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UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA
EASTERN DIVISION – RIVERSIDE

QUINTON GRAY, et al., on behalf of
themselves and all others similarly
situated,
Plaintiffs,
v.
COUNTY OF RIVERSIDE,
Defendant.

Case No. EDCV13-0444 VAP (OP)

CLASS ACTION

**THIRD AMENDED CLASS
ACTION COMPLAINT FOR
INJUNCTIVE AND
DECLARATORY RELIEF**

1 **NATURE OF THE ACTION**

2 **1.** Riverside County has one of the largest jail systems in California, with
3 nearly 4,000 men and women held in five detention facilities (“Riverside jails”).
4 This population consists of both pretrial detainees and people serving sentences in
5 local custody (collectively referred to herein as “prisoners”).

6 **2.** The thousands of men and women locked up in Riverside’s jails face
7 cruel and inhumane deficits in medical and mental health care. Defendant has
8 known for years that its inadequate health care delivery system places prisoners
9 entering the jails at a serious risk of harm but has failed to take the necessary steps
10 to mitigate the risk. As a result, prisoners in the Riverside jails are subjected to
11 policies and practices that systematically deprive them of their constitutional right to
12 basic life-saving care. Further, prisoners with disabilities face discrimination in
13 housing and in denial of reasonable accommodations as set forth below, in violation
14 of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation
15 Act.

16 **JURISDICTION**

17 **3.** The jurisdiction of this Court is invoked pursuant to 28 U.S.C. §§ 1331,
18 1343, and 1367. Plaintiffs seek declaratory and injunctive relief under 28 U.S.C. §§
19 1343, 2201, and 2202; 42 U.S.C. § 1983; 42 U.S.C § 12101 et seq.; and 29 U.S.C. §
20 794.

21 **VENUE**

22 **4.** Venue is proper in the Central District of California under 28 U.S.C. §
23 1391(b) because Plaintiffs’ claims for relief arose in this district and Defendant is
24 located in the district.

25 **PARTIES**

26 **Plaintiffs**

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1 **5.** At the time of the filing of the Complaint and the First Amended
2 Complaint in the Case, Plaintiff Quinton Gray was a prisoner in the Riverside jails
3 in custody of Defendant Riverside County. He has multiple chronic medical and
4 mental health conditions, including seizures, high blood pressure, severe arthritis,
5 and visual and auditory hallucinations and depression. He has experienced repeated
6 treatment failures, including delays in adjusting medication regimens, lack of
7 appropriate laboratory monitoring and frequent missed doses. His initial intake
8 form, similar to other Riverside files, documented “no” to all questions (including
9 history of seizures and high blood pressure)—demonstrating inadequate intake
10 procedures. Even when Mr. Gray has been seen, he has not received adequate basic
11 primary care: for example, he was not screened for high cholesterol or diabetes,
12 despite his chronic high blood pressure.

13 **6.** Further, Mr. Gray was placed on potent psychotropic medications
14 which were either suddenly discontinued or multiple doses missed, placing him at
15 serious risk of serious side effects and psychiatric decompensation. He in fact
16 experienced significant, injurious side effects from his medication mismanagement
17 and treatment failures. Mr. Gray has exhausted his administrative remedies.

18 **7.** At the time of the filing of the original Complaint in this case, Plaintiff
19 Angela Patterson was a prisoner in the Riverside jails in custody of Defendant
20 Riverside County. After sustaining severe injuries in a car accident in June 2009,
21 Ms. Patterson had a temporary filter placed in her inferior vena cava (IVC), the
22 blood vessel supplying the heart, to prevent blood clots. She was booked into the
23 Riverside jails shortly thereafter, where she was subjected to multiple delays,
24 cancellations, appointment mix-ups, and failures to provide appropriate follow-up
25 regarding safe removal of the temporary filter. Nearly a year later, when she was
26 finally taken for surgery, it was found that the filter could not be removed due to the
27 build-up of scar tissue. As a result, Ms. Patterson is now condemned to a lifetime of
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1 daily anticoagulation medications and frequent laboratory monitoring, with
2 significant risk of fatal bleeds and other complications. She is 27 years old. If
3 physicians had appropriately obtained and reviewed her records, and made efforts to
4 refer her for IVC filter removal in a timely fashion, it is likely that the filter could
5 have been removed and Ms. Patterson would need no further treatment.

