOL) status, including decisions regarding clothing, property, and privilege restrictions. These determinations are based on individualized clinical judgment and documented in the unit health record and jail management system. Individuals placed on IOL status or in a safety smock are permitted to attend groups, yard, and recreation consistent with safety considerations and clinical appropriateness. There are no restrictions to receiving medications or clinically ordered treatments on Class Members in safety cells or other housing locations. The average number of Class Members on IOL status during the period of January through June 2025 was 164 incarcerated persons per month. The average number of Class Members on IOL status per month this review period was 118, representing a 28 percent reduction, likely driven by the establishment of the assessment pod.

This table shows the total IOLs initiated and the number of unique individuals from July to December 2025.

**Total IOLs Initiated per Month  
July through December 2025**

<b>MONTH</b>	<b># OF IOL's INITIATED</b>	<b># OF UNIQUE INDIVIDUALS ON IOL</b>
July 2025	142	131
August 2025	140	128
September 2025	110	106
October 2025	129	118
November 2025	90	79
December 2025	96	89
<b>Average</b>	<b>118</b>	<b>109</b>

Beyond achieving fewer IOL placements, ACSO and AFBH regularly review the ongoing status of Class Members with long-term IOL needs during the bi-monthly THU meetings (held after 10 days) and at the Suicide Prevention Meetings (held after 30 days).

There were no safety cell placements during this six-month monitoring period (July through December 2025). This continued absence of safety cell utilization reflects sustained reliance on clinical management strategies and reinforces that safety cells remain reserved for exceptional circumstances. Policies governing safety cell placement, suicide observation, security checks, and levels of supervision have been updated and remain in effect. Training has been completed, and proof-of-practice documentation reviewed during this period confirms that required security checks and clinical oversight procedures are embedded in practice.

Although this provision was previously monitored indirectly through related IOL and safety cell provisions, the requirements of Provision 750 are firmly established and consistently implemented. The County has demonstrated sustained adherence to policy, appropriate clinical oversight, and proper documentation practices. There are no identified deficiencies during this or the previous reporting periods. Accordingly, this provision remains in substantial compliance, and discontinuation of monitoring is recommended.

Additional information regarding IOL status and related practices is addressed in Provision 760.

**Recommendations:**

1. Continue to comply with established policies governing modesty garment use, IOL placement, and safety cell procedures.
2. Continue to maintain readily accessible proof-of-practice documentation for monitoring review.
3. Continue interdisciplinary team discussions regarding IOL status and step-down decisions.
4. Continue to prioritize alternatives to safety cell and extended IOL placement when clinically appropriate.

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

**Finding:        Partial Compliance**

**Assessment:**

During this reporting period, ACSO provided documentation demonstrating that quarterly call button testing was conducted and that associated repairs were generated from those inspections. In addition, the Compliance Unit has implemented a tracking mechanism for cell-specific work orders that monitors repair timeliness and documents whether individuals were relocated while repairs were pending. These developments represent meaningful improvements in internal monitoring and oversight.

The table below reflects completed cell intercom or speaker repairs for July through December 2025.

**Cell Intercom Repairs  
July–December 2025**

Month	Completed Cell Intercom Repairs	Inmates Moved / Cell Vacant	Inmate Remained	Avg. Repair Days (All)	Avg. Repair Days (Inmate Remained Only)
July	1	0	1	35.0	35.0
August	3	3	0	12.7	—
September	5	3	2	12.2	1.0
October	2	2	0	13.0	—
November	2	0	2	26.5	26.5
December	15	0	15	11.0	11.0
Total / Average	28	8 (29%)	20 (71%)	12.8	12.5

There were 28 completed cell intercom repairs during the review period. In ten instances, the County either moved the inmate or repaired the intercom within 24 hours, which is consistent with the requirement to address maintenance issues as soon as possible. In the remaining eighteen cases, inmates remained housed in cells with non-operational intercoms while repairs were pending. For those repairs, the average repair time was approximately 12.5 days.

