

**EXHIBIT 14**  
**[REDACTED]**

**Expert Report**

**Kelly Mitchell**

U.S. District Court for the District of Columbia

**Davis v. United States Parole Commission**

Case No: 1:24-cv-01312

September 16, 2025

*Confidential; Subject to a Protective Order*

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Attachment 1: Curriculum Vitae - Kelly Mitchell

Attachment 2: Case Summaries and Findings

## **I. BACKGROUND AND QUALIFICATIONS**

### **A. Qualifications**

I am Kelly S. Mitchell. I received my Bachelor of Arts degree in Government from California State University-Sacramento in 1991. I have over 25 years of experience working with justice-involved populations in prisons, jails, and community supervision. My experience encompasses program oversight, policy development, public safety and reentry services, caseload-management systems, evidence-based community supervision practices (including risk- and needs-assessment), access to care, trauma-informed care, disability accommodations, grievance, and quality assurance processes.

For example, from 2017 to 2019, I had direct responsibility over the unit established to ensure the California Department of Corrections and Rehabilitation complied with state and federal disability laws for 35 prisons, encompassing thousands of incarcerated individuals. In this role, I: (1) developed and implemented training on legal mandates under federal disability law, (2) developed policies and procedures for the identification of individuals with disabilities and proactive assessment of their accommodation needs, (3) established a system for individuals to request accommodations and for staff to provide reasonable accommodations and adaptive supports, (4) ensured equal access to programs and services, (5) created tracking systems for appeals and grievances, (6) monitored compliance with all legal mandates, and (7) prepared materials for litigation responses.

From 2020 to 2022, I held the positions of Deputy Director and Assistant Chief of Adult Probation for the County of Alameda with responsibility for an adult probation population of over 8,000 clients, including many clients who had physical, mental, intellectual, and developmental disabilities. I had direct responsibility for implementing a risk-needs and responsivity-based case-management system, including establishment of referral networks for services, multi-disciplinary treatment teams, and wrap around services for clients to accommodate needs. I have worked collaboratively with federal, state, county, and community partners on the development of release and reentry programs, specialized courts, and pre-trial programs.

Currently, I operate a private consulting practice specializing in correctional policies, procedures, practices, disability law compliance, reentry systems, quality assurance and monitoring. I am a joint counsel-appointed ADA monitor in *Babu v Ahern*, U.S. District Court, Northern District of California, Class Action No. 5:18-cv-07677. My curriculum vitae is attached as an appendix.

I have been retained by Latham & Watkins LLP to provide expert opinions related to the obstacles individuals with disabilities who are on parole and supervised release may face, types of accommodations that can allow people to complete their supervision requirements, the key features of systems to provide reasonable accommodations, and the extent to which the United States Parole Commission (“USPC”) and the Court Services and Offender Supervision Agency (“CSOSA”) have systems to provide

reasonable accommodations to people on supervision and whether, in practice, the agencies consistently assess and provide for accommodation needs.

### **B. Previous Testimony**

In the last four (4) years I have been deposed in *Farren Bryant v. Debbie Asuncion*, United States District Court, Central District of California, Civil Action No. 2:19-cv-06889 and have served as an expert in the matter of *Carpenter v. Georgia Department of Corrections*, United States District Court, Central District of California, Civil Action No. 4:24-cv-00212.

### **C. Compensation**

I am compensated at a rate of \$250 per hour for consultation, document review and report writing, and \$300 per hour for testimony. My compensation is not contingent upon the outcome of the case or the substance of my opinion.

## **II. MATERIALS REVIEWED**

- Legal Filings:
  - Class Action Complaint dated May 6, 2024
  - Memorandum of Points and Authorities in Support of Plaintiffs' Motion for Preliminary Injunction dated May 6, 2024
  - Memorandum Opinion Granting Preliminary Injunction dated September 5, 2024
  - Answer to Plaintiffs' Complaint dated September 23, 2024
  - Plaintiffs' Renewed Motion for Class Certification and Appointment of Counsel dated October 3, 2024
  - Memorandum in Opposition to Class Certification dated November 4, 2024
  - Memorandum Order Granting Class Certification dated February 11, 2025
- Materials Responsive to Plaintiffs' Freedom of Information Act (FOIA) Requests:
  - USPC responses dated June 20, 2023, and August 18, 2023
  - CSOSA responses dated June 23, 2023, and September 5, 2023
  - CSOSA Guidance for Individuals on Community Supervision
- Disability Law Compliance Materials:
  - Section 504 of the Rehabilitation Act, 29 U.S.C. § 794
  - United States Department of Justice -Technical Assistance Manual, Title II ADA

- Guidance and Resource Materials, <https://www.ada.gov/resources/?filters=> (last accessed Aug. 27, 2025)
- U.S. Commission on Civil Rights, *Collateral Consequences: The Crossroads of Punishment, Redemption, and the Effects on Communities 75* (2019)
- *Armstrong v. Brown* Remedial Plan for Parole Case No. 12-17103 (9th Cir. 2014)
  
- Discovery Materials:
  - Defendants' Objections and Responses to Plaintiffs' First Set of Requests for Production dated February 14, 2025
  - Defendants' Objections and Responses to Plaintiffs' First Set of Interrogatories and Attachments dated May 12, 2025
  - Defendants' Objections and Responses to Plaintiffs' Second Set of Interrogatories dated July 2, 2025
  - Defendants Production dated February 14, 2025 (MATHIS-CSOSA-000001-000609 and MATHIS-USPC-0000001-000016), including:
    - OSCIS Manual Chapter 1: Case Reception, Processing, and Assignment (MATHIS-CSOSA-000001-00063)
    - OSCIS Manual Chapter 2: Case Reassignments & Transfers (MATHIS-CSOSA-000064-000111)
    - OSCIS Manual Chapter 4: Supervision Practices (MATHIS-CSOSA-000112-000433)
    - OSCIS Manual Chapter 6: Document and Records Management (MATHIS-CSOSA-000434-000446)
    - Guidance Memorandum: Effective Responses (MATHIS-CSOSA-000579-000592)
    - Guidance Memorandum: Case Transfer Procedures (MATHIS-CSOSA-000601-000608)
  - Policy Statement 3100, Community Supervision Philosophy (MATHIS-CSOSA-000593-000600)
  - DRAOR Manual (MATHIS-CSOSA-000517-000578)
  
- Other Materials:
  - USPC Rules and Procedure Manual (dated 2010) (pp.181-293),
  - CSOSA Manual (dated 2018)
  - Sample parole/supervised release conditions
  
