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County of San Diego

CITIZENS' LAW ENFORCEMENT REVIEW BOARD

1600 PACIFIC HIGHWAY, SUITE 034, SAN DIEGO, CA 92101
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SPECIAL MEETING AGENDA

Thursday, December 3, 2026, 4:00 p.m.
County Administration Center
1600 Pacific Highway, Chamber Room 327, San Diego, 92101
(Free parking is available in the underground parking garage, on the south side of Ash Street, in the public parking spaces.)
-AND-
Zoom Platform
https://sdcounty-ca-gov.zoom.us/j/87844838782?pwd=405h8Edj6ONqZEkFYPmics6jaL4nLx.1
Phone: (253) 205-0468
Webinar ID: 878 4483 8782
Passcode: 040395

Pursuant to Government Code Section 54954.2 the Citizens' Law Enforcement Review Board will conduct a meeting at the above time and place for the purpose of transacting or discussing business as identified on this agenda. Complainants, subject officers, representatives, or any member of the public wishing to address the Board should submit a "Request to Speak" form prior to the commencement of the meeting.

DISABLED ACCESS TO MEETING

A request for a disability-related modification or accommodation, including auxiliary aids or services, may be made by a person with a disability who requires a modification or accommodation in order to participate in the public meeting. Any such request must be made to CLERB at (619) 238-6776 at least 24 hours before the meeting.

WRITINGS DISTRIBUTED TO THE BOARD

Pursuant to Government Code Section 54957.5, written materials distributed to CLERB in connection with this agenda less than 72 hours before the meeting will be available to the public at the CLERB office located at 1600 Pacific Highway, Ste. 034, San Diego, CA 92101.

1) ROLL CALL (1 minute)

2) STATEMENT (just cause) and/or consideration of a request to participate remotely. (emergency circumstances) by a Board Member, if applicable. Voting item as necessary (0 minute)

3) PUBLIC COMMENT (10 minutes)

This is an opportunity for members of the public to address the Board on any subject matter that is within the Board's jurisdiction but not an item on today's open session agenda. **Each speaker shall complete and submit a "Request to Speak" form.** Each speaker will be limited to **two minutes**; however, the time allotted for in-person, virtual and written public comment may be adjusted by the Board Chair in their discretion. This meeting will also be held remotely via the Zoom Platform. Click the link in the agenda header above to access the meeting. Contact CLERB at clerb@sdcounty.ca.gov or 619-238-6776 if you have questions.

4) CLOSED SESSION: TIME CERTAIN – 4:15 pm

a) PUBLIC EMPLOYEE DISCIPLINE/DISMISSAL/RELEASE
Discussion & Consideration of Complaints & Reports: Pursuant to Government Code Section 54957 to hear complaints or charges brought against Sheriff or Probation employees by a citizen (unless the employee requests a public session). Notice pursuant to Government Code Section 54957 for deliberations regarding consideration of subject officer discipline recommendation (if applicable).

CASES FOR SUMMARY HEARING (2)

