

Community Corrections Input Committee Grievance Review Annual 2025

To: Community Corrections Input Committee
CC: David Harman, Lieutenant

From : Mark V. Mahurin, Grievance Oversight Coordinator

Executive Summary:

During this year, a total of 11,178 individuals were processed into the SBJ and NBJ facilities. Of this number, five hundred forty-eight (548), or 4.90%, resulted in the filing of a medical grievance. When compared to the five-year annual average of four hundred thirty-eight (438) medical grievances, the medical grievances received during this reporting period represent a 25.11% increase in the number of medical grievances filed.

Nine (9) medical appeals were submitted this year, indicating that the initial responses were satisfactory in 98.36% of the five hundred forty-eight (548) medical grievances received. This is an increase of 4.65% when comparing the five-year annual average of 8.6 appeals. Of the medical grievances received this year, only 35, or 6.39% were sustained. The remaining 93.61% of the grievances were unsubstantiated.

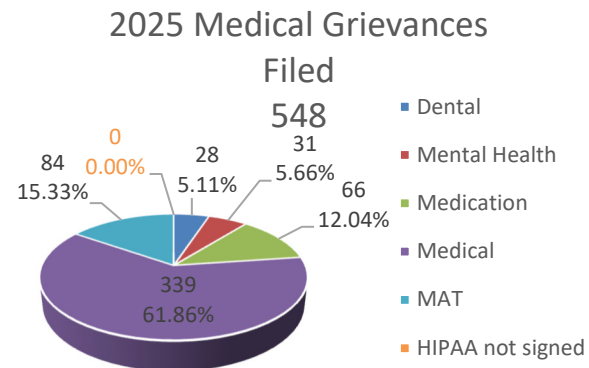
A total of 12,755 requests for medical-related services were received during this reporting period. Of these, five hundred forty-eight (548), or 4.3%, resulted in the filing of a grievance. In total, 1,443 grievances were filed across all categories, with five hundred forty-eight (548), or 38.0%, pertaining to medical concerns. This is an increase of 1.26% when comparing the five year average of 1,425 total grievances filed. This year, no grievances where the patient did not sign the HIPAA release were identified. Custody staff continues to do an excellent job of obtaining these signatures.

Of the medical grievances filed, eighty-two (82), or 14.96%, were submitted by female patients, while four hundred sixty-six (466), or 85.04%, were submitted by male patients. The gender composition for the total population this year was 97.90, or 12.60% female, 678.17, or 87.27% male and 0.93, or 0.12% unspecified.

Corrective Measures- During this period nine (9) sustained complaints correlated with impediments in obtaining medications or services because of a delay by WellPath or a failure to follow up on the issue. One (1) patient was treated 6/22/25, but the medication was not ordered until 7/9/25. One (1) patient was treated on 7/21/25 but medication orders were not placed until 7/25/25. One (1) patient had new medication ordered on 8/19/22 but was not provided with them until 8/22/25. One (1) grievance indicated that medication was ordered but was not provided. Benzoyl wash has been ordered from the pharmacy multiple times without success. The patient is receiving two of the three medications prescribed by the dermatologist. One (1) complaint was a delay with an order for contact lenses. One (1) grievance was because the surgery approval paperwork was not faxed to the provider for scheduling the procedure. One (1) complaint was because the medical records for the patient were requested but not received and no follow-up occurred. A request for medical records was not submitted to UCLA until September 19, 2025. Although the records were received on September 24, 2025, they remained pending review as of October 7, 2025. Records obtained from LVMC were reviewed and contained recommendations for a CT angiogram and MRI; however, the required off-site referrals were not initiated as indicated. One (1) grievance response stated “see attached” as the answer to the grievance; however, the attachment was not initially provided for review. Jail operations subsequently located the missing attachment and provided it for review. The Health Services Lieutenant has actively coordinated with WellPath leadership to identify root causes of the medical treatment delays, implement corrective actions, and develop sustainable procedural improvements to prevent future occurrences.