- Case Records:
  - ██████████ (MATHIS-LW-CSOSA-017018-017021; MATHIS-LW-CSOSA-017034-017082)

- [REDACTED] (MATHIS-LW-CSOSA-005915-005931)
- [REDACTED] (MATHIS-LW-CSOSA-006209-006242; MATHIS-LW-CSOSA-006192)
- [REDACTED] (MATHIS-LW-CSOSA-013220-013222; MATHIS-LW-CSOSA-013229-013233; MATHIS-LW-CSOSA-013239-013242; MATHIS-LW-CSOSA-013250-013253; MATHIS-LW-CSOSA-013258-013260; MATHIS-LW-CSOSA-013276-013365; MATHIS-USPC-00001448-00001452)
- [REDACTED] (MATHIS-LW-CSOSA-026139-026143; MATHIS-LW-CSOSA-026149-026153; MATHIS-LW-CSOSA-026154-026159; MATHIS-LW-CSOSA-026226-026281)
- [REDACTED] (MATHIS-LW-CSOSA-033618-033621; MATHIS-LW-CSOSA-033644-033680)

### **III. QUESTIONS PRESENTED**

**A. What are common barriers to following supervision requirements for people with disabilities?**

**B. What types of accommodations could allow people to follow their supervision requirements?**

**C. What are the key features of accommodation systems?**

**D. Do USPC and CSOSA have systems to assess accommodation needs and accommodate people with disabilities, and does it appear that, in practice, USPC and CSOSA consistently assess and provide for accommodation needs?**

### **IV. SUMMARY OF OPINIONS**

**A.** People with disabilities regularly face barriers to following supervision rules due to their disabilities. This includes obstacles to understanding supervision conditions, remembering when meetings will occur, physically getting to required locations, and navigating supervision requirements while managing chronic health conditions. As a result, people with disabilities are at heightened risk of incarceration for non-compliance with supervision conditions.

**B.** People with disabilities regularly need reasonable accommodations in order to complete their supervision requirements. Reasonable accommodations are changes in policies and practices that afford people with disabilities an equal opportunity to adhere to their supervision conditions and complete supervision. While accommodations must be tailored to individual circumstances, some common accommodations could include: modifying reporting schedules, such as adjusting meeting locations and times; allowing remote check-ins; providing written materials in large print, plain language, or Braille; offering sign language interpretation or other communication aids during meetings; adjusting community service programs and obligations to be physically accessible; and ensuring that any supervision programs (such as drug/alcohol or mental health treatment)

are appropriate to the individual's disability-related needs (e.g., reading comprehension level, trauma history, or mobility limitations).

**C.** To ensure that people on supervision have access to needed accommodations, it is critical to have a system to assess accommodation needs and provide the required accommodations. Key features of accommodation systems include:

1. Written policies and procedures regarding assessing accommodation needs and providing accommodations;
2. A system to identify people with disabilities and their potential accommodation needs;
3. Notice of rights to accommodations;
4. A process to request accommodations;
5. A grievance process if accommodations are not granted;
6. Designated accommodation coordinators;
7. Training regarding assessing accommodation needs and providing accommodations; and
8. Tracking, monitoring and quality assurance mechanisms.

**D.** Based on my expertise and the materials reviewed, it is my opinion that USPC and CSOSA do not have any of the key features of a system to provide reasonable accommodations in a systematic and consistent manner. For instance, per their own admission, USPC and CSOSA's current policies and practices do not provide direction on the identification of disabilities, assessment of accommodation needs, provision of accommodations, training on how to accommodate, any mechanism to track accommodation needs, or any monitoring on the provision of accommodations.

As a result, in my opinion, USPC and CSOSA do not reliably or consistently assess accommodation needs or provide necessary accommodations in practice. A review of multiple case files and agency documents showed recurring breakdowns at every stage: identifying disabilities, determining disability-related needs, understanding the obligation to provide reasonable accommodations, implementing accommodations, and monitoring their effectiveness. The lack of a foundational accommodation system negatively impacts people under supervision.<sup>1</sup>

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<sup>1</sup> See Attachment 2: Case Summaries and Findings.

## V. OPINIONS

My full responses to the four questions presented are as follows:

### A. What are common barriers to following supervision requirements for people with disabilities?

Individuals with disabilities, including physical, psychiatric, intellectual, developmental, sensory (e.g., vision or hearing loss) and chronic health conditions, face a wide range of barriers to completing their community supervision obligations.

Without accommodations, people with disabilities regularly violate supervision rules, which can erode trust with their supervision officer and put them at an increased risk of sanctions, including added supervision requirements, a heightened level of supervision, or revocation and incarceration. These outcomes are not due to unwillingness or lack of effort but stem from inadequate systems that fail to support functional limitations.

#### Examples of Disability-Related Barriers and Negative Outcomes

Sensory Disabilities (Deaf, Hard of Hearing, Blind, Low Vision)

<i>Impact Caused by Disability</i>	<i>Barriers or Negative Outcomes</i>
Inability of individuals with vision disabilities to understand written or electronic communications that are not provided in an accessible format	The individual may not be able to understand supervision conditions, which may lead to accidental violations or failure to meet expectations.
Inability of individuals who are deaf or hard of hearing to communicate effectively without qualified interpreters	The individual may not be able to understand supervision conditions, participate in programming or meetings, or even engage in basic communication with supervision officers. This can lead to exclusion from programs, accidental violations of conditions, or failure to meet expectations.
Inability of individuals who are deaf or hard of hearing to communicate effectively without other aids and services (such as adequate captioning)	The individual may not be able to understand supervision conditions, participate in programming or meetings, or even engage in basic communication with supervision officers. This can lead to exclusion from programs, accidental violations of conditions, or failure to meet expectations.

<i>Impact Caused by Disability</i>	<i>Barriers or Negative Outcomes</i>
Trouble understanding and using required technology (e.g., software for video check-ins or reporting call systems)	Individuals with sensory disabilities may require specialized technology or devices to interface with required technology. Without compatible systems (e.g. appropriate devices to utilize Video Relay Service (VRS) or text-to-voice TTY-based Telecommunications Relay Service), multi-modal access, screen-reader compatible, ability to simplify instructions, or simplified login or authentication processes, the individual may be unable to follow supervision conditions.