25-088/TALIB

1. Death Investigation/Detentions
Board Finding: Pending (Adopted/Deferred)

Conclusion: This case was reviewed in accordance with CLERB Rules & Regulations 4.3, Complaint Not Required: Jurisdiction with Respect to Specified Incidents. On 08-05-24, Karim Talib was booked into SDCJ for Mayhem, Elder Abuse and Assault with a Deadly Weapon. IP Talib was classified as a level 5 offender. SDSO DSB Section R.1 Classification: *"The Jail Population Management Unit (JPMU) will conduct classification assessments, assign individuals a classification, and assign housing for all incarcerated persons. An incarcerated person's initial classification is determined by their original booking charges, criminal history information, medical and psychiatric issues or additional special conditions, and information obtained from the incarcerated person interview. The incarcerated person will be assigned to the most appropriate housing location based on their classification designation."* On 12-24-24, the court ordered IP Talib be transferred to Patton Hospital for "*mental restoration".* Patton Hospital personnel determined Talib had "*no substantial likelihood of gaining competency"* and he was returned to SDCJ on 05-27-25. Intake documentation listed IP Talib's medical conditions as hypertension, incontinence, mood disorder, dementia, use of a wheelchair, and daily living activities assistance. On 05-28-25, IP Talib was reclassified as a Level 4 offender and housed in the Medical Observation Unit (MOB) until 07-18-25, when HCP 1 made a notation that Talib did not require infirmary level care, and cleared him to be housed in Mainline with the use of a wheelchair. (Finding 4) On 07-19-25, Talib was discharged from MOB and housed in a cell by himself in an Administrative Separation (Ad-Sep) module. Jail Population Management Unit (JPMU) documentation stated, "*Talib is currently housed in an Administrative Separation (Ad-Sep) module due to no other available housing options based on limited housing options for persons assigned a wheelchair."* Jail Population Management Unit also documented Talib would be rehoused once appropriate housing options became available. On 07-25-25, deputies completed an Inmate Status Report (ISR) documenting Talib had defecated on himself, his wheelchair, and throughout his cell. Deputies notified medical staff and requested an evaluation. On 07-26-25, at 10:40am, deputies once more completed an ISR documenting Talib's poor hygiene condition. On 07-27-25, at 6:53pm, deputies completed an ISR documenting Talib's concerning hygiene conditions along with several unopened food containers in his cell. Deputies requested an evaluation and notified medical staff of the unopened food containers. (Finding 5) At 9:34pm, deputies flagged down additional medical staff and requested Talib be evaluated. (Finding 6) Per BWC and CCTV Footage, and Area Activity Reports on 07-28-25, at 6:56am, deputies completed a safety check. Due to the BWC angle there was no visual interior of the cell and there were no audible indications that Talib was in medical distress. At 7:50am, a sergeant completed a safety check. Per BWC footage, Talib was not visible due to the cameras placement and there were no audible indications that IP Talib was in distress. The sergeant recalled observing the rise and fall of IP Talib's chest as indications he was alive and breathing. DSB P&P I.64 Safety Checks: *"Sworn staff will conduct safety checks of incarcerated persons, housing areas, holding areas and vacant cells through direct visual observation (i.e., direct personal view of the incarcerated person/area without the aid of audio/video equipment). Safety checks of incarcerated persons consist of looking at the incarcerated persons for any obvious signs of medical distress, trauma or criminal activity… During safety checks in housing locations, sworn staff will physically enter each module and observe each incarcerated person present in the common areas of the module looking for obvious signs of medical distress, trauma, or criminal activity (e.g., dayrooms, showers, exercise areas, holding areas). In cell style housing modules, sworn staff shall stop at or enter each cell and observe each incarcerated person. In dormitory style housing modules, sworn staff shall walk by each bunk in a manner that permits them to observe each incarcerated person."* Deputies were assisting medical staff with medication administration when they discovered Talib was unresponsive in his cell at approximately 8:38am. Deputies and medical staff administered lifesaving efforts to include CPR (Cardiopulmonary Resuscitation), oxygen, and the use of an AED (Automated External

Defibrillator). The Fire Department and Paramedics responded to the scene and took over providing medical care. Talib was pronounced deceased at the scene at 9:03am. The San Diego County Medical Examiner Report listed the Manner of Death as "Natural" and the Cause of Death as *"Hypertensive And Atherosclerotic Cardiovascular Disease Complicated By Acute Pyelonephritis"* due to: "*Enterobacter Hormaechei Cystitis,"* contributed by: "*Pulmonary Emphysematous Changes; Benign Prostatic Hyperplasia."* Pursuant to CLERB Rules and Regulations 10.1, "*At the conclusion of a matter before the Board, CLERB shall deliberate and adopt a final report ("Final Report") with respect to the Case or matter under consideration. This report shall include Findings as to the facts relating to any Case, as well as an overall conclusion as to any Case as specified in Section 10.3."*