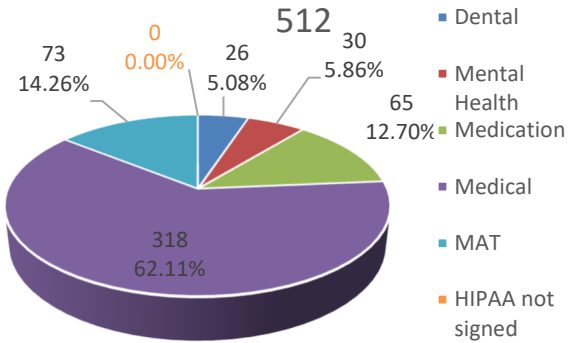
Analysis:

The total number of medical grievances filed this year was five hundred forty-eight (548) with three hundred fifty-three (352) originating from SBJ, and one hundred ninety-five (195) from NBJ. When comparing the grievances filed this year to the five years’ annual average of four hundred thirty-eight (438), this is a increase of 25.11%.



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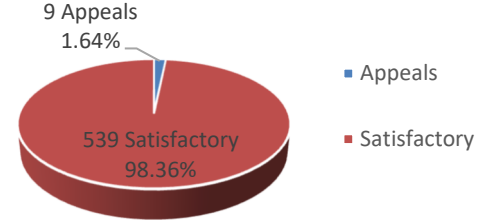
2025 Unduplicated Medical Grievances Filed



Of the five hundred forty-eight (548) medical grievances filed this year, thirty-six (36) were duplicates or a continuation of a similar complaint by the same person. If the thirty-six (36) duplicate grievances were removed from the equation, the comparison of five hundred twelve (512) unduplicated grievances filed to the prior five year's annual average of four hundred thirty-eight (438) grievances would be an increase of 16.89%.

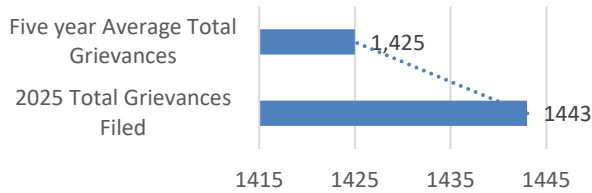
During this year nine (9) appeals were received. This is an indication that 98.36% of the initial grievance responses were satisfactory. When comparing the five years' annual average of 8.6 appeals filed, this is an increase of 4.65%.

98.36% Satisfactory Responses



During this period, all grievances received a response within an average of 2.7 days, with one (1) grievance exceeding the 15 day response limit by two days. There is no indication as to the cause of the delay for this grievance.

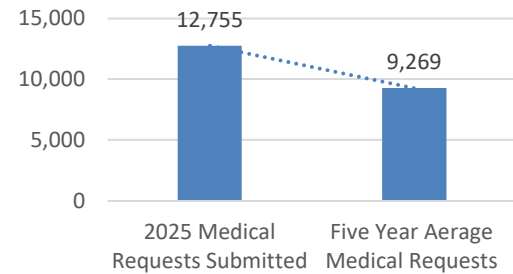
Five Year Average Comparison shows a 1.26% Increase In The Total Number Of Grievances For 2025



During this same time, there were 1,443 grievances filed across all categories, with five hundred forty-eight (548), or 38.0%, pertaining to medical concerns. There were nine hundred fifty-two (952) total grievances originating from SBJ, with four hundred ninety-one (491) filed from NBJ. When comparing the total grievances filed this year to the prior five year's average of 1,425 total grievances, this is an increase of 1.26%.

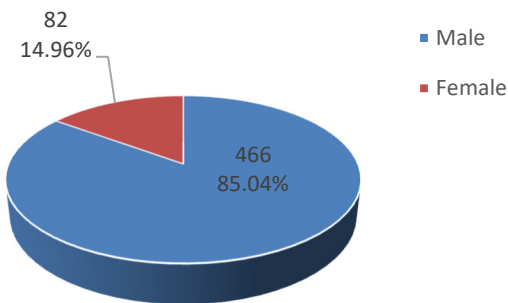
Throughout this year, there were 12,755¹ requests for medical related services, of which five hundred forty-eight (548), or 4.3% resulted in a grievance. When compared to the prior five years' quarterly average of 9,269 requests, this is an increase of 37.61%.