#### Psychiatric or Mental Health Disabilities

<i>Impact Caused by the Disability</i>	<i>Barriers or Negative Outcomes</i>
Difficulty regulating behavior under stress	Individuals with Post Traumatic Stress Disorder (PTSD) or certain mood disorders may respond with outbursts or apparent disinterest during check-ins or programs due to stress or confusion about what is required. This may lead to the perception that the individual is willfully noncompliant with supervision obligations.
Difficulty standing in lines or crowded settings	Individuals may experience distress or leave early from appointments or programs, which may be perceived as lack of cooperation or commitment.
Trauma triggers in supervision settings	For individuals with PTSD or other disabilities related to trauma, flashbacks or panic attacks during supervision may result in missed appointments or refusal to participate or meaningfully engage in meetings or programs.
Fear or mistrust of institutional systems	People with disabilities related to paranoia, anxiety or mood disorders may be reluctant to disclose required information (e.g., contact information or place of employment) or seek help and cooperate with officers' recommendations. This can lead officers to perceive that the individual is noncompliant, can make it more difficult for the officer to contact and supervise the individual, and can result in missed opportunities for support or treatment referrals.

<i>Impact Caused by the Disability</i>	<i>Barriers or Negative Outcomes</i>
Difficulty forming trusting relationships	Individuals with mental health disabilities may struggle to interact with supervision officers they do not trust and may take some time to build that trust. This can be particularly difficult if supervision officers change frequently. Individuals who do not trust their officer may face sanctions for behavior that is perceived as hostile or noncompliant (e.g., not revealing their address or place of employment due to mistrust), and may be unable to take advantage of programs offered during supervision.
Heightened sensitivity to authority figures	<p>Individuals with PTSD or certain mood disorders may interpret directives or feedback from supervision staff as confrontational or disrespectful. This may lead to anger, defensiveness, avoiding contact with supervision officers, or limited engagement during supervision meetings. Officers may perceive some of these behaviors as disrespectful or hostile.</p> <p>Individuals with paranoia or related cognitive impairments may experience distorted perceptions of requirements or intentions, resulting in withdrawal, agitation, or refusal to engage in required activities or programming.</p>
Side effects of medications that affect memory, attention, or motivation	Side effects of medications (which may or may not be well understood by the individual) can result in missed appointments or deadlines, failure to follow conditions, or poor program participation, which can be interpreted as willful noncompliance with supervision.
Trouble understanding and using required technology (e.g., software for video check-ins or reporting call systems)	Individuals with mental health disabilities may become frustrated with technology or need reminders and simple instructions to follow the reporting systems.

## Intellectual and Developmental Disabilities (IDD)

<i>Impact Caused by the Disability</i>	<i>Barriers or Negative Outcomes</i>
Limited ability to engage in reading comprehension, oral comprehension, or abstract reasoning	Individuals who have IDD, including deficits in reading, oral comprehension, or abstract reasoning, may misunderstand their supervision conditions, which may lead to accidental violations or failure to meet expectations. Absent effective communication, it's also more difficult to form an effective relationship with their supervision officer.
Trouble understanding and using required technology (e.g., software for video check-ins or reporting call systems)	Individuals with IDD may miss required check-ins or be unable to complete required tasks.

## Mobility Disabilities

<i>Impact Caused by the Disability</i>	<i>Barriers or Negative Outcomes</i>
Physical locations that are inaccessible	Individuals may not be able to attend meetings or programs when locations are not physically accessible, leading to sanctions or to the inability to participate in and benefit from programs.
Lack of access to accessible transportation or difficulty navigating transportation systems	Individuals may miss or be late to meetings or programs frequently due to lack of accessible transportation.
Difficulty standing in lines or crowded settings	Individuals may experience physical distress or leave early from appointments or programs, which may be perceived as lack of cooperation or commitment.
Mobility limitations due to injury or chronic pain	Individuals may have difficulty arriving on time for appointments or programs. They also may experience pain while sitting and waiting for meetings. Tardiness, limited participation, or early departures may result in violation reports or heightened scrutiny.

## Chronic Medical Conditions

<i>Impact Caused by the Disability</i>	<i>Barriers or Negative Outcomes</i>
Unpredictable medical flares or complications can make it difficult or painful to attend appointments or programs on certain days, often without advance notice	People may miss appointments or programming due to unexpected illness flareups, which can lead to technical violations.
Fatigue, pain, or other symptoms of chronic conditions can make it difficult to complete supervision obligations (such as community service)	Incomplete or poor-quality participation in required activities may lead to negative assessments.
Frequent healthcare appointments or hospitalizations caused by chronic medical conditions can conflict with meeting or program schedules	Supervisees may be forced to choose between medical care and compliance, increasing the risk of sanctions.

## Cognitive Impairments or Traumatic Brain Injury (TBI)

<i>Impact Caused by the Disability</i>	<i>Barriers or Negative Outcomes</i>
The effects of the disability may make it difficult for an individual to remember appointments or tasks	The individual may frequently miss deadlines, triggering violation reports or perception of irresponsibility.
Individuals with autism or other disabilities that impact their social interactions may misread social cues	Interactions with officers or staff may be misinterpreted as disrespectful, hostile, or deceitful.
Cognitive disabilities or brain injuries may cause difficulty articulating needs or navigating processes	Individuals may not be able to communicate their needs or reasons for difficulties in complying with supervision obligations and may not be able to engage in the process of requesting accommodations. This can lead to supervision officers having incomplete information about the individual's needs and failing to take actions that could help them succeed.

## **B. What types of accommodations could allow people to follow their supervision requirements?**

A reasonable accommodation is a specific and intentional change to how a condition, rule, policy, or practice is applied to help a person with a disability meet the expectations of supervision. It is not merely an act of discretion or leniency; rather, it modifies the way requirements are implemented to remove disability-related barriers to compliance. Accommodations must be individually tailored to people's functional limitations and should be structured to operate predictably and reliably, not requiring the individual to seek approval or forgiveness each time they encounter a barrier. Accommodations should be formally established and documented in order to reduce the reliance on individual discretion and allow the individual to meet supervision expectations with clarity. Examples of accommodations that could be provided to support people in overcoming common barriers to supervision include the following:

### ***1. Accommodations For Understanding Supervision Conditions***

- Use of plain-language supervision documents and simplified written and verbal instructions, with examples, to explain supervision obligations.
- Visual aids, pictorial schedules, or task cards to explain steps and expectations.
- Techniques to reinforce understanding of rules and concepts, such as asking the individual to repeat back information they need to know to confirm understanding.
- Repetition of key information across meetings or formats.
- Opportunity to ask clarifying questions without sanction.
- Allow support persons or advocates to be present during intake and/or supervision meetings.
- Trauma-informed communication techniques, including calm tone and non-threatening body language.
- Captioning or interpreter services (e.g., American Sign Language, Communication Access Real-time Translation) for those with hearing impairments.
- Accessible written or electronic materials (Braille, large print, screen-reader compatible formats) for those with vision or print disabilities.