Repair timeliness improved substantially compared to the prior review period. During the January through June 2025 period, the County reported an average repair time of approximately 41 days for cell intercom repairs. For July through December 2025, the overall average repair time was 12.8 days. Early in the review period, inmates were generally moved when repairs could not be completed promptly. However, performance declined later in the period. In November and December, inmates frequently remained in cells with non-operational intercoms while repairs were pending, including repairs in November averaging more than three weeks.

The County’s policies have been updated to align with the current requirements.

The County has made meaningful progress in establishing internal monitoring and repair tracking systems, and repair times have improved significantly. However, relocation practices remain inconsistent. While some of this may reflect documentation gaps rather than actual movement practices, the current records do not demonstrate that individuals are consistently moved to a cell with a working call button as soon as practicable when intercom systems are inoperable.

**Recommendations:**

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

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

### **Monitoring Discontinued**

*(760) Cancellation of privileges for individuals on suicide precautions shall be avoided whenever possible and utilized only as a last resort. Individuals on suicide precautions shall be offered out-of-cell time consistent with Section III(G)(6) unless a Qualified Mental Health Professional determines it is specifically contraindicated due to their treatment needs. Where such a determination is made, individuals on suicide precaution shall be offered sufficient daily out-of-cell time to allow them to shower, use the phone, and access the dayroom and/or outdoor yard to the maximum extent possible. Incarcerated persons on suicide precautions shall be evaluated by a Qualified Mental Health Professional to determine whether denial of access to property is necessary to ensure the incarcerated person's safety. Individuals on suicide precautions shall receive privileges consistent with their classification when it is deemed safe to do so by a Qualified Mental Health Professional. If a Qualified Mental Health Professional determines that certain property or privileges must be withheld based on the suicide risk assessment, this determination shall be documented including the reasons why the particular property or privilege poses an actual risk. The individual shall be reassessed for such privileges by a Mental Health Provider at least every three (3) days, with the determination and reasoning documented in writing, and the privileges restored at the earliest clinically appropriate time possible based on actual suicide risk.*

**Finding:** Partial Compliance

### **Assessment:**

Provision 760 requires that cancellation of privileges for individuals on suicide precautions be avoided whenever possible and used only as a last resort; that individuals on suicide precautions be offered out-of-cell time consistent with Section III(G)(6) unless a Qualified Mental Health Professional (QMHP) determines it is specifically contraindicated; that individuals continue to receive sufficient daily access to shower, telephone, and dayroom and/or yard to the maximum extent possible; that any denial of property or privileges be clinically determined and individually documented; and that such determinations be reassessed at least every three (3) days, with privileges restored at the earliest clinically appropriate time.

During this review period, clinicians and custody staff continued to engage in joint discussions regarding the status of Class Members placed on Intensive Observation Level (IOL). Clinical staff retained sole authority for determining IOL placement and for establishing any associated property or privilege restrictions. There was no dispute on any tour between custody and AFBH regarding which individuals were on IOL status, and there was no evidence that custody independently placed any individual on IOL status absent a clinical determination. Decisions were documented in the medical record and communicated to custody.

Unlike the prior review period, ACSO and AFBH no longer utilized separate “Modesty IOL” and standard IOL categories. However, during this review period, AFBH refined the designation process for Class Members requiring enhanced suicide observation. Prior to September 25, 2025, all Class Members placed on IOL suicide observation status were designated as Level of Care (LOC) 4 and housed in the IOL observation pod in safety smocks without approval for personal clothing. Beginning September 25, 2025, clinicians implemented a revised suicide observation designation form that incorporated both LOC 4 and a new designation of LOC 3 – High Risk for individuals identified as a potential danger to self or danger to others. Under the revised process, clinicians could redesignate Class Members from LOC 4 to

LOC 3 – High Risk when the clinician believed the individual continued to require the enhanced supervision, reduced property access, and structured environment of the IOL observation pod, but could safely be permitted to wear personal clothing. While these Class Members remained housed in the IOL observation pod alongside LOC 4 Class Members, the redesignation to LOC 3 – High Risk allowed clinicians to step down clothing restrictions without yet transitioning the individual to a regular housing unit or mental health housing unit.