2. Procedure
   Subject of Investigation: Unidentified Deputies
   Board Finding: Pending

   Evidence: A complainant stated her spouse was incarcerated with IP Talib and reported "*custody and medical staff ignored clear and repeated signs of his deteriorating condition."* (Finding 1) Per BWC and CCTV Footage, and Area Activity Reports, all safety checks and counts were completed by deputies within the required timeframe. SDSO Records confirmed that between 07-25-25 and 07-27-25, on four separate occasions deputies recognized IP Talib's deteriorating condition. In each incident, the deputies documented their observations and concerns, and medical staff were appropriately notified as required. Per SDSO DSB P&P M.5, Medical Emergencies: "*All facility staff shall be responsible for taking appropriate action in recognizing, reporting or responding to an incarcerated person's emergency medical needs. In any situation requiring medical response, emergency medical care shall be provided with efficiency and speed without compromising security. If the incarcerated person's condition is believed to be life threatening, sworn staff shall immediately notify on-duty health staff and provide basic life support (BLS) and/or first aid care. An incarcerated person may not refuse to be transported to an emergency department (ED) if deemed necessary by health and/or sworn staff. Refusal of treatment against medical advice (AMA) must take place at the ED. Individuals identified as being a victim of sexual assault while incarcerated will receive timely access to emergency medical and crisis intervention services. f.* SDSO DSB P&P Section M.13 Health Staff*: Procedure II: Detention facility qualified health providers (QHP) (e.g., physicians, nurse practitioners) are primarily responsible for the medical treatment, planning, and referral to any necessary outside medical service when deemed necessary. QHPs are also responsible for providing emergency medical care and will determine additional treatment or referral to an emergency department, if needed. Within their respective scopes of practice detention facility registered nurses and licensed vocational nurses are responsible for responding and rendering emergency care and referral, logistical support of all patient/doctor activity, screening interviews, administration of medications, implementation of all physician's orders and treatment, and special programs."*
   Staff Recommended Finding: Not Sustained

3. Death Investigation/Health Care Providers
   Board Finding: Pending (Adopted/Deferred)

   Conclusion: This case was reviewed in accordance with CLERB Rules & Regulations 4.3, Complaint Not Required Jurisdiction with Respect to Specified Incidents. (Finding 1) A complainant stated that IP Talib's death was *"due to what I believe was severe medical neglect by custody and medical staff."* San Diego Central Jail failed to maintain adequate staffing levels between 07-25-25 and 07-28-25. The staffing levels were particularly low on 07-26-25 and 07-27-25. The nurse staffing levels ranged from 10 percent unfilled to 42.8 percent unfilled. On 7-25-25: 5 positions unfilled out of 23, 4 positions unfilled out of 20. On 7-26-25: 8 positions unfilled out of 21, 7 positions unfilled out of 20. On 7-27-25: 9 positions unfilled out of 21, 2 positions unfilled out of 20. On 7-28-25: 3 positions unfilled out of 22, 2 positions unfilled out of 20. Per MSD Section A.1.1, Access to Care: *"Incarcerated persons in the custody of the San Diego Sheriff shall have quality and timely access to care for their medical, dental, and mental health needs. The Medical Services Administrator (MSA) shall identify and eliminate any unreasonable barriers, intentional or unintentional, to incarcerated persons receiving health care".* On 07-28-25, medical staff distributed medication alongside sworn staff when IP Talib was found unresponsive in his cell. Medical staff and sworn staff administered lifesaving efforts to include rapid response, timely CPR, oxygenation efforts, ACLS (Advanced Cardiovascular Life Support)

procedures and referral to paramedics. San Diego Fire Department and Paramedics were notified and responded to SDCJ and took over providing medical attention to IP Talib who was pronounced deceased on 07-28-25. Per SDSO P&P M.1 Emergency Response and Applicable Training Plan, *"Upon notification or observation of a medical emergency health staff will respond to the scene with emergency equipment. If there is a physician/RNP in the facility they will respond to the scene with health staff. The equipment required for emergency responses at minimum are: 1. AED* 2. *AMBU bag 3. Suction machine 4. Back Board* 5. *Cervical collar 6. Crash Cart."* CLERB Rules & Regulations 16.1, *"At the conclusion of a matter before the entire CLERB, CLERB shall deliberate and adopt a final report ("Final Report") with respect to the case or matter under consideration. This report shall include Findings as to the facts relating to any case, as well as an overall conclusion as to any case as specified in Section 16.2."*

4. Standard of Care
   Subject of Investigation: Health Care Provider (HCP) 1
   Board Finding: Pending

   Evidence: On 07-18-25, HCP 1 documented IP Talib was cleared to be discharged from the Medical Observation Unit (MOB) and placed in mainline housing stating, *"Pt does not have need for infirmary level of care".* Talib had documented medical, mental health disorders, and difficulties with Activities of Daily Living (ADLs). IP Talib was due a level of care, skill, and treatment which, considering all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers. The decision by HCP 1 to house IP Talib in Mainline was a deviation from the standard of care. Per MSD P&P M.13 Medical Beds Infirmary Level Care *"Incarcerated persons whose medical or psychiatric conditions warrant a level of care or monitoring that is beyond what can be provided in general population for more than 24 hours but does not require hospitalization, will be provided the level of care to meet their needs. I. Infirmary-level-care A. Acute medical care for self-limiting, short-term illness or injury, or behavioral health observation requiring nursing care. (e.g IV antibiotic or wound vac). B. Monitoring and observation of an acute or chronic medical condition/symptom or behavioral health condition (e.g., uncontrolled seizures or chest pain), or the monitoring of physical findings such as vital signs or breath sounds/spirometry associated with asthma."*
   Expert Recommended Finding: Sustained