Annual Medical Requests Show A 37.61% Increase



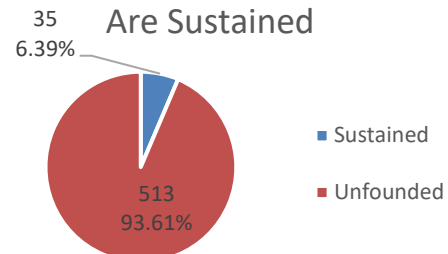
This year, eighty-two (82) grievances, or 14.96%, were filed by female patients. Four hundred sixty-six (466) grievances, or 85.04%, were filed by male patients.

Grievance Gender Classification



Of the five hundred forty-eight (548) medical grievances received, only thirty-five (35), or 6.39%, were sustained. The remaining 93.61% of grievances were not substantiated.

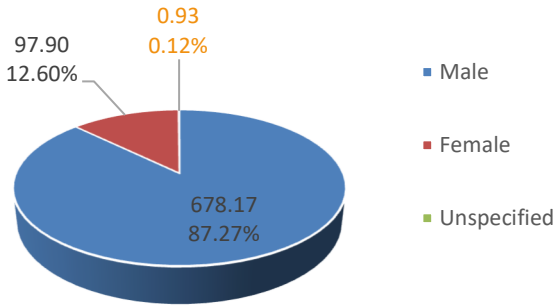
2025 Comparison Shows Only 6.39% Are Sustained



¹This number does not include issues handled on scene or requests deemed to require immediate medical attention.

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**Annual Average Gender
Composition By Total Population**



The gender composition for the total population this year was 97.90, or 12.60% female, 678.17, or 87.27% male and 0.93, or 0.12% unspecified.

The ADP for this year for SBJ was 428 and the ADP for NBJ was 349.

The Oversight Coordinator received two (2) community inquiries this year, with one (1) regarding medication issues and one (1) concerning dental issues.

Throughout this year, forty-seven (47) family members were contacted pursuant to HIPAA release requests for a total of fifty-two (52) individual grievances. Two (2) patients each had two (2) separate grievances with a family contact request and one (1) patient had four (4) separate grievances with a family contact request. The remaining forty-four (44) patients each submitted one (1) grievance with a family contact request.

Dental: Twenty-eight (28) Grievances (5.11%)

There were twenty-eight (28) grievances related to dental treatment during this year. Eighteen (18) originated from SBJ, and ten (10) originated from NBJ. Twelve (12) complaints were related to requests for extractions, refusal of recommended extractions, numbing issues, post-extraction complications, wisdom tooth extractions, concerns about wrong-tooth extraction, and missed extraction appointments due to custody availability. Six (6) complaints were related to dental pain, broken/cracked teeth, and requests for Tylenol or other pain medication while awaiting treatment. Three (3) complaints were related to diagnostic or imaging requests. Three (3) concerns were related to requests for annual cleaning and restorative care such as crowns. Two (2) concerns were for root canal requests. One (1) grievance was for specialty care because the patient has hemophilia factor IX requiring outside specialty care. One (1) complaint was because the patient believed treatment was denied, but the requested service was not clinically indicated. Of the twenty-eight (28) grievances filed, only one (1) complaint, or 3.57% of the total, was sustained. Two (2) duplicate grievances were received. No appeals were filed, and no grievances required follow-up for resolution.

Mental Health: Thirty-one (31) Grievances (5.66%)

During this period, there were thirty-one (31) grievances related to mental health and/or mental health medications for review. Twenty (20) originated from SBJ, and eleven (11) originated from NBJ. Eleven (11) complaints were related to appointments, evaluations and follow-up that included missed or delayed evaluations, PTSD-related visits, and court-ordered or requested evaluations. Eight (8) grievances were concerning medication delivery or availability issues and include medications not being started on time, out-of-stock medications, delayed initiation of ordered medications, medications not being transferred, or missed med pass. Five (5) complaints included requests for medication increases or changes, psychiatrist-approved adjustments, initiation of new psychiatric medications, and modifications to address current symptoms. Three (3) grievances related to requests for specific medications and include verification of outside prescriptions or prescriptions not within the jail formulary policy. Two (2) complaints related to delays in receiving outside records. Two (2) grievances that were not clearly medical or mental health in nature but contained delusional, religious, or non-standard content were appropriately referred to Mental Health for evaluation. Of the thirty-one (31) grievances filed, only four (4), or 12.90% were sustained. There was one (1) duplicate grievance filed this year, with one (1) grievance requiring follow-up to determine a proper outcome. No appeals were filed.