### ***2. Accommodations For Getting to Required Appointments or Programs***

- Remote check-ins by phone, video, or secure text for those with disability-related limitations (i.e., psychiatric conditions, mobility limitations, medical issues) that make in-person interactions difficult.
- Transportation assistance or coordination with paratransit or mobility services.
- Flexible scheduling or extended time windows to account for fatigue, travel limitations, or paratransit delays.

- Tactile or auditory alerts (e.g., vibrating reminders, talking clocks) for those with sensory impairments.
- Flexibility regarding last-minute cancellations due to documented health or disability reasons.

### ***3. Accommodations For Participating in Programs and Services***

- Remote program access or telehealth-style service options.
- Modified physical environments to allow use of mobility aids, reduce lighting glare, and lower background noise.
- Alternative program assignments for those medically unable to participate in physically demanding requirements.
- Extended time to complete assignments or program components.
- Accessible program materials (e.g., audio versions, large print, or captioned videos).
- One-on-one coaching or support for executive functioning challenges (e.g., planning, memory, follow-through).

### ***4. Accommodations For Forming Trusting Relationships with Supervision Officers***

- Consistency in assigned supervision staff to reduce anxiety or re-traumatization.
- Trauma-informed supervision approaches that avoid escalation or punitive tones and offer choices when possible.
- Peer support or case coordination with mental health providers familiar to the individual.
- Use of private, sensory-considerate meeting spaces to reduce overstimulation.
- Flexible scheduling to avoid crowds or over-stimulating environments.
- Allow support persons or advocates to be present during meetings.

Each accommodation should be assessed through a collaborative, individualized process with clear documentation and follow-up.

### **C. What are the key features of accommodation systems?**

Effective accommodation systems require infrastructure, accountability, and transparency. This includes written policies and procedures regarding accommodations; a system to identify people with disabilities and their potential accommodation needs; notifying people of their rights to accommodations; a process to request accommodations and a grievance process if accommodations are not granted; designated accommodation coordinators; training regarding assessing accommodation needs and providing accommodations; and tracking, monitoring and quality assurance

mechanisms.<sup>2</sup> California's *Armstrong v. Brown* Remedial Plan<sup>3</sup> provides an example of systems to afford accommodations.

### **1. *Written Policies, Procedures, and Guidance Regarding Accommodations***

For a supervision system to operate effectively, it is essential that policies, procedures, and guidance related to accommodations be clearly memorialized in writing. Written policies serve several critical functions:

- *They inform supervision officers of their responsibilities.* In the absence of written guidance, officers lack a clear understanding of when and how to identify accommodation needs, respond to requests, or recognize potential barriers during the supervision and revocation process. This reliance on individual judgment creates a significant risk of inconsistent or inadequate support for individuals with disabilities.
- *They ensure consistency across staff and offices.* In the absence of written standards, practices may vary widely from officer to officer, resulting in unequal treatment of individuals with disabilities and increasing the likelihood that people will not receive accommodations.
- *They enable accountability and oversight.* Written policies create a foundation for training, supervision, and quality assurance. They make it possible to evaluate whether the agency is meeting its obligations and to correct problems when they are not.
- *They are necessary for the system to function at scale.* Without written procedures, any efforts to accommodate individuals with disabilities remain ad hoc and unsustainable. A functioning, durable system requires formalized rules that all staff can follow and apply consistently.

The absence of written policies and procedures addressing disability-related accommodations makes it exceedingly difficult—if not impossible—for a supervision agency to meet its accommodation obligations or to operate a fair and effective supervision system for people with disabilities.

### **2. *Early Identification and Intake Screening***

Effective supervision systems must include structured intake and assessment tools to identify individuals with disabilities and determine their accommodation needs. These tools are critical for ensuring that supervision conditions are tailored appropriately and do not inadvertently disadvantage individuals with cognitive, psychiatric, intellectual, developmental, or physical impairments. Without a reliable method to identify

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<sup>2</sup> United States Department of Justice ADA Title II Technical Assistance Manual; ADA.gov Guidance and Resource Materials.

<sup>3</sup> *Armstrong v. Brown* Remedial Plan for Parole Case, No. 12-17103 (9th Cir. 2014).

disability-related needs at the outset, individuals are likely to encounter avoidable barriers to compliance, such as misunderstanding conditions, missing appointments, or struggling to access required programs. *See supra* Section V(A). A well-designed assessment process enables supervision agencies to provide necessary accommodations from the beginning of the supervision period so that people with disabilities have an equal opportunity to complete their supervision requirements. Examples of key components of intake and assessment systems include:

- Validated, accessible screening tools that:
  - Use simplified language, including short sentence structure;
  - Are available in written, oral, and assistive technology formats;
  - Avoid stigmatizing or pathologizing language; and
  - Require an interview with the supervisee.
- Proactive identification and assessment of disability-related needs rather than relying on supervisees to request accommodations. This is important for several critical reasons:
  - People may not know they have a disability (e.g., those with psychiatric, cognitive, or developmental disabilities may be undiagnosed, or unaware of their challenges) or may not be familiar with disability terminology.
  - They may not know they are entitled to accommodations or may not understand that accommodations exist for parole and supervised release.
  - Disabilities may interfere with their ability to self-advocate. For example, communication disorders, intellectual disabilities, TBI, or severe mental illness can impair an individual's ability to effectively request help. Expecting the individual to initiate a request can be both unrealistic and inequitable.
  - An imbalance of power may discourage requests. Given the significant power that supervision staff have over the lives of people on supervision, individuals may fear judgment, retaliation, or being labeled "difficult"—detering them from requesting accommodations.
- Referral pathways to clinical or disability specialists for formal evaluation or assessment when necessary. For instance, accommodation needs assessments that involve identifying intellectual, psychiatric, cognitive, developmental, or sensory disabilities should typically be conducted by qualified clinicians or trained professionals, as these determinations often require specialized expertise and clinical judgment, that go beyond what can be captured through administrative checklists

used by supervising officers. Such assessment should cross-reference records from education, health, and service systems.