5. Standard of Care
   Subject of Investigation: Health Care Provider (HCP) 2
   Board Finding: Pending

   Evidence: On 07-27-25, deputies requested HCP 2 complete an evaluation on IP Talib following concerns that he was unable to care for himself. At 7:26pm, HCP 2 contacted Talib in his cell and conducted an evaluation. IP Talib did not respond to questions, nor did he communicate with HCP 2. Despite personally observing the conditions of Talib's cell and the decompensation of his body and mind, HCP 2 failed to advocate for IP Talib. HCP 2 reasonably should have been aware that IP Talib was not in a safe and therapeutic environment and did not have good personal hygiene yet failed to act. IP Talib could not provide for his personal needs and was not sufficiently lucid. IP Talib was due a level of care, skill, and treatment which, considering all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers. MSD P&P Section D.4.1, "//. *Crisis Intervention A. Incarcerated persons exhibiting signs of danger to self or others will be referred for an immediate Detentions Safety Program assessment pursuant to MSD policy S.10.B. The QMHP/On Call QMHP will be contacted for incarcerated persons needing an urgent mental health assessment such as 1. A regional Center Client (RCC)* 2. *Emotional Distress 3. Possible 5150 Application."* MSD P&P Section M.10.1, *"Any patient who is believed to be* a *danger to self, or* a *danger to others, or gravely mentally disabled shall be assessed by* a *Qualified Mental Health Professional (QMHP) for housing recommendations /options. A. Gravely Mentally Disabled shall refer to any individual: 1. Who is believed to be* a *danger to self or* a *danger to others, OR* 2. *Who does not appear to be able to provide for their own personal needs such as eating, showering, and toileting, or 3. Who does not appear to be sufficiently lucid to comprehend the fact of their detainment or incarceration."*
   Expert Recommended Finding: Sustained

6. Standard of Care
   Subject of Investigation: Health Care Provider (HCP) 3
   Board Finding: Pending

   Evidence: On 07-27-25 at 9:34pm, deputies requested HCP 3 complete an evaluation on IP Talib regarding concerns that he could not care for himself. HCP 3 contacted Talib at his cell and despite personally observing the conditions of his cell and the decompensation of his body and mind HCP 3 failed to advocate for IP Talib. The failure to enter Talib's cell for evaluation was particularly egregious. HCP 3 reasonably should have been aware that IP Talib was not in a safe and therapeutic environment and did not have good personal hygiene yet failed to act. IP Talib could not provide for his personal needs and was not sufficiently lucid. IP Talib was due a level of care, skill, and treatment which, considering all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers. MSD P&P Section D.4.1, "//. *Crisis Intervention A. Incarcerated persons exhibiting signs of danger to self or others will be referred for an immediate Detentions Safety Program assessment pursuant to MSD policy S.10.B. The QMHP/On Call QMHP will be contacted for incarcerated persons needing an urgent mental health assessment such as 1. A regional Center Client (RCC)* 2. *Emotional Distress 3. Possible 5150 Application."* MSD P&P Section M.10.1, *"Any patient who is believed to be* a *danger to self, or* a *danger to others, or gravely mentally disabled shall be assessed by* a *Qualified Mental Health Professional (QMHP) for housing recommendations /options. A. Gravely Mentally Disabled shall refer to any individual: 1. Who is believed to be* a *danger to self or* a *danger to others, or* 2. *Who does not appear to be able to provide for their own personal needs such as eating, showering, and toileting, or 3. Who does not appear to be sufficiently lucid to comprehend the fact of their detainment or incarceration".*
   Expert Recommended Finding: Sustained

