

PERFORMANCE INDICATORS DISPLAYED ON A PUBLICLY ACCESSIBLE DASHBOARD MAY BE BENEFICIAL IN LOWERING DEATH RATE IN JAILS

SUMMARY

The significant number of in-custody deaths in San Diego County jails has put the San Diego County Sheriff's Office (SDSO) in the crosshairs of public scrutiny. The California State Auditor Report¹ in February 2022 reported that from 2006 through 2020 there were 185 in-custody deaths in San Diego County jails yielding the highest county jail death rate in the state based on the average daily jail population. Between 2021 and 2023 there were 50 in-custody deaths in San Diego County jails according to the California Department of Justice.² There were nine in-custody deaths in 2024. There have been three in-custody deaths in 2025 as of April 24, 2025, yielding a total of 247 in-custody deaths since 2006.

According to the U.S. Department of Justice, litigation stemming from inadequate medical care increases costs to local governments and jails through large financial settlements or judgments, attorneys' fees, court-enforced remediation, time, and resource use.³

In response to the high death rate, the focus of this Grand Jury report is on the status of the SDSO use of data analysis for continuous quality improvement (CQI) purposes which has the potential to improve operations and prevent deaths. The Grand Jury examined four areas of jail functions to see if, and how, performance indicators are used for CQI purposes. The following jail functions were examined:

- Incarcerated persons requests for medical/mental services
- Medication-assisted treatment (MAT) for opioid use disorder (OUD)
- Incarcerated persons grievances
- Safety checks

The Grand Jury found the SDSO lacked a functional CQI process which made use of performance indicators in the four examined areas of jail functioning. The Grand Jury recommends the SDSO initiate a robust jail-wide CQI process with measurable performance

indicators in all areas of jail functioning that have both custodial and healthcare functions, not limited to the four areas examined in this report. These performance indicators should be displayed in a dashboard manner and made available to the public on the SDSO website.

BACKGROUND

A publication of the National Institute of Justice⁴ describes the benefits of jails operating in a data-informed manner:

- Development of key performance indicators and systems for measuring progress
- Objective evaluation of the impact of policy changes, programs, and innovations
- Identification of trends, projection development, and planning for future needs
- Facilitation of information sharing with justice agencies

The National Commission on Correctional Health Care (NCCHC) provides a resource document, Continuous Quality Improvement,⁵ which lists four major benefits of implementing a CQI program in correctional health care settings:

- Enhanced correctional and health staff cooperation
- Decreased tensions or friction with inmates
- Increased staff satisfaction
- Cost effectiveness

The California Board of State and Community Corrections (BSCC) is the state agency which has regulatory authority over local jails. The BSCC is required by the Budget Act of 2014 to establish a set of commonly available performance metrics or measures.⁶ In 2021 the BSCC updated their twelve performance metrics for community corrections which focus on numbers of people in jails and prisons, numbers of property crimes and violent crimes, and other sentencing data. The BSCC's performance measures help policy makers better understand how local adult legal systems are working and provides data analysis used to implement policy.

Improving prison healthcare requires a robust measurement dashboard that addresses multiple domains of care.⁷ A high profile example of this type of dashboard that is used by the California Department of Corrections and Rehabilitation's (CDCR) California Correctional Health Care Services (CCHCS)⁸ provides a monthly report on 286 measures that:

- Brings together information about how well they are performing in many different programs and service areas
- Provides the same kind of information other health care organizations use to make sure care is of good quality, such as whether they provide care on time, and according to national guidelines
- Helps prison health care providers check performance against department goals
- Helps prison leaders see where programs are doing well, and where they need to make improvements

CDCR's performance indicators dashboard is available to the public on their website.⁹ The performance indicators are displayed by each of the 32 state prisons as well as in an aggregate display statewide. CDCR's dashboard provides accountability to the public.

Another high-profile example of the effectiveness of performance indicators is in the field of education. The California Department of Education provides a dashboard, available on their website,¹⁰ with performance indicators for every school district and public school statewide.

The County of San Diego Behavioral Health Services has also adopted a CQI model to improve service and clinical functions. Data are collected for targeted performance measures for both mental health services and substance abuse disorder services. The goals of their CQI process are:

- Identify important practices and processes where improvement is needed to achieve excellence and conformance to standards
- Monitor these functions accurately
- Draw meaningful conclusions from the data collected using valid and reliable methods
- Implement useful changes to improve quality

- Evaluate the effectiveness of changes

The California State Auditor Report¹¹ found deficiencies and made recommendations regarding SDSO’s practice of responding to requests for medical/mental health services as well as the procedures for conducting and reviewing safety checks.