- Note: This specialized evaluation should be embedded within the overall accommodation process to address complex cases where initial screening or frontline supervision identifies potential barriers that require specialized expertise. The existence of specialty pathways does not negate and should not delay the agency's obligation to provide interim accommodations as soon as a disability-related need is identified.

### ***3. Notice of Rights to Accommodations***

Notice of rights to accommodation is a foundational element of any functional accommodations system. It ensures that individuals under supervision are consistently and proactively informed of their rights under federal disability law. Without clear, repeated, and accessible notice of these rights, individuals with disabilities may be unaware that they are entitled to accommodations or of how to request them and thus are left vulnerable to supervision violations rooted in unmet disability-related needs. Ensuring that supervisees are aware of their rights and know how to exercise them is not simply a best practice; it is a necessity for building an equitable and functional supervision system.

### ***4. System to Request Accommodations***

Without a consistent, accessible, and well-understood method for submitting accommodation requests, individuals are left to rely on informal, inconsistent, or discretionary practices—circumstances that are incompatible with the obligation to provide accommodations, and that contribute to preventable supervision failures.

A functioning request system must meet the following core criteria:

1. *Clear Procedures*: The process for requesting an accommodation must be documented and communicated to all supervisees. Procedures should specify where, how, and to whom a request can be made. People should be able to submit requests in accessible formats, including oral, written, or electronic requests, or other methods aligned with their communication needs.
2. *Multiple Points of Access*: Supervisees should not be limited to requesting accommodations through a single person or method. The system should allow for requests during intake, at subsequent appointments, or through confidential communication channels. Both immediate and evolving needs must be accounted for. Individuals with limited literacy, sensory impairments, cognitive disabilities, or mental health challenges must be able to submit requests in a manner aligned with their communication needs.

3. *Timely and Documented Response*: The system must include timelines for acknowledgment and resolution of accommodation requests, along with documentation protocols to track what was requested, how it was handled, and what outcome was provided.
4. *Training and Designation of Staff*: Staff responsible for receiving or processing accommodation requests must be trained in disability-informed practices. Ideally, designated accommodation coordinators or trained supervisors should oversee the process to ensure consistency and adequacy.
5. *No Retaliation or Penalty*: The system must explicitly prohibit retaliation or penalization for requesting accommodations. Individuals should not fear that disclosing a disability or seeking support will lead to harsher supervision conditions or perceived noncompliance.
6. *Flexibility and Individualization*: The request process must allow for individualized responses to a wide range of disabilities, including those that may be non-apparent or that fluctuate over time. Supervisees should not be required to fit into predefined categories to have their needs considered.

By institutionalizing a transparent and accessible process for requesting accommodations, supervision agencies ensure that people with disabilities have a fair and meaningful opportunity to comply with supervision requirements. In its absence, disability-related barriers often go unidentified and unaddressed resulting in missed appointments, program failures, or other technical violations that could have been avoided through basic procedural safeguards.

### **5. Accessible Grievance Procedures**

An effective supervision system must include a clear, accessible, and responsive grievance process for individuals with disabilities to challenge the denial, delay, or inadequate provision of reasonable accommodations. This is a fundamental safeguard. Without a functional grievance mechanism, individuals are left without recourse when they encounter disability-related barriers to compliance.

An accessible grievance system should include the following components:

1. *Written and Oral Explanation of Grievance Rights*: Supervisees must be informed, both in writing and verbally, of their right to file a grievance if they believe they were denied a necessary accommodation. This notification should be provided at intake, during accommodation discussions, and be visibly posted in supervision offices.
2. *Multiple Accessible Submission Methods*: Grievances should be accepted in writing, verbally, or through accessible digital platforms. Individuals with limited literacy, sensory impairments, cognitive disabilities, or

mental health challenges must be able to submit grievances in a manner aligned with their communication needs.

3. *Timely and Documented Resolution Process*: The grievance system must include clear timelines for response and resolution, with written documentation of the grievance, the investigation process, and the outcome. Supervisees must be informed of the resolution and any follow-up actions in accessible formats.
4. *Impartial Review and Oversight*: Grievances should be reviewed by someone other than the direct supervision officer involved in the accommodation request. Oversight by a designated Disability or Accommodations Coordinator or compliance officer helps ensure objectivity and consistency.
5. *No Retaliation or Negative Consequences*: The grievance system must explicitly prohibit any retaliation, sanction, or increase in supervision intensity because of filing a grievance. Supervisees must feel safe in asserting their rights without fear of adverse consequences.
6. *Tracking and Quality Assurance*: The agency should monitor grievance patterns to identify systemic issues or repeated failures to accommodate. Data from the grievance system can inform training, policy revision, and overall compliance efforts.

A meaningful grievance system is not simply a procedural formality; it is a critical safeguard that ensures individuals with disabilities can enforce their rights. In the absence of such a process, supervision agencies operate without transparency, and supervisees face heightened risk of unnecessary violations, incarceration, and other harm.

### **6. Designated Accommodation Coordinators**

To ensure that individuals with disabilities receive timely and appropriate accommodations while under supervision, agencies must designate a Disabilities or Accommodations Coordinator. Without a dedicated and knowledgeable point of contact, accommodation processes often become fragmented, inconsistently applied, and overly reliant on individual officer discretion. This undermines compliance with the requirement to provide accommodations and exposes supervisees to preventable risks.

A designated coordinator provides several critical functions:

1. *Centralized Oversight and Accountability*: The coordinator ensures that accommodation requests are handled consistently and in accordance with established policies. They provide system-wide oversight that reduces arbitrary decision-making and promotes equity across cases.

2. *Subject Matter Expertise:* Supervising officers are not expected to have clinical or legal expertise in disability rights. The coordinator brings the necessary knowledge of federal disability law, common accommodation practices, and individualized assessment, allowing officers to focus on supervision while ensuring compliance with the obligation to accommodate.
3. *Support for Staff and Supervisees:* The coordinator serves as a resource to officers needing guidance on accommodation questions and to supervisees who need help navigating the request process. This dual-facing support structure improves outcomes and reduces the burden on front-line staff.
4. *Monitoring and Quality Assurance:* A coordinator is positioned to track accommodation requests, monitor implementation, identify systemic trends or delays, and recommend corrective actions when the process is not functioning as intended.
5. *Grievance and Escalation Pathway:* In cases where supervisees believe they have been wrongly denied accommodations, the coordinator can serve as a neutral reviewer or liaison to ensure that grievances are handled fairly and efficiently.
6. *Training and Policy Development:* The coordinator can lead training efforts and participate in the development or revision of agency policies to ensure alignment with legal mandates.