6 **8.** In addition, she has experienced multiple delays in follow-up with the
7 orthopedic and vascular surgery clinics. As of late 2012, she still had not had a
8 follow-up CT scan of her head to determine whether a growth on her scalp was a
9 slow-growing tumor, more than a year after it was ordered to be performed. Since
10 being placed on anti-coagulant therapy and for the duration of her stay in the
11 Riverside jails, she has also not had timely and effective medication monitoring and
12 administration, resulting in frequent stretches of time throughout her time in the jails
13 where her anticoagulation levels are too low or too high, placing her at risk for
14 further complications. Ms. Patterson has exhausted her administrative remedies.

15 **9.** At the time of the filing of the original Complaint in this case, Plaintiff
16 Stanley Kujawsky¹ was a prisoner in the Riverside jails in custody of Defendant
17 Riverside County. He has been subjected to substandard care while in Defendant's
18 custody, with inadequate medication administration and treatment of his high blood
19 pressure and multiple delays in the work-up and diagnosis of his chronic neck pain.
20 As a result, he has suffered and continues to suffer unnecessary pain and
21 Defendant's treatment has endangered his cardiovascular health. Mr. Kujawsky has
22 exhausted his administrative remedies.

23 **10.** Plaintiff John Rosson III is a prisoner in the Riverside jails in custody
24 of Defendant Riverside County. Mr. Rosson suffers from bipolar affective disorder

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26 ¹ Due to a clerical error, Mr. Kujawsky is referred to as Stanley Kwawsky or
27 Kujansky in the Riverside jail records.

1 and has received and continues to receive substandard mental health care while in
2 the jails that has endangered his health and safety. While in the Riverside jails, he
3 has been prescribed major psychotropic medications which have repeatedly been
4 renewed without any regular assessment of his progress, side effects, and co-
5 existing medical issues, a clear violation of the standard of care and particularly
6 dangerous given his history of diabetes and hyperlipidemia, which can be worsened
7 by the psychotropic medications he takes. Acute psychiatric symptoms, such as
8 hearing voices, have been ignored by Riverside jail mental health treatment staff.
9 He suffers frequent lapses in medication delivery: after one such episode in early
10 2013, when he was denied his necessary psychotropic medications for more than
11 two weeks, he became actively self-harming and cut himself. As a result, he was
12 placed in a filthy “safety cell” with blood and feces on the wall and subsequently in
13 the county hospital for several days. He continues to experience medical delivery
14 interruptions to this day. Mr. Rosson has exhausted his administrative remedies.

15 **11.** At the time of the filing of the Second Amended Complaint in this case,
16 Plaintiff Brandy McClellan was a prisoner in the Riverside jails in the custody of
17 Defendant Riverside County. She experienced a dangerous and entirely predictable
18 and avoidable side effect of the psychotropic medications she was prescribed,
19 resulting in her hospitalization after she nearly collapsed and had serious cardiac
20 complications. Nonetheless, in order to get any attention from mental health staff
21 after returning from the hospital she had to file a health care request form (“blue
22 slip”) and wait several weeks to be seen by a psychiatrist. During this time, the
23 medications she had been misprescribed and which caused her hospitalization
24 continued to be presented to her at pill call. If she had not had the presence of mind
25 to refuse them, she could have been in serious danger. The treating psychiatrist was
26 not made aware of her hospitalization until she told him. Ms. McClellan has
27 exhausted her administrative remedies.