The Grand Jury chose four areas of focus as samples of jail functioning, which can be easily measured with performance indicators and monitored using a dashboard display. These four jail functions have both custodial and healthcare purposes:

- Incarcerated persons requests for medical/mental health services
- Medication-assisted treatment for opioid use disorder
- Incarcerated persons grievances
- Safety Checks

PROCEDURE

The Grand Jury conducted six formal interviews of SDSO officials. The Grand Jury also inspected all the San Diego County detention centers as mandated by California Penal Code 919(b).¹²

The Grand Jury reviewed the following documents:

- California Code of Regulations, Title 15, “Minimum Standards for Local Detention Facilities”¹³
- SDSO Detention Services Policies and Procedures Manual¹⁴

DISCUSSION

Both sentenced incarcerated persons and pre-trial detainees have a constitutional right to adequate healthcare. The 1976 landmark U.S. Supreme Court decision in *Estelle v. Gamble*¹⁵ established that failure to provide adequate medical care to sentenced incarcerated persons because of deliberate indifference violates the Eighth Amendment’s prohibition against cruel and unusual punishment. In *Gordon v. County of Orange*¹⁶, the Ninth Circuit Court of Appeals held

that pre-trial detainees have a constitutional right to health care based on the Fourteenth Amendment's due process clause prohibiting officials from employing policies and practices that are objectively unreasonable because they expose pre-trial detainees to a substantial risk of harm.

In a report released in February 2022 the California State Auditor¹⁷ reported that from 2006 through 2020, 185 people died in San Diego County jails, and further asserted:

The high rate of deaths in San Diego County's jails compared to other counties raises concerns about underlying systemic issues with the Sheriff's Department policies and practices. In fact, our review identified deficiencies with how the Sheriff's Department provides care for and protects incarcerated individuals, which likely contributed to in-custody deaths. These deficiencies related to its provision of medical and mental health care and its performance of visual checks to ensure the safety and health of individuals in its custody.

Disabilities Rights California (DRC) released a report in 2018¹⁸ after investigating conditions in the San Diego County jails. The DRC report had the following four major findings:

- Over-incarceration of people with mental health needs
- Deficiencies in suicide prevention
- Failure to provide adequate mental health treatment
- Lack of meaningful, independent oversight

Upon inspection of the jails and formal interviews of SDSO officials the Grand Jury found there has been significant improvement in suicide prevention efforts and providing increased mental health treatment since the release of the DRC report¹⁹ in 2018. However, much work remains to be done to provide constitutionally adequate mental health treatment. The San Diego County jails are not yet accredited by the National Commission on Correctional Health Care (NCCHC), which determines whether jails and prisons are providing constitutionally adequate health care. The DRC report found:

The Department does not have a functioning quality improvement program. As discussed in this report, there is a need for improved quality improvement processes regarding mental

health/suicide risk screening, clinical assessments, individual suicide and suicide attempt reviews, and other aspects of a correctional mental health care and suicide prevention program.

The DRC report recommended:

The Department should ensure that it has an effective system to track clinical data within the mental health and medical systems in the jail system. In addition, the Department should develop a system to track custodial indicators related to suicide prevention. This tracking should be part of a larger quality improvement program.

Incarcerated Persons Requests for Medical/Mental Health Services

The Grand Jury investigation revealed that it is SDSO policy for a nurse to conduct a face-to-face interview with an incarcerated person within twenty-four hours of submission for medical/mental health services. The Grand Jury learned that an estimated 75% to 85% of these interviews occur within twenty-four hours. To request medical/mental health services an incarcerated person completes a paper request form. These are to be available in the dayroom of general population housing units. Request forms and a pencil can be requested from a deputy if the incarcerated person is housed in an administrative separation unit or other non-general population housing unit. The Grand Jury found on multiple occasions that these request forms were not available in the housing unit dayrooms. Some SDSO officials were not aware of any metrics targeting incarcerated persons' requests for medical/ mental health services.

The DRC report²⁰ found the Sheriff's Department staff did not always follow up after individuals previously received or requested medical or mental health services. These individuals often had serious needs that, when unmet, may have contributed to their deaths.