Medications: Sixty-six (66) Grievances (12.04%)

During the period, there were sixty-six (66) grievances related to medications other than Mental Health medications were submitted. Forty-one (41) grievances originated from SBJ and twenty-five (25) originated from NBJ. Twenty-two (22) grievances related to missed, delayed or out-of-stock medications. These include issues with medications not being started on time, pharmacy delays, out-of-stock medications, expired orders, and bridging issues. Fourteen (14) complaints related to chronic pain; specialist-related pain concerns; and pain medication effectiveness or escalation requests. Six (6) complaints were related to diabetic concerns including insulin-related grievances, requests for additional insulin dosing, Ozempic and Mounjaro requests, diabetes medication adjustments, and monitoring-related concerns. Six (6) grievances related to antibiotics including antibiotics not received timely, antibiotics believed to be stopped too soon, refusals of prescribed doses, and education on adherence following hospital discharge. Six (6) complaints were related to med pass issues and include grievances where patients did not present for med pass, refused medications, or did not respond when called. Six (6) grievances were related to requests for non-formulary medication, meds that were not indicated and verification-required medication. Six (6) complaints were related to medication adjustments or effectiveness concerns.

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Of the sixty-six (66) grievances filed, nine (9) complaints, or 13.64% of the total, were sustained. One (1) duplicate grievance was filed in this period. No appeals were filed and no grievances required follow-up to determine a proper outcome.

Medical: Three hundred thirty-nine (339) Grievances (61.86%)

During this period three hundred thirty-nine (339) general medical grievances were received. Two hundred seventeen (217) grievances originated from SBJ, and one hundred twenty-two (122) originated from NBJ. Sick call, MD and follow-up appointments or other similar actions addressed the majority. Six (6) complaints include requests for eyeglasses, contact lens evaluations and offsite optometry scheduling. Twelve (12) complaints are related to dietary concerns and include requests for extra meals, protein shakes, special medical diets and Ensure supplementation. Four (4) grievances are for extra mattresses. Seven (7) complaints are related to wound care and skin issues. Four (4) complaints relate to chest pain, cardiology referral requests, and heart-related evaluations. Four (4) complaints relate to liver concerns and includes Hepatitis C concerns, liver failure complaints, axillary/abdominal mass evaluations, and related ultrasound or lab workups. Four (4) complaints relate to pain and musculoskeletal concerns including chronic pain complaints, neck swelling and pain, ear/elbow pain with abscess, and other pain-related evaluations. Ten (10) complaints are related to specialist referrals including podiatry, cardiology, neurology, and orthopedic appointments. Four (4) grievances relate to medical records or billing concerns. Twenty-two (22) grievances were related to footwear, orthotics, or mobility equipment. Two (2) complaints were related to treatment quality and include concerns about the quality or appropriateness of specific medical procedures. Eight (8) complaints concerned access to ordered imaging. The remaining grievances involved routine sick call, provider visits, chronic care management, follow-up appointments, wound care, GI issues, respiratory concerns, infections, cardiac and liver evaluations, prosthetics, CPAP, administrative housing-related medical issues, and other individual medical concerns that were addressed through standard clinical treatments. Of the three hundred thirty-nine (339) general medical grievances received, twenty (20) complaints, or 5.90% of the total, were sustained. During this period twenty-one (21) duplicate grievances and nine (9) appeals were received. Two (2) grievances requiring follow-up to determine a proper outcome were filed.