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1 **12.** At the time of the filing of the Second Amended Complaint in this case,
2 Plaintiff Julie Miller was a prisoner in the Riverside jails in the custody of
3 Defendant Riverside County. She is a chronic care patient with major depression
4 and suspected bipolar disorder. She is given Norvir for her medical condition in the
5 jails. In February 2013, Ms. Miller was prescribed Paxil and Trazodone. Norvir
6 inhibits the metabolism of both of these drugs and as a result, can increase blood
7 levels of the drugs to dangerous levels. Increased blood levels of Trazodone and
8 Paxil can be associated with more side effects, including dry mouth, sedation,
9 dizziness, and weight gain, which she has experienced. Also, both drugs increase
10 serotonin blood levels, placing Ms. Miller at higher risk of serotonin syndrome -- a
11 potentially life-threatening condition consisting of altered mental status, muscle
12 contractions, fever and autonomic instability. There is no notation in her medical
13 file to indicate that she was regularly assessed for possible side effects from these
14 medications, nor is there documentation that those medications were given at lower
15 doses while she was on Norvir. She has never been told about possible side effects
16 of new medications or monitored to determine their effects. Ms. Miller has
17 exhausted her administrative remedies.

18 **13.** At the time of the filing of the Second Amended Complaint in this case,
19 Plaintiff Michael Wohlfeil was a prisoner in the Riverside jails in the custody of
20 Defendant Riverside County. Since early 2011 Mr. Wohlfeil has suffered from
21 chronic daily diarrhea and has lost more than 30 pounds. Given this history, he
22 should have been promptly evaluated for possible colon cancer. But after an initial
23 referral in 2011, it took more than two years for Mr. Wohlfeil to be seen by a
24 gastroenterology clinic and finally receive a recommendation for an upper
25 endoscopy and a colonoscopy.

26 **14.** Early in his confinement in Defendant's custody, Mr. Wohlfeil
27 complained of lumps on his skin; these tumors subsequently grew in number to
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1 cover much of his body. Despite the knowledge of the tumors by Jail medical staff,
2 however, no biopsies were done until October 2013. Had they been malignant, Mr.
3 Wohlfeil might not have survived Defendant's substandard medical care and
4 attention. Mr. Wohlfeil also reported lower extremity weakness and severe back
5 pain to Defendant's staff in 2011. Although an MRI was ordered for him multiple
6 times, he did not receive one for two and a half years. Mr. Wohlfeil also reported a
7 history of Hepatitis C on his intake form in 2011, and was recommended for testing
8 for this disease in May 2011. Even though failure to conduct this testing put Mr.
9 Wohlfeil at risk for liver scarring and possible liver failure, he has never been tested
10 for Hepatitis C while in Defendant's custody. To get assistance from medical staff,
11 he has had to file grievances and obtain a court order. Mr. Wohlfeil has exhausted
12 his administrative remedies.

13 **15.** Plaintiff David Madrid is a prisoner in the Riverside jails in the custody
14 of Defendant Riverside County. He was born with a club foot: his right foot turns
15 inward significantly and his toes are curled in tightly, making him unable to walk
16 normally without footwear to correct for the condition. He has been refused
17 appropriate footwear in the Riverside jails. Since his arrival in August 2015, he has
18 been allowed only plastic slip-on shoes that fall off his foot and make it impossible
19 to walk normally, or to walk at all without serious pain. As a result, he has
20 significantly limited his walking and has lost his ability to exercise to maintain his
21 cardiovascular health. He has been refused the reasonable accommodation of shoes
22 that support his foot and allow him to walk without any valid justification for the
23 refusal.