SDSO's Progress Report Update on State Jail Audit²¹ states that "The nursing staff is currently doing face-to-face assessments within twenty-four hours of receipt of a request for medical services at the facilities. This process was implemented on December 15, 2022, and the practice follows National Commission on Correctional Health Care standards. This practice will be adopted into departmental policies and procedures in early 2023." This Grand Jury found the policy to be in place however, the practice is not always followed.

The SDSO Medical Services Division has implemented a Quality Assurance/Quality Improvement process. SDSO officials reported that key performance indicators are currently in development however at this time the Grand Jury found there are no performance indicators for CQI purposes targeting requests for medical/mental health services.

Medication-Assisted Treatment (MAT) for Opioid Use Disorder (OUD)

Drug overdoses were responsible for more than 105,000 deaths in the U.S. in 2023 according to the U.S. Centers for Disease Control and Prevention.²² Drug and alcohol intoxication is the third leading cause of death in jails after illness and suicide according to the U.S. Department of Justice.²³ Additionally, individuals have been found to be at a particularly high risk of opioid overdose death in the first two weeks following release from incarceration.²⁴

Research has demonstrated a combination of medication and counseling can successfully treat substance use disorders. For some, medications can help sustain recovery, as reported by the Substance Abuse and Mental Health Services Administration (SAMHSA).²⁵

The SDSO Annual Report 2023²⁶ documents establishing the MAT module at the Vista Detention Facility (Vista) in January 2023 with the goal of providing comprehensive treatment and re-entry services to MAT clients. SDSO stated that the MAT program decreases mortality and high-risk behaviors while moving individuals towards recovery. The program includes cognitive behavioral therapy and principles of recovery, mindfulness, and building skills towards successful community re-entry and prevention of recidivism.

Data monitoring and program evaluation are important tools to regularly track MAT program activities and understand the program's outcomes and impact. According to a MAT toolkit developed by funding from the U.S. Centers for Disease Control and Prevention the following are ten of the sixteen specific metrics which should be collected for the monitoring and evaluation of a correctional MAT program:²⁷

- Number of individuals entering the facility
- Number of individuals screened for OUD
- Number of individuals diagnosed with OUD

- Number of individuals offered MAT, by medication type
- Number of individuals who initiate MAT, by medication type
- Number of individuals who remain on MAT at the time of release to the community, by medication type
- Number of individuals who have an appointment scheduled with a community MAT provider when released, by medication type
- Number of disciplinary reports
- Incidence of contraband drug confiscation, by drug type
- The rate of opioid overdose mortality in the facility before and after correctional MAT program implementation

In its investigation, the Grand Jury learned that approximately 180 individuals have participated in the Vista MAT module as of November 2024. Approximately twenty-two individuals participate in the Vista MAT module at any given time. Individuals are eligible for the Vista MAT module when they have three to six months left on their jail term. In addition to the Vista MAT module, MAT is offered throughout the San Diego County jail system to incarcerated persons who have an OUD and are medically cleared to receive MAT medication. Those MAT participants who are not participating in the Vista MAT module are offered, in addition to medication, individual counseling services depending on mental health staff availability.

SDSO officials reported 323 individuals receiving both medication and counseling interventions as of January 2025, with an additional 365 individuals receiving medication only with no counseling interventions as of January 2025. SDSO officials report 90% of Vista MAT module participants accept community MAT services upon release from jail; however, SDSO staff do not follow up with these individuals after release from custody. SDSO officials also report total suspected opioid overdoses have decreased since MAT services have been implemented, falling from eighty-three in 2023 to twenty-five in 2024. The MAT metrics recommended by the U.S. Centers for Disease Control and Prevention²⁸ have not been implemented by the SDSO. The

Grand Jury found no evidence of any metrics that are being used as performance indicators for CQI purposes targeting MAT programming.

Incarcerated Persons' Grievances

California Title 15, Code of Regulations, Minimum Standards For Local Detention Facilities²⁹ states that detention facilities shall develop written policies and procedures whereby all incarcerated persons have the opportunity and ability to submit and appeal grievances relating to any conditions of confinement, including but not limited to medical care; classifications actions; disciplinary actions; program participation; telephone, mail, and visiting procedures; and food, clothing, and bedding.

CDCR policy on inmate appeals³⁰ states that:

It shall be Department policy, consistent with correctional best practice, to provide through the appeal process the means for expressing and resolving identified grievances to inmates and an administrative mechanism for review of departmental policies, decisions, actions, conditions, or omissions that have a material adverse effect on the health, safety, welfare, status, and/or program of inmates.