MAT Eighty-four (84) Grievances (15.33%)

During this period, there were eighty-four (84) grievances related to the MAT program for review. Fifty-three (53) grievances originated from SBJ, with thirty-one (31) from NBJ. Twenty-eight (28) complaints were concerning clearance and entry into MAT including grievances requesting enrollment, screening, or provider clearance to begin MAT medication. These complaints commonly involved patients awaiting labs/urine toxicology screening, initial provider visits, or verification of outside MAT prescriptions prior to approval. Twenty-six (26) related to obtaining MAT medication including grievances stating Suboxone or MAT medication was stopped, not started, not received, or expired prescriptions. This category also includes complaints seeking bridging of outside prescriptions, as well as grievances resulting in renewal of prescriptions or restart of medication. Eighteen (18) complaints related to dosage adjustments including grievances requesting increases or decreases in MAT dosage, reporting the dosage was reduced or incorrect, or requesting provider review for adjustment. Ten (10) complaints were about changing to a long acting MAT medication including grievances requesting the injectable form instead of strips/films, missed or delayed injection scheduling, pending pharmacy delivery of Brixadi, transitions between formulations, and Vivitrol/Naltrexone initiation requests. Two (2) complaints involving custody and procedures related to Suboxone, such as mouth checks/sanitizer use for diversion prevention, allegations of harassment or singling out for urine testing, and medication-pass concerns where documentation reflected the patient did not present for med pass or had diversion-related discipline. Of the eighty-four (84) grievances filed, only one (1) complaint, or 1.19% of the total, was sustained. There was eleven (11) duplicate grievances and three (3) appeals filed. No grievances requiring follow-up to determine a proper outcome.

HIPAA Not Signed: Zero (0) Grievances (0.00%)

Throughout this period there were no grievances where the patient did not sign the HIPAA release.

Respectfully,



Mark V. Mahurin

Grievances January 1, 2025 through December 31, 2025

Type	Total	Percentage of Total Medical/ Mental Health Grievances	Gender	Response Resolved Complaint	Follow-up needed	Complaint Resolved after Follow-up	Complaint Resolved on appeal	Out of Custody	Duplicate	Inmate Refused Treatment
Dental	28	5.11%		28	0	0	0	0	2	2
Mental Health	31	5.66%		31	0	0	0	1	1	1
Medication	66	12.04%		66	0	0	0	4	1	6
Medical	339	61.86%		331	2	0	6	5	21	8
MAT	84	15.33%		81	0	0	3	0	11	0
HIPAA not signed	0	0.00%		0	0	0	0	0	0	0
			M F							
Total	548	100.00%	466 82	537	2	0	9	10	36	17
Total SBJ	353									
Total NBJ	195									

Average Days for Response/Treatment:		2.7
Total Service Requests:	12,755	% Grievated: 4.3%
SBJ Grievances:	952	
NBJ Grievances:	491	
Total Grievances:	1,443	% Medical Related: 38.0%
SBJ Avg. Annual Population:	428	
NBJ Avg. Annual Population:	349	
Annual Avg. Total Processed:	932	% Medical Related: 58.8%

Community Inquiry

Dental	1
Mental Health	0
Medication	1
Medical	0
Total Requests:	2
	Resolution:
	0
	Awaiting Response:
	0
	Out of Custody
	0

Definitions & Information

Follow-up Needed:	Response returned to Medical for additional details.
Out of Custody:	Inmate was out of custody when the grievance was addressed
Duplicate:	Grievance filed for the same issue before a response could be generated.
Inmate Refused Treatment:	Inmate refused to be examined, to follow recommendations, or to take prescribed medication.
Psychiatrist:	Available in the Facility 5 days per week, with an on call RNP psychiatrist available.
Dentist:	Available in the Facility 16 hours per week.
Title 15- Grievance Time Limit :	Article 6 § 1073 requires that the Facility policy set a reasonable time limit for response. Our Policy time limit is 15 Days.
Average Daily Population (ADP):	This is the annual average of those who did not get released and were placed in housing.
Total Population Processed:	This number includes all persons processed into the facility including those released prior to housing.
Outside of Facility Appointments:	Dates for out of custody appointments are not provided prior to transport due to security concerns.