From September 25, 2025, through December 31, 2025, twelve Class Members were redesignated from LOC 4 to LOC 3 – High Risk, issued personal clothing, and retained in the IOL observation pod. However, the AFBH policy implementing this revised process was promulgated as an interim measure pending finalization of AFBH’s Suicide Prevention Policy, Policy 407-2-3, which AFBH anticipates finalizing during the next reporting period.

In addition to this change, between July and December 2025, the number of IOL placements demonstrated an overall downward trend when compared to the January–June 2025 review period. During the first half of 2025, the combined monthly average of IOL placements was 164 individuals per month. In contrast, during July–December 2025, the average number of IOL initiations was 118 per month, with an average of 109 unique individuals per month placed on IOL. Monthly initiations ranged from a high of 142 in July to a low of 90 in November.

The following table reflects the reporting on the number of IOLs initiated during the period of July through December 2025 as well as the number of unique Class Members placed on IOL status:

**Monthly IOL<sup>29</sup> Counts – July through December 2025**

<b>Month</b>	<b># of IOLs Initiated</b>	<b># of Unique Individuals on IOL</b>
July	142	131
August	140	128
September	110	106
October	129	118
November	90	79
December	96	89
<b>Average per Month</b>	<b>118</b>	<b>109</b>

The decline in placements in November and December corresponds with implementation of a newly developed assessment pod designed to provide enhanced observation and stabilization for newly admitted individuals or those identified as potentially requiring closer monitoring, including individuals who may be under the influence at intake. This intermediate housing strategy appears to have supported more calibrated use of IOL placements.

Male Class Members on IOL status were housed in Housing Units 8 or 9, and female Class Members were housed in Housing Unit 21. Unlike the prior review period, there was no indication that individuals on IOL status received markedly reduced out-of-cell time compared to non-IOL housing. Documentation

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<sup>29</sup> All future reports will list Class Members as either LOC 3 – High Risk or LOC 4 and discontinue using the acronym IOL to describe Class Members on suicide observation status.

reflected daily access to shower and telephone opportunities, and there was no evidence of blanket cancellation of privileges.

The Mental Health Expert reviewed nine randomly selected cases involving individuals who had remained on IOL status for more than thirty (30) days; seven files were available for review. One hundred percent of the reviewed cases reflected ongoing clinical contacts while on IOL status, regardless of housing location. In many instances, reassessments occurred daily. The Expert confirmed that the three-day reassessment requirement was being met and appropriately documented.

No safety cell placements occurred during this review period. ACSO continues to rely on safety cells, mental health observation, and restricted mattresses, linens, and clothing as part of its suicide prevention strategy when clinically indicated.

The Joint Expert identified an inconsistency between custody's ATIMS tracking report and mental health tracking mechanisms regarding IOL status. The discrepancy appeared to be retrospective and related to reporting methodology rather than real-time operational practice. There was no indication that individuals designated as IOL by mental health were not placed on IOL status by custody, nor was there evidence that custody imposed IOL status independent of clinical direction. The concern is limited to cross-system tracking alignment and does not reflect a failure to implement clinically determined restrictions.

Based on the evidence reviewed, the County met the majority of requirements of Provision 760 during this review period. Privilege restrictions were clinically determined and documented; three-day reassessments were conducted; out-of-cell access was not materially diminished, absent clinical justification; there was no evidence of improper or unilateral custody placement on suicide precaution and AFBH refined the designation with the establishment of the LOC – 3 High Risk category. However, the policy has not yet been promulgated. While reconciliation of ATIMS and mental health tracking systems remains necessary to ensure seamless proof-of-practice auditing, the protections required by the provision were operationally implemented. The County has made significant progress in complying and should achieve Substantial Compliance in the next review period with the completion of the Suicide Prevention Policy.