CDCR policy further states that some of the purposes of this policy are to:

Audit the internal processes and operations of the Department to modify, or eliminate practices which are unnecessary or may impede the accomplishment of correctional goals; Utilize inmate appeal information as an early warning indicator to identify and respond to potential sources of liability to the Department; and Gather and disseminate data and statistics about appeals in order to satisfy statutory responsibilities and in furtherance of policy, management and program goals.

Healthcare grievances are one of the 286 performance indicators displayed on the CDCR/CCHCS dashboard³¹ which is available to the public on the internet.

SDSO's grievance procedure is detailed in the SDSO Detention Services Bureau Manual of Policies and Procedures³². The SDSO grievance policy and procedure is consistent with Title 15 but does not address review of grievances as a tool to audit the internal processes of the jails. The

Grand Jury found no evidence of any metrics being used as performance indicators for CQI purposes targeting grievances.

Safety Checks

California Title 15 Minimum Standards for Local Detention Facilities³³ requires that safety checks to determine the safety and well-being of individuals be conducted at least hourly through direct visual observation of all people held and housed in the facility. There shall be no more than a sixty minute lapse between safety checks. Safety checks shall occur at random or varied intervals. There shall be a written plan that includes the documentation of all safety checks.

This documentation shall include the actual time at which each individual safety check occurred; and the location where each individual safety check occurred, such as a cell, module, or dormitory number; and initials or employee identification number of staff who completed the safety check(s). There shall also be a documented process by which safety checks are reviewed at regularly defined intervals by a supervisor or facility manager, including methods of mitigating patterns of inconsistent documentation, or untimely completion of safety checks.

Upon Grand Jury review, SDSO's policies and procedures for conducting and reviewing safety checks are consistent with Title 15 requirements.

The California State Auditor's Report³⁴ on the San Diego County jails concluded "...sworn staff conducted safety checks inadequately in part because of weaknesses in the Sheriff's Department policy. Its safety check policy does not require sworn staff to determine whether individuals are alive and well by taking steps such as by observing the rise and fall of their chests."

Furthermore, "...a safety check that does not involve any meaningful observation of an individual is ineffective and inadequate." The California State Auditor's report also concluded that the Sheriff's Department had not documented the safety check review process in its policy and that establishing an informal practice does not ensure that each facility's management team will consistently verify the quality of safety checks.

SDSO's current safety check policy³⁵ requires a sergeant's review of safety check activity logs, which is followed by review of the watch commander to ensure safety checks were conducted within the required time period. Finally, the facility commander identifies a supervisor to review

safety checks of one complete shift from each team on an ongoing monthly basis. The location of the review rotates each month. Activity logs and, if available, video footage is utilized at the facility commander review. The completed reviews are documented and reviewed via chain of command by the facility commander for which the review was conducted. Once reviewed and approved, records of the reviews are retained at each facility electronically for two years.

As the California Auditor points out, “Performing safety checks is the Sheriff’s Department’s most consistent means of monitoring for medical distress and crime occurring in its jails.” SDSO safety check data appears to be used only at the individual facility level and not reviewed and utilized as aggregate data throughout the jail system. A data-driven jail system-wide review process is essential for ensuring deputy compliance in conducting meaningful safety checks. The Grand Jury found no evidence of any metrics that are being used as performance indicators for CQI purposes targeting safety checks.

FACT/FINDINGS

Fact: Performance indicators in a continuous quality improvement process are used by other correctional agencies to improve the care of incarcerated individuals.

Fact: Performance indicators presented in a dashboard display (accessible to the public over the internet) are tools used by public agencies to be transparent and accountable to the public.

Finding 01: Performance indicators of jail functioning presented in a dashboard display accessible to the public over the internet improve jail functioning and promotes transparency and accountability.

Fact: SDSO policy requires a nurse to conduct a face-to-face interview with an incarcerated person within twenty-four hours of submission of a request for medical/mental health services.

Fact: SDSO officials estimate only 75% to 85% of requests for medical/mental health services are followed up within twenty-four hours of submission.

Fact: The DRC Report found the failure to follow up in a timely manner to requests for medical/mental health services may have contributed to the deaths of individuals housed in San Diego County jails.

Fact: SDSO officials state there are no metrics tracking requests for medical/mental health services.

Finding 02: SDSO lacks performance indicators of medical/mental health services requests displayed in a dashboard accessible to the public which, if implemented, should improve response time to requests for services and decrease health acuity and deaths.

Fact: SDSO established an MAT module at the Vista Detention Facility in January 2023.