## **7. Staff Training**

A central pillar of any effective supervision system is robust staff training on disability awareness, accommodations, and procedural obligations. Training is the mechanism by which policies, rights, and procedures become actionable and consistently applied across the supervision system. Without structured, recurring training, staff are left to navigate complex disability-related issues without adequate preparation, resulting in inconsistent practices and harm to supervisees.

Training must cover the full range of topics essential to identifying and supporting individuals with disabilities, including:

1. *Legal Foundations:* Staff must understand their obligations under the law. This includes the duty to provide reasonable accommodations, the prohibition on discrimination, and how these rights apply in supervision context.
2. *Disability Identification, Referral, and Use of Assessment Tools:* Officers and program staff must be equipped to recognize indicators of disability, understand how to refer individuals for further assessment, and identify disability-related barriers to supervision.

3. *Assessing Potential Accommodations*: Staff must receive training on how to proactively assess supervisees' accommodation needs throughout supervision and revocation processes; types of available accommodations; and how to evaluate whether accommodation requests are reasonable.
4. *Accommodation Request and Grievance Procedures*: Staff must receive training on procedures for handling accommodation requests. This includes understanding how accommodation requests are made, how to evaluate whether a requested accommodation is reasonable, the process for referring supervisees to the appropriate coordinator or reviewer, and the appropriate steps to take if a grievance is filed.
5. *Communication and Interaction Techniques*: Staff must learn how to communicate effectively with individuals with intellectual, psychiatric, sensory, or cognitive disabilities. This includes using plain language, providing information in multiple formats, and conducting trauma-informed, non-threatening interactions.
6. *Role of the Disabilities or Accommodations Coordinator*: Staff must understand the role of the Disabilities or Accommodations Coordinator, when and how to consult with them, and how coordination supports compliance and equity.
7. *Tracking, Monitoring, and Documentation*: Staff must be trained on how to record and track accommodation requests, responses, and implementations to ensure continuity, transparency, and accountability.

Training should be mandatory, recurring, and tailored to the specific responsibilities of each staff role. Additionally, specialized instruction should be provided for supervisors, accommodations coordinators, and policy administrators. To enhance understanding and relevance, training should incorporate perspectives from individuals with lived experience, as well as case studies and real-world scenarios that highlight the practical application of disability rights in community supervision settings.

### **8. Tracking Systems, Monitoring, and Quality Management Process**

To ensure that accommodations for individuals with disabilities are provided consistently, effectively, and equitably, supervision agencies must implement structured systems for tracking, monitoring, and quality assurance. This includes systems to track individuals' disabilities, disability-related barriers, and accommodations provided, and to share that information with relevant individuals/entities (e.g., between CSOSA and the Commission or with program administrators). These systems are essential as without reliable data and oversight mechanisms, agencies cannot evaluate whether their accommodations processes are functioning, or whether individuals are being placed at heightened risk of supervision failures due to systemic problems.

A functioning tracking and monitoring system should include the following components:

1. *Accommodation Needs Tracking*: Each accommodation need—whether identified via a supervision officer’s affirmative assessment or a supervisee’s request—should be documented in a centralized system. This should include the date of the assessment/request, the nature of the disability and related barrier, the requested/identified accommodation, and the outcome (granted, modified, denied). This log enables agencies to identify patterns, monitor timeliness, and detect areas requiring systemic improvement.
2. *Case-Level Implementation Monitoring*: Once an accommodation is approved, there must be a method for ensuring it is implemented. Supervising officers and relevant staff should be accountable for applying the accommodation consistently throughout the term of supervision.
3. *Inter-Officer and Inter-Agency Communication*: There must be systems to ensure that information about a supervisee’s disabilities, related barriers, and accommodations are communicated to other relevant officers and agencies. Such systems are essential to ensure that, for instance, if an individual’s supervision officer changes, the new supervision officer is aware of their disability-related barriers and accommodation needs; that program administrators have relevant information about an individual’s disability-related needs; and that when USPC is evaluating whether to revoke an individual’s supervision, those officials have relevant information about how a supervisee’s unaccommodated disability may have contributed to the alleged violation.
4. *Grievance Tracking and Resolution Review*: The system should capture the number, nature, and outcome of grievances related to accommodations. This includes whether grievances were resolved at the initial level or escalated, and how long resolution took. Patterns in grievances can signal training gaps, procedural breakdowns, or staff resistance.
5. *Staff Compliance, Fidelity Monitoring, and Quality Assurance Reviews and Reporting*: Supervision agencies should assess whether staff are adhering to accommodation policies and documenting interactions accurately. This can be done through audits, case reviews, and performance evaluations. A designated unit or accommodations coordinator should regularly conduct quality assurance reviews, issue findings, and recommend corrective actions. These reviews should be documented and shared with agency leadership for system-wide improvements.

**D. Do USPC and CSOSA have systems to assess accommodation needs and accommodate people with disabilities, and does it appear that, in practice, USPC and CSOSA consistently assess and provide for accommodation needs?**

Based on a review of (1) agency documents and case files, (2) industry guidance on best practices, and (3) over two decades of professional experience in correctional administration and disability accommodations, I conclude that the agencies that administer parole and supervised release systems in Washington, D.C.—USPC and CSOSA—appear to lack the foundational infrastructure necessary to provide reasonable accommodations in a systematic and consistent manner. This includes the absence of policies, procedures, operational practices, and quality assurance mechanisms for:

- identifying disability-related barriers at intake, over the course of supervision, and during revocation proceedings;
- providing and adjusting accommodations over time; and
- recording, tracking, and communicating each supervisees' accommodation needs.