**Recommendations:**

1. \*Continue to ensure adequate clinical resources are available to assess the population and ensure Custody staff are aware of the clinical decision for property/program restrictions for all IPs on suicide precaution.
2. \*Continue to refine the process of AFBH notifying custody of any restrictions via the jail management system.
3. \*Continue interdisciplinary meetings to discuss incarcerated persons on extended IOL status.
4. \*The Compliance Unit and AFBH should engage in monthly quality assurance assessments on the use of safety cells and placement of incarcerated persons on suicide precaution and Intensive Observation as well as reviewing the quality of associated documentation.
5. Resolve the data tracking inconsistencies between ACSO's jail management system and AFBH's reporting system.
6. Finalize AFBH Suicide Prevention Policy 407-2-3.

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

### ***Monitoring Discontinued***

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

***Finding: Substantial Compliance***

### **Assessment:**

As with the previous four reports, supervisors are performing random and thorough reviews of security checks in units equipped with fixed cameras. This information continues to be documented on the Watch Commander's end of shift report, but the oversight is limited to units with overhead cameras. The ACSO is consistent in compliance but until the camera project is completed by roughly February 2027, supervisors are limited in their reviews to only Housing Units 1, 2, 9 and 21. Consequently, any recommendation to discontinue monitoring will be withheld, pending guidance from counsel, until the camera expansion project outlined in Provision 503 has been finalized.

### **Recommendations:**

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

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

**Finding:        *Partial Compliance***

**Assessment:**

During the July–December 2025 review period, the County demonstrated measurable progress in expanding unstructured out-of-cell access for Class Members housed in Therapeutic Housing Units (THU). Guardian documentation reflects increases in weekly unstructured out-of-cell hours in several units when compared to the January–June 2025 reporting period. The County also implemented structural and operational improvements that should support future compliance, including construction of additional small recreation yards, conversion of housing unit pods in Housing Units 1, 2, 9, and 21 to facilitate in-unit programming, renovation of classrooms in Housing Unit 25 to accommodate relocation of male THU Class Members from Housing Unit 35, and assignment of a sergeant to oversee outdoor recreation operations.

These developments reflect sustained operational effort. However, the remaining barrier to substantial compliance is not physical plant limitations, but the need to expand structured programming, ensure consistent yard access, and institutionalize internal monitoring to identify and address compliance gaps.

This provision establishes tiered out-of-cell requirements for Class Members housed in THU. Most restrictive THU requires 21 hours per week of unstructured time (dayroom and yard) and 7 hours per week of structured programming, for a total of 28 hours per week. Transitional THU requires 21 hours per week of unstructured time and 14 hours per week of structured programming, for a total of 35 hours per week. Least restrictive THU requires 56 hours per week total out of cell.

As with prior reporting periods, the County continues to manually reconcile a sample week per month as the Guardian reports cannot yet provide a reliable out-of-cell tracking report. The Monitor must therefore conduct compliance calculations manually based on Guardian data as ACSO does not yet compile performance based measures of out-of-cell time at the individual or group level. Because Guardian entries require manual reconciliation and validation, only one representative sample week per month was analyzed for this review period, as with prior reports, due to the workload.

The weekly averages listed below for the THUs reflect primarily unstructured activity (dayroom and yard). Structured programming is intermittently documented in Guardian; however, when reviewed and averaged across the THU population in the assigned housing units for the sampled weeks, structured entries do not rise to a level sufficient to register meaningfully at the unit-level weekly average. Structured activity is occurring, but not yet at a frequency or scale sufficient to satisfy the required 7-hour or 14-hour structured benchmarks when measured across the housing unit population. In fact, rarely when averaged did the average daily structured activity achieve 15 minutes per day.

The following is information related to the established THUs:

### **Housing Unit 1 – Most Restrictive THU (Male)**

**Target:** 21 hours/week unstructured + 7 hours/week structured = **28 hours/week total**

<b>July–December 2025:</b> <sup>30</sup>	42 hours per week average unstructured
<b>January–June 2025:</b>	12.75 hours per week average unstructured
<b>Average Days Yard Offered:</b>	2.75 days per week July through December 2025

During this review period, Housing Unit 1 surpassed the weekly benchmark of 28 hours, although it only had an average of 2 THU Class Members, indicating the impact on a limited group. Compared to the previous reporting period—when minimum requirements were not met—the unit has shown considerable progress in providing out-of-cell time, achieved mainly by lowering the population in Housing Unit 1. This reduction allowed for increased out-of-cell opportunities and permitted Class Members to spend time together in the dayrooms.