Fact: Since the establishment of MAT programming in January 2023 total suspected opioid overdoses have decreased significantly.

Fact: Incarcerated persons throughout the SDSO jail system may receive MAT medication and depending on mental health clinician availability, also receive individual counseling.

Fact: The U.S. Centers for Disease Control and Prevention recommends sixteen specific metrics which should be collected for the monitoring and evaluation of a correctional MAT program.

Fact: SDSO does not collect metrics to track MAT programming.

Finding 03: No metrics are being collected by the SDSO to be used as performance indicators for CQI purposes targeting MAT programming which, if implemented, may decrease mortality and high-risk behaviors and move individuals toward recovery.

Fact: SDSO grievance policies and procedures are consistent with the California Code of Regulations, Title 15, Minimum Standards for Local Detention Facilities.

Fact: Healthcare grievances are one of the 286 performance indicators which appear on the CDCR/CCHCS dashboard available to the public on the internet.

Fact: SDSO does not collect metrics that can be used as performance indicators for CQI purposes targeting grievances.

Finding 04: SDSO does not collect metrics targeting grievances for CQI purposes which if implemented, could provide management with a review of SDSO policies, conditions, or omissions that have an adverse effect on the health, safety, and welfare of incarcerated persons.

Fact: SDSO’s policies and procedures for conducting and reviewing safety checks are consistent with California Code of Regulations, Title 15 requirements.

Fact: At the facility commander level, the SDSO review of safety checks is not a complete review. The location of the review rotates each month, only conducting a partial review of all safety checks. Video footage of safety checks is sometimes chosen to be used in this review, however, there is not always video footage available.

Fact: SDSO safety check review data are used only at the individual facility level and not reviewed and utilized as jail system-wide aggregate data and no metrics are collected for CQI purposes.

Finding 05: SDSO does not have metrics that can be used as performance indicators for CQI purposes targeting safety checks which, if implemented, could improve deputy compliance to conducting meaningful safety checks thus decreasing both medical distress and crime occurring in the jails.

RECOMMENDATIONS

The 2024/2025 San Diego County Grand Jury recommends that the San Diego County Sheriff’s Office:

R1: Develop system-wide jail metrics to be used as performance indicators for CQI purposes targeting incarcerated persons requests for medical/mental health services.

R2: Develop system-wide jail metrics to be used as performance indicators for CQI purposes targeting MAT programming.

R3: Develop system-wide jail metrics to be used as performance indicators for CQI purposes targeting incarcerated persons grievances.

R4: Develop metrics to be used as performance indicators for CQI purposes targeting safety checks and the review of all safety checks by every level of command. These metrics shall be developed using aggregate data throughout the jail system.

R5: Implement a CQI dashboard display available to the public on the SDSO website.

This dashboard shall include the following four jail functions:

- **Incarcerated persons request for medical/mental health services**
- **Medication-assisted treatment for opioid use disorder**
- **Incarcerated persons grievances**
- **Safety checks**

The dashboard shall also include all jail functions that have both custodial and healthcare functions.

GLOSSARY

BSCC – California Board of State and Community Corrections

CCHCS – California Correctional Health Care Services

CDCR – California Department of Corrections and Rehabilitation

CQI – continuous quality improvement

DRC – Disabilities Rights California

MAT – medication-assisted treatment

NCCHC – National Commission on Correctional Health Care

OUD – opioid use disorder

SAMHSA – Substance Abuse and Mental Health Services Administration

SDSO – San Diego County Sheriff’s Office

REQUIREMENTS AND INSTRUCTIONS

The California Penal Code §933(c) requires any public agency which the Grand Jury has reviewed, and about which it has issued a final report, to comment to the Presiding Judge of the Superior Court on the findings and recommendations pertaining to matters under the control of the agency. Such comment shall be made *no later than 90 days* after the Grand Jury publishes its report (filed with the Clerk of the Court); except that in the case of a report containing findings

and recommendations pertaining to a department or agency headed by an elected County official (e.g. District Attorney, Sheriff, etc.), such comment shall be made *within 60 days* to the Presiding Judge with an information copy sent to the Board of Supervisors. Furthermore, California Penal Code §933.05(a), (b), (c), details, as follows, the manner in which such comment(s) are to be made:

(a) As to each grand jury finding, the responding person or entity shall indicate one of the following:

(1) The respondent agrees with the finding.

(2) The respondent disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.

(b) As to each grand jury recommendation, the responding person or entity shall report one of the following actions:

(1) The recommendation has been implemented, with a summary regarding the implemented action.