7. Standard of Care
   Subject of Investigation: Health Care Provider (HCP) 4
   Board Finding: Pending

   Evidence: On 07-26-25, HCP 4 documented IP Talib refused medication using a Medication Refusal Form with the reason for refusal stating, *"no reason".* IP Talib did not sign the refusal form; HCP 4 and a deputy signed the form as witnesses to the refusal. There was no documentation on the refusal form indicating Talib was counseled regarding his refusal. Again on 07-27-25, HCP 4 documented Talib refused medication and HCP 4 once more completed a Medication Refusal Form and listed the reason for the refusal as, *"no reason".* IP Talib once again did not sign the refusal form; HCP 4 and a deputy signed the form as witnesses to the refusal. There was no documentation on the refusal form that IP Talib was counseled on his refusal. At the time of the refusals, there was not an active court order requiring IP Talib be forcibly medicated by jail staff. MSD P&P Section R.5 Medical Refusal Procedures: *"Incarcerated persons may refuse medical, mental health, and/or dental care except when specified in court orders or when being transported to an emergency department for evaluation. I. Whenever an incarcerated person refuses treatment, health staff will counsel them on the risks and benefits of such actions. II. All refusals require* a *refusal form (J223/J223S) or EHR electronic refusal and must include the description of the service, evidence of counseling, signature of the incarcerated person or health staff and witness. When the incarcerated Person refuses to sign, the health staff and witness much each sign as* a *witness on the form and include the incarcerated person's name, booking number, and date. Any paper refusal form must be scanned into the health record."*
   Expert Recommended Finding: Sustained

8. Standard of Care
   Subject of Investigation: Unidentified Medical staff
   Board Finding: Pending

   Evidence: Between 07-19-25 and 07-27-25, unidentified SDCJ medical staff did not complete and/or document IP Talib's vital signs once he was discharged from MOB and housed in Mainline. Medical staff are only required to document vital signs daily for IPs that are housed in MOB or PSU. Per MSD Section M.13 Medical Beds Infirmary Level Care *"Incarcerated persons whose medical or psychiatric conditions warrant* a *level of care or monitoring that is beyond what can be provided in general population for more than 24 hours but does not require hospitalization, will be provided the level of care to meet their needs. I. Infirmary-level-*

care A. Acute medical care for self-limiting, short-term illness or injury, or behavioral health observation requiring nursing care. (e.g IV antibiotic or wound vac). B. Monitoring and observation of an acute or chronic medical condition/symptom or behavioral health condition (e.g., uncontrolled seizures or chest pain), or the monitoring of physical findings such as vital signs or breath sounds/spirometry associated with asthma."
Expert Recommended Finding: Action Justified

Consent Agenda for Cases Recommended for Summary Dismissal pursuant to CLERB Rules and Regulations, Section 10.e.2: Summary Dismissal: (**1**)

After review by the Board, all items recommended for Summary Dismissal in Section 10.3.e are routine and may be acted upon with one (1) motion, made by the Executive Officer or a CLERB Member. There shall be no separate discussion of the items recommended for Summary Dismissal unless a CLERB Member so requests, in which event, the item(s) will be considered separately in the normal sequence in the closed session agenda.

Any party to the complaint or member of the public wishing to speak for or against Summary Dismissal in any of the cases listed in the Consent Agenda below may provide public comment under Section 3 of this Agenda.

26-156/WALTERS

1. Arrest
   Subject(s) of Investigation: Deputies 1, 2, 3 and 4
   Board Finding: Pending

   Evidence: Complainant Bryan Walters reported, *"...After a physician at Scripps Mercy Hospital Chula Vista refused unconditional jail clearance at 12:21 a.m. on February 23, 2019, SDSO accepted and booked me into County Jail at 5:55 p.m. for five (5) days (until 2/27/2019 16:15:00) with the JURIS booking remark: 'Keeper approved by Deputy 1 ok to book off J-15 per Deputy 1....'"* Walters also stated, *"On June 13/14, 2019...Without an arrest warrant and without witnessing any crime in their presence (Penal Code § 836(a)(1)), Deputies 2 and 3 took me into custody and booked me into SDSO jail for four (4) days under...Penal Code § 853.5(a) is an infraction citation-release procedure, not a substantive crime authorizing a 4-day custodial jail booking or $500.00 bail."* Per CLERB Rule 4.3, Jurisdiction, Walters submitted a personal declaration asserting that physical injuries and mental health conditions prevented him from filing a complaint within one year of the 2019 incidents. However, Walters failed to submit a physician's declaration or other qualified medical evidence, as required by Rule 4.3. Pursuant to CLERB Rules and Regulations, Sections 4.3 and 5.4, CLERB lacks jurisdiction over this matter because the complaint was not timely filed, Walters failed to provide the medical documentation necessary to support tolling, and subject officers are no longer employed by SDSO.
   Staff Recommended Finding: Summary Dismissal

End of Report