Despite occasional structured programming entries recorded in Guardian, the weekly average remained minimal and well below the mandated seven-hour standard. Nonetheless, Housing Unit 1 demonstrated improved documentation regarding access to the yard. The unit does have a converted pod for programming opportunities, activities which were observed during the December 2025 monitoring tour.

### **Housing Unit 2 – Transitional THU (Male)**

**Target:** 21 hours/week unstructured + 14 hours/week structured = **35 hours/week total**

<b>July–December 2025:</b>	33.25 hours per week average unstructured
<b>January–June 2025:</b>	34 hours per week average unstructured
<b>Average Days Yard Offered:</b>	2.25 days per week July through December 2025

Housing Unit 2 provides more than the required average of 21 hours per week of unstructured out-of-cell time, but it did not achieve a weekly average of even 1 hour per week of structured activities. Documentation was also lacking to confirm that the yard was regularly accessible to this population during the sample weeks but interviews with Class Members during the December 2025 reflected more access than is captured in the Guardian reports..

While there are occasional entries for structured programming, they fall far short of the required 14 hours per week for this group. The unit features a converted pod offering programming opportunities, with structured activities observed occurring in the pod during the December 2025 monitoring tour. As with all units, the challenge remains for deputies to accurately record structured activities and outdoor activities in the Guardian system. In the upcoming review period, expanded outdoor activities are expected and programming is expected to continue in the renovated pods, which should lead to increased structured offerings.

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<sup>30</sup> The sample weeks for all units were: July 13-19, 2025; August 10-16, 2025; September 14-20, 2025; October 12-19, 2025; November 9-15, 2025 and December 14-20, 2025.

### **Housing Unit 8 – Transitional THU (Male)**

**Target:** 21 hours/week unstructured + 14 hours/week structured = **35 hours/week total**

**July–August 2025:** 29.75 hours per week average unstructured  
**January–June 2025:** 31 hours per week average unstructured  
**Average Days Yard Offered:** .75 days per week July through December 2025

Housing Unit 8 showed a slight decrease in unstructured activity hours during this reporting period, which may be due to how the tracking report was managed. During this review period, ACSO converted HU 8 THU pods into general population and loss of privilege units, so it was only tracked for THU for July and August 2025. Since Housing Unit 8 did not undergo a pod conversion to create additional programming space, more creative strategies will be needed to ensure the THU population receives the mandated 14 hours per week of structured activities if the unit is ever reconfigured for THU. Additionally, documented outdoor activity times indicate that Class Members were generally offered only one day per week in the yard.

### **Housing Unit 9 – Transitional THU (Male)**

**Target:** 21 hours/week unstructured + 14 hours/week structured = **35 hours/week total**

**July–December 2025:** 31.5 hours per week average unstructured  
**January–June 2025:** 30 hours per week average unstructured  
**Average Days Yard Offered:** 1 days per week July through December 2025

Housing Unit 9 has made some progress in offering unstructured activities, but it still falls short of the required 35-hour weekly benchmark as structured activities were only sporadically recorded, resulting in an average of less than one hour per week, and most Class Members were not documented as participating in any structured activities during the sample weeks.

Furthermore, the Guardian report did not record enough activity to provide more than 0.5 hours per week for yard time. During the December 2025 tour, observers noted that HU 9 Class Members were receiving structured programming in the newly renovated program space. Many Class Members also reported more regular access to the yard than was reflected in the Guardian report. Ultimately, better documentation is essential for accurately assessing compliance with this requirement.

### **Housing Unit 35 – Least Restrictive THU (Male)**

**Target:** 8 hours/day = **56 hours/week total**

**July–December 2025:** 35 hours per week average unstructured  
**January–June 2025:** 32 hours per week average unstructured  
**Average Days Yard Offered:**<sup>31</sup> 1 days per week July through December 2025

Housing Unit 35 showed modest improvement in unstructured activity documentation compared to the previous reporting period but still fell far short of the required 56-hour weekly benchmark. Guardian and large yard records indicate that yard access was provided about one day per week. Interviews with Class Members and staff during the December 2025 monitoring visit suggest that quasi-yard access and structured activities may be underreported; however, compliance must be determined based on documented Guardian entries. Additionally, interviews with Class Members and deputies during December 2025 did not support the notion that HU 35 Class Members were out of their dorms for 56 hours each week.