(2) The recommendation has not yet been implemented, but will be implemented in the future, with a time frame for implementation.

(3) The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a time frame for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This time frame shall not exceed six months from the date of publication of the grand jury report.

(4) The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation therefor. (c) If a finding or recommendation of the grand jury addresses budgetary or personnel matters of a county agency or department headed by an elected officer, both the agency or department head and the Board of Supervisors shall respond if requested by the grand jury, but the response of the Board of Supervisors shall

address only those budgetary or personnel matters over which it has some decision-making authority. The response of the elected agency or department head shall address all aspects of the findings or recommendations affecting his or her agency or department.

Comments to the Presiding Judge of the Superior Court in compliance with the Penal Code §933.05 are required from the:

Responding Agency	Recommendations	Date
Sheriff, County of San Diego	R-01 through R-05	09/30/25

¹ <https://information.auditor.ca.gov/reports/2021-109/index.html>

² <https://openjustice.doj.ca.gov/>

³ <https://bja.ojp.gov/doc/managing-substance-withdrawal-in-jails.pdf>

⁴ <https://www.ojp.gov/ncjrs/virtual-library/abstracts/data-informed-jail>

⁵ <https://www.ncchc.org/wp-content/uploads/Continuous-Quality-Improvement.pdf>

⁶ <https://www.bscc.ca.gov/>

⁷ <https://pubmed.ncbi.nlm.nih.gov/21525117/>

⁸ <https://cchcs.ca.gov/dashboard/>

⁹ <https://cchcs.ca.gov/dashboard/>

¹⁰ <https://www.caschooldashboard.org/>

¹¹ <https://information.auditor.ca.gov/reports/2021-109/index.html>

¹² <https://codes.findlaw.com/ca/penal-code/pen-sect-919/>

¹³ <https://www.bscc.ca.gov/wp-content/uploads/Adult-Titles-15-Effect-4-1-17.pdf>

¹⁴ <https://apps.sdsheiff.net/PublicDocs/SB978/Detention%20Services%20Bureau/>

¹⁵ <https://caselaw.findlaw.com/court/us-supreme-court/429/97.html>

¹⁶ <https://caselaw.findlaw.com/court/us-9th-circuit/1894931.html>

¹⁷ <https://information.auditor.ca.gov/reports/2021-109/index.html>

¹⁸ <https://www.disabilityrightsca.org/system/files/file-attachments/SDsuicideReport.pdf>

¹⁹ <https://www.disabilityrightsca.org/system/files/file-attachments/SDsuicideReport.pdf>

²⁰ <https://www.disabilityrightsca.org/system/files/file-attachments/SDsuicideReport.pdf>

²¹ <https://www.sdsheiff.gov/home/showpublisheddocument/6249/638102360112530000>

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- ²² <https://www.cdc.gov/nchs/products/databriefs.htm>
- ²³ <https://bjs.ojp.gov/content/pub/pdf/mlj0019st.pdf>
- ²⁴ <https://pubmed.ncbi.nlm.nih.gov/22966409/>
- ²⁵ <https://www.samhsa.gov/substance-use/treatment/options>
- ²⁶ <https://www.sdsheriff.gov/home/showpublisheddocument/8200/638515391306970000>
- ²⁷ <https://www.thenationalcouncil.org/resources/medication-assisted-treatment-mat-for-opioid-use-disorder-in-jails-and-prisons-a-planning-and-implementation-toolkit/>
- ²⁸ <https://www.thenationalcouncil.org/resources/medication-assisted-treatment-mat-for-opioid-use-disorder-in-jails-and-prisons-a-planning-and-implementation-toolkit/>
- ²⁹ <https://www.bscc.ca.gov/wp-content/uploads/Adult-Titles-15-Effect-4-1-17.pdf>
- ³⁰ <https://www.cdcr.ca.gov/regulations/wp-content/uploads/sites/171/2024/03/2024-DOM.pdf>
- ³¹ <https://cchcs.ca.gov/dashboard/>
- ³² <https://apps.sdsheriff.net/PublicDocs/SB978/Detention%20Services%20Bureau/>
- ³³ <https://www.bscc.ca.gov/wp-content/uploads/Adult-Titles-15-Effect-4-1-17.pdf>
- ³⁴ <https://www.disabilityrightsca.org/system/files/file-attachments/SDsuicideReport.pdf>
- ³⁵ <https://apps.sdsheriff.net/PublicDocs/SB978/Detention%20Services%20Bureau/>