In my opinion, USPC and CSOSA do not have any of the core features of accommodation systems. Specifically:

***1. Lack of Any Written Policies or Procedures Regarding Accommodations***

In response to Freedom of Information Act (FOIA) and discovery requests, USPC and CSOSA stated that they do not have “any policies, procedures, guidelines, or any other rules or instructions” related to notifying people of their rights to accommodations; evaluating whether people have disabilities; evaluating whether people need reasonable accommodations; providing people with reasonable accommodations; or allowing people to request reasonable accommodations.<sup>4</sup> To the contrary, some policies contain language that *excludes* individuals with disabilities from certain programs. For instance, CSOSA prohibits people with “Severe Mental Health Diagnosis” and “Severe Substance Abuse in Need of Treatment” from its “Engagement and Intervention Centers.”<sup>5</sup>

The agencies indicated in their discovery responses that, nevertheless, supervising officers have discretion to assess people’s accommodation needs and to implement accommodations, including without formally modifying supervision conditions.<sup>6</sup> The agencies further stated that “accommodations are assessed and provided on a case-by-

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<sup>4</sup> CSOSA FOIA response dated June 23, 2023, and September 5, 2023; *see also* Defendants’ Objections and Responses to Plaintiffs’ First Set of Interrogatories dated May 12, 2025; USPC FOIA response dated June 20, 2023, and August 18, 2023.

<sup>5</sup> OSCIS Manual, Supervision Practices §4.B (MATHIS-CSOSA-000301-000302).

<sup>6</sup> Defendants’ Objections and Responses to Plaintiffs’ First Set of Interrogatories dated May 12, 2025.

case basis” but that accommodations “are not searchable” and thus the agencies “ha[ve] no way of identifying any such individuals” that have been accommodated.<sup>7</sup>

In my professional opinion, the lack of written policies/procedures/guidance represents a critical gap in the infrastructure needed to support consistent, effective, and equitable supervision practices for people with disabilities. Without clearly documented procedures, there is no standardized approach to identifying, assessing, or providing accommodations. This lack of formal guidance increases the risk of unmet accommodation needs, delays in identifying/addressing accommodation needs, inconsistent practices, and barriers to successful supervision outcomes. It also places a heavy burden on individual staff making discretionary decisions in complex situations without adequate support or direction.

## ***2. Absence of A System to Identify Disabilities and Accommodation Needs***

CSOSA and USPC both reported having no formal policies, procedures, or guidelines instructing officers on how to evaluate whether people have disabilities or need accommodations in order to navigate their supervision conditions.<sup>8</sup>

In my opinion, CSOSA’s risk assessment tools do not fill this gap. While CSOSA utilizes Risk and Needs Assessment tools, CSOSA stated that, in 2023, it transitioned to using the Dynamic Risk Assessment for Offender Re-entry (DRAOR).<sup>9</sup> The DRAOR is designed to assess dynamic risk factors and criminogenic needs related to recidivism. Although the tool allows the assessor to utilize discretion and supplement with specialized assessments (e.g., mental health assessments, cognitive assessments/testing, adaptive functioning), without proper training it may overestimate the risk of people with disabilities and accordingly subject them to *more onerous* supervision requirements that are inappropriate for their disability-related needs. Additionally, CSOSA does not provide guidance or training on how to collect information about supervisees’ disabilities to input into the DRAOR; thus, the DRAOR may not accurately reflect people’s disabilities.

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<sup>7</sup> Defendants’ Objections and Responses to Plaintiffs’ Second Set of Interrogatories dated July 2, 2025, at Commission Answer to Interrogatory 7; CSOSA Answer to Interrogatory 7.

<sup>8</sup> CSOSA FOIA response dated June 23, 2023, and September 5, 2023; USPC FOIA response dated June 20, 2023, and August 18, 2023; Defendants’ Objections and Responses to Plaintiffs’ First Set of Interrogatories dated May 12, 2025.

<sup>9</sup> See Attachment 1 to Defendants’ Objections and Responses to Plaintiffs’ First Set of Interrogatories dated May 12, 2025; DRAOR Manual (MATHIS-CSOSA-000517-000578).

Examples of How a Disability May Increase an Individual's Risk Score on the  
DRAOR

Dynamic Risk Factors

Anger/Hostility	Individuals may reflect emotional dysregulation due to autism, TBI, or serious mental illness rather than generalized aggression.
Negative Mood	Chronic depression, PTSD, or anxiety may elevate this without correlating criminal intent.
Interpersonal Conflict	Communication difficulties or social deficits (e.g., autism, IDD) may lead to misunderstandings or conflict.
Employment/Education Noncompliance	Individuals may lack capacity or support to meet these expectations.
Noncompliance with Supervision	Technical noncompliance may result from unaccommodated disability-related barriers including limited comprehension, memory issues, or mental health symptoms.

Stable Factors

Impulse Control	Executive functioning deficits (e.g., TBI, IDD, Attention Deficit Hyperactivity Disorder (ADHD)) can mimic impulsivity without criminal intent.
Problem Solving	Poor scores may reflect cognitive limitations, not criminogenic thinking.
Peer Associations	Elevated risk scores in this area may reflect an individual's limited social skills, suggestibility, or dependence on others rather than an active preference for antisocial peers.
Mental Health	Should be evaluated to see if individual needs accommodations for symptoms of their mental health conditions and rate on individualized basis.

Substance Use History	Longstanding substance use may reflect co-occurring disorders and not a criminogenic value set.
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#### Protective Factors

Pro-Social Identity	Individual may lack verbal articulation of goals due to disability (e.g. IDD, PTSD, Autism, Deaf) but still maintain strong moral values.
Motivation for Change	May appear unmotivated due to flat affect (e.g., schizophrenia) or communication difficulties but may not actually lack the motivation.
Supportive Relationships	Support systems may exist (e.g., community service providers) but are not recognized as “traditional” pro-social peers.
Stable Employment or Education	Participation in day programs or supported work may be overlooked as nontraditional employment.

As a result, the DRAOR alone does not provide a reliable mechanism for identifying disability-related needs or informing accommodation planning.

In my professional opinion, the absence of structured intake disability screening and documentation protocols—along with the use of assessment tools that do not address disability-related needs and that, indeed, may counterproductively impose *harsher* supervision requirements on people with disabilities—creates a significant risk that disabilities and accommodation needs will go unrecognized. Without accommodations, people with disabilities have an unequal opportunity to understand, comply with, and successfully complete the conditions of their supervision, and to fully engage in any related proceedings.

### ***3. Failure to Provide Notice of Rights***

Both USPC and the CSOSA stated they had no existing policies, procedures, guidelines or any other rules or instructions providing people on parole or supervised release with notice of their rights under Section 504 of the Rehabilitation Act, including the right to reasonable accommodations.<sup>10</sup> Without procedures to ensure that notice of rights is provided, many supervisees will not have the knowledge to advocate for themselves,

<sup>10</sup> CSOSA FOIA response dated June 23, 2023, and September 5, 2023; USPC FOIA response dated June 20, 2023, and August 18, 2023; Defendants’ Response to Plaintiffs’ Request for Production, at CSOSA Response to Request 2; USPC Response to Request 2 (absence of any responsive documents regarding provision of notice).

access necessary accommodations, or seek redress if they do not receive needed accommodations.