Once classroom space renovation in HU 25 is complete, the THU Class Members in HU 35 will be relocated during the next review period. The population will also benefit from increased outdoor activity opportunities with the completion of small yards accessible to them. Nonetheless, substantial compliance can only be assessed through documented activities, an area where the County continues to face challenges.

### **Housing Unit 21 – Female THU (Blended; Not Tiered)**

At minimum, the most restrictive benchmark applies:

21 hours/week unstructured + 7 hours/week structured = **28 hours/week total**

**July–December 2025:** 19.25 hours per week average unstructured  
**January–June 2025:** 17.25 hours per week average unstructured  
**Average Days Yard Offered:** .5 days per week July through December 2025

The average unstructured activity time for Housing Unit 21 showed a modest improvement this review period; however, it still falls short of the minimum 21-hour weekly unstructured requirement. It is essential that ACSO and AFBH collaborate in the next reporting period to assign THU female Class Members to the appropriate THU tier, enabling the application of appropriate measurements as there are female Class Members in the THU who should be considered for transition and least restrictive out-of-cell hours. Although the level of care plays a role in determining levels of restrictiveness, most THU female Class Members are classified as minimum or medium custody. This indicates a need to develop units similar to HU 35—which serves as the least restrictive option for males—for the female population, likely by designating certain pods within the women’s housing units.

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<sup>31</sup> Incorporated weekly yard report to calculate HU 35 access to the large yard.

Structured programming for HU 21 is recorded inconsistently and typically averages under one hour per week. Nevertheless, it is encouraging that deputies continue their efforts to document structured activities in Guardian for residents of HU 21.

The County has made real progress by increasing unstructured out-of-cell time and improving spaces that support structured programs. Available group activities and educational services continue to grow, offering real opportunities to meet important goals.

To move from partial to substantial compliance, the County needs better tracking of out-of-cell time, greater provision of structured programming, and consistent internal monitoring. This means creating a monthly THU out-of-cell report using Guardian data, distinguishing between structured and unstructured hours, keeping track of how often yard time is offered, and identifying barriers at both individual Class Member and housing unit levels. Facility leadership should review Guardian data every month instead of just twice a year and routinely identify operational challenges needing immediate attention.

Assigning a recreation sergeant is a promising step toward better coordination and accountability. However, this role must be supported with accurate records, regular data analysis, and management review. Performance should be measured daily and monthly at the individual Class Member and unit level. The Monitor expects that improvements discussed during this period will soon appear in Guardian documentation and ACSO will start internal tracking and reporting. Continued upgrades—including moving HU 35 to HU 25—and ongoing expansion of programs should further boost compliance.

Still, no matter how much unstructured out-of-cell time the County achieves, substantial compliance will not occur without ongoing internal data reviews, enough structured programming to meet benchmarks, and reliable documentation of yard and program activities in Guardian.

**Recommendations:**

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

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

**Finding:            Partial Compliance**

## **Assessment:**

As previously reported, the initial three-day *Crisis Communications for Corrections (CCC)* training was reviewed and approved by Class Counsel and the Joint Experts and continues to be delivered to new deputies and additional classes as scheduling permits.

During this review period, the County collaborated with the Mental Health Monitor to finalize the CCC refresher curriculum. Although approved by Class Counsel in February 2026 (outside this review period), the refresher training content is now complete and approved. The County also presented a proposed implementation plan for the biennial refresher requirement, which will be evaluated in the next review period.

At present, both the initial and refresher curricula have been approved. However, implementation has not yet reached a scale sufficient to demonstrate system-wide compliance. Approximately 75 deputies have completed the initial three-day training.<sup>32</sup> No deputy is yet due for the biennial refresher until October 2026.

While the County remains committed to expanding crisis intervention training, a more comprehensive implementation schedule is necessary to ensure that a critical mass of custody staff complete the initial training within a defined timeframe. Substantial compliance will require that the vast majority of jail deputies complete the initial training and that the biennial refresher process is operational and institutionalized.

During the next review period, the Joint Expert will meet with ACSO and Counsel to review the proposed implementation plan and establish measurable benchmarks toward substantial compliance.

## **Recommendation**

1. Present a detailed and realistic training implementation plan to the Joint Expert and Counsel, including projected completion timelines to help establish measurable benchmarks sufficient to achieve substantial compliance.

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

**Finding:**        *Partial Compliance*

## **Assessment:**

During this review period, the County maintained regular engagement with the population through meetings aimed at establishing the Incarcerated Individual Advisory Council (IIAC) and finalizing the

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<sup>32</sup> Includes 50 deputies reported to have received the training in the Seventh Monitoring Report.

corresponding policy. Monthly meeting summaries indicate that a representative from each housing unit is interviewed at least once per month. The County was advised to conduct group meetings with IIAC members wherever classification levels would reasonably allow such interactions.

The Ombudsperson continues to participate actively in the IIAC meetings. The County has also launched an external website to facilitate contact between family members or friends and the Ombudsperson, and efforts are ongoing to ensure that Class Members and others are aware of the Ombudsperson's availability for assistance. Currently, the Ombudsperson reports to the Undersheriff; however, the final reporting structure and job responsibilities are still under development as ACSO refines the programs. The County's engagement with Class Members through the IPAC, as well as the development of the Ombudsperson program, is progressing at a satisfactory rate. In December 2025, the Ombudsperson began preparing a monthly statistics report, which was provided for review. Assuming the ACSO can codify the programs in policy and job descriptions and the IPAC is a meaningful engagement with the population, this provision can achieve substantial compliance in the next review period.

**Recommendations:**

1. \*The County should formulate a detailed duty statement for the Ombudsperson.
2. \*The County should continue to utilize a data tracking system to monitor communications with the Ombudsperson.
3. \*Documentation of Advisory Council meetings should continue, and quarterly reports summarizing feedback and subsequent actions should be submitted to the Jail Commander.
4. The County should broaden the scope of the Advisory Council, transforming it into a true council made up of representatives who regularly meet with ACSO supervisors to discuss shared challenges and provide recommendations for Class Members, instead of conducting individual interviews with selected Class Members from each housing unit.

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

**Finding:           Substantial Compliance – Recommend Discontinue Monitoring**

**Assessment:**

The County has submitted detailed, provision-specific implementation plans for Q3 and Q4 2025 for both ACSO and AFBH. These plans identify measurable benchmarks, projected completion timelines, and ongoing action steps tied to Consent Decree requirements. In addition, the County continues to meet monthly with the Joint Experts to review construction-related projects and other implementation efforts, demonstrating active and structured oversight of progress.

Although the County did not initially meet the three-month deadline following the Effective Date and did not consistently provide quarterly updates during the first two years of monitoring, those deficiencies

have been remedied. Throughout 2025, both ACSO and AFBH have maintained current quarterly implementation plans and have updated their action steps during this review period to reflect evolving benchmarks, completion status, and remaining barriers.

The County has demonstrated sustained planning, coordination, and tracking of deliverables across provisions. Notably, several substantive provisions—including Classification—have achieved substantial compliance and been approved for discontinuation of monitoring. For the second consecutive monitoring period, the County has achieved substantial compliance with Provision 1200. The evidence reflects that implementation planning is now institutionalized and functioning as intended under the Consent Decree.

Accordingly, discontinuation of monitoring for this provision is appropriate.

**Recommendations:**

1. \*Continue updating the AFBH implementation plan on a quarterly basis and provide copies to the Joint Experts.
2. \*Continue updating the ACSO implementation plan on a quarterly basis and provide copies to the Joint Experts.
3. Keep records that track changes to benchmarks, finished tasks, and any challenges encountered. This ensures clarity and ongoing understanding after monitoring has ended.