#### ***4. Lack of System to Request Accommodations***

CSOSA stated in its discovery responses that “[c]urrently, CSOSA does not have a formalized, official, or standardized process for supervisees with disabilities to use to request a reasonable accommodation.”<sup>11</sup> USPC likewise stated that “[t]he Commission has no formal, official, or standardized system or process for individuals with Disabilities to seek or otherwise request reasonable accommodations[.]”<sup>12</sup> However, the Commission added that “individuals have the opportunity to raise such requests with the Commission at any time, including at hearings involving alleged violations of the conditions of Supervision.”<sup>13</sup>

In my professional opinion, this approach lacks the essential structure and consistency necessary for an effective and equitable accommodations process. Without notice of the right to request accommodations (see Point 3, *supra*), or any formal process for lodging such requests, it would be exceedingly difficult for supervisees to ask for accommodations. The absence of standardized procedures introduces significant variability and increases the likelihood that accommodation needs will be misidentified, inconsistently addressed, or entirely overlooked.

Indeed, through review of supervision records and related case materials, I found no evidence that individuals were informed of their right to request accommodations, provided with instructions on how to do so, or had requested accommodations through any formal process. The absence of such documentation raises concerns about whether individuals with disabilities were given a meaningful opportunity to access needed accommodations.

#### ***5. Lack of Grievance Process***

Both USPC and CSOSA failed to provide information on any policies or procedures that outline a grievance process for supervisees who believe their accommodation needs have been overlooked. This lack of established processes for individuals to grieve failures to accommodate, for staff to evaluate grievances, as well as lack of timelines and protocols for responses and procedures for follow-up, means that supervisees’ accommodation needs may go unaddressed, creating barriers to successful supervision completion.

#### ***6. Lack of Designated Disability or Accommodations Coordinators***

From the records provided by USPC and CSOSA, it appears that neither agency has a designated Disability or Accommodations Coordinator. The absence of a designated

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<sup>11</sup> Defendants’ Objections and Responses to Plaintiffs’ First Set of Interrogatories dated May 12, 2025, at CSOSA Answer to Interrogatory 3.

<sup>12</sup> *Id.* at USPC Answer to Interrogatory 3.

<sup>13</sup> *Id.*

Disability or Accommodation Coordinator allows for no centralized accountability for ensuring supervision staff consistently assess accommodation needs and provide needed accommodations. This may result in fragmented, ad hoc responses, where accommodations (if afforded) are inconsistently identified, evaluated, implemented, or documented—meaning supervisees’ accommodation needs may be unaddressed or inadequately addressed.

### ***7. Lack of Training on Accommodations***

In response to discovery requests for any training materials regarding how to respond to, accommodate, manage, track, or otherwise work with individuals with disabilities, USPC and CSOSA failed to produce any responsive documents.<sup>14</sup> In my professional opinion, the absence of structured training in these critical areas represents a significant systems gap. Without comprehensive and role-specific training, staff are unlikely to consistently recognize disability-related needs or respond appropriately, increasing the risk of unmet needs, inconsistent practices, and barriers to successful supervision for individuals with disabilities. Indeed, absent training, supervision officials may not know what constitutes a disability, what an accommodation is, or that people are legally entitled to accommodations—let alone how to provide accommodations.

### ***8. Lack of Tracking, Monitoring, or Quality Management System***

Both USPC and the CSOSA acknowledge they have no systems that track (1) all disabled populations or (2) disability-related needs or accommodations sought/provided.

First, in response to discovery requests, USPC stated that “[t]he Commission does not itself ‘identif[y] [individuals] . . . as having a Disability.’”<sup>15</sup> CSOSA stated that it “does not currently track ‘individuals . . . identified . . . as having either a physical or an intellectual/developmental Disability.’”<sup>16</sup> CSOSA is able to track people that it puts on “mental health supervision.” However, based on my review of the records, it appears that CSOSA does not systematically track people with mental health disabilities (who are not on mental health supervision).

Second, neither agency has a system to track supervisees’ disability-related barriers to supervision, requests for accommodations, or accommodations provided. In response to a discovery request seeking examples of people for whom the agencies have assessed and provided accommodations, both agencies responded that they “ha[ve] no way of identifying any such individuals as accommodations are assessed and provided on a case-by-case basis and are not searchable.”<sup>17</sup>

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<sup>14</sup> Defendants’ Objections and Responses to Plaintiffs’ First Set of Requests for Production dated February 14, 2025, at CSOSA Answer to Request 2; USPC Answer to Request 2.

<sup>15</sup> *Id.* at USPC Answer to Request 1.

<sup>16</sup> *Id.* at CSOSA Answer to Request 1.

<sup>17</sup> Defendants’ Objections and Responses to Plaintiffs’ Second Set of Interrogatories dated July 2, 2025, at CSOSA Answer to Interrogatory 7; USPC Answer to Interrogatory 7.

Tracking is critical to ensure consistent and reliable accommodations. Given supervision officers change frequently, the lack of a tracking system creates a risk that even if one officer ad-hoc accommodates an individual's disabilities, their next supervision officer will not know about their barriers or the necessary accommodations. It also creates a risk that USPC will revoke supervision for conduct related to an individual's disability without realizing their disability-related barriers or that accommodations have been made in the past. More broadly, tracking is important so that CSOs can see what accommodations have been granted in similar contexts, ensuring consistent treatment.

Moreover, oversight systems are critical to monitoring compliance and for quality assurance. Without this monitoring and oversight, there is no mechanism for internal review, correction of errors, resolution of systemic issues, or proactive improvement of practices. As a result, the agencies lack the data to guide reforms, correct deficiencies, and prevent negative outcomes, including missed or inadequate accommodations.

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In conclusion, based on my professional experience and review of materials provided, it is my opinion that USPC and CSOSA lack the foundational systems necessary to identify, assess, and address accommodation needs of supervisees with disabilities. Furthermore, in practice, USPC and CSOSA do not reliably or consistently assess or provide for supervisees' accommodation needs.

#### **DECLARATION & CERTIFICATION**

I, Kelly Mitchell, certify that the opinions expressed in this report are based on my professional expertise, review of case materials, and an objective analysis of the facts.

**Signature:**/s/

Kelly Mitchell

Expert

September 16, 2025