24 **16.** Plaintiff Nikko Quarles is a prisoner in the Riverside jails in the
25 custody of Defendant Riverside County. On or about September 5, 2015, he was
26 seriously injured in an attack by other prisoners at Southwest Detention Center.
27 Among other injuries, his leg was broken. He was taken for emergency care to the
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1 Riverside County Regional Medical Center, where a cast was placed on his leg and
2 he was told that he cannot walk or place any weight on the leg. He was also given
3 crutches. He was returned to Southwest Detention Center the following day and
4 placed in a cell in the booking area of the jail. His crutches were taken from him,
5 over his protest, and placed outside his cell, out of reach. As a result, for the
6 approximately four days he spent in that cell, he had to crawl or drag himself from
7 his bunk to the toilet as well as to pick up his food from staff at his cell door. In
8 addition, when he left his cell for daily dressing changes for another wound, he was
9 refused his crutches and had to drag himself along the floor as a result. At times Mr.
10 Quarles found it impossible to avoid placing his weight on his injured leg, which
11 was contrary to medical orders and caused him severe pain.

12 **17.** Mr. Quarles was subsequently transferred to Presley Detention Center,
13 where he was again deprived the use of his crutches. He was placed in a cell with
14 the crutches once more outside his cell door. His complaints to the nurses he saw
15 daily were unsuccessful. Mr. Quarles was not provided his crutches until he was
16 seen by a doctor, approximately three to five days after his arrival at Presley. He
17 has subsequently been informed by medical staff that he would require another hard
18 cast on the leg because the premature walking he was forced to do might have
19 reinjured it. Although he currently has the use of crutches, he has no confidence
20 that staff will not once again confiscate them for no reason.

21 **18.** Mr. Quarles has never been charged with assault or any violent actions
22 in the Riverside jails

23 **19.** Mr. Quarles is currently housed on the seventh floor of the Presley jail,
24 which is considered sheltered housing for medical patients, solely because of his
25 inability to walk and his use of crutches. As a result, he has fewer privileges and
26 programming opportunities than he would if he were housed in general population.
27 He has no dayroom access and no religious programming in his current restricted
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1 medical housing, and for his GED class, he is merely provided with materials by a
2 teacher who comes to his door. At Southwest Detention Center before his injury, he
3 had daily dayroom access with other prisoners in his housing unit, church services
4 two to three times each week with community volunteers, and group classes for
5 GED students every other week.

6 **Defendant**

7 **20.** Defendant County of Riverside operates five jails -- the Robert Presley
8 Detention Facility, the Smith Correctional Facility, the Indio Jail, the Southwest
9 Detention Center, and the Blythe Jail – that incarcerate nearly 4,000 prisoners. The
10 County is responsible for providing a constitutional level of health care for those in
11 its custody, including the funding, oversight, and corrective action to ensure
12 adequate conditions. As a public entity, the County is also required to ensure that it
13 does not discriminate against prisoners with disabilities.

14 **FACTUAL ALLEGATIONS**

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16 **I. Riverside County exhibits systemic failures in the provision of basic
17 health care to prisoners in its jails.**

18 **21.** Defendant, by policy and practice, maintains and runs a health care
19 system that lacks basic elements necessary to provide constitutional care: it
20 systematically fails to identify and diagnose serious conditions, to provide timely
21 care, to administer appropriate medications, to employ adequate staff to meet
22 prisoners’ basic needs, to maintain records that allow informed treatment decisions,
23 to establish legally required confidentiality, and to identify and correct its own
24 failings.

25 **22.** Prisoners’ access to health care is so inadequate at all the Riverside
26 jails as to constitute deliberate indifference to their serious medical and mental
27 health needs. Further, Defendant is deliberately indifferent to the fact that these
28 systemic failures result in significant injury and a substantial risk of serious harm.

1 **A. Delays in and denial of access to care**

2 **23.** Defendant has a policy and practice of failing to provide timely access
3 to necessary health care and is deliberately indifferent to the risk of harm and injury
4 to prisoners that results from this systemic failure. Care is often delayed or denied
5 entirely, causing unnecessary pain and suffering as well as physical injury to the
6 patients. The two basic mechanisms to alert health care staff to prisoners' needs --
7 intake screening and sick call – are inadequate in both policy and practice.

8 **1. Intake screening and treatment planning**

9 **24.** Riverside's jail screening and intake process fails to adequately identify
10 and treat the medical and mental health care problems of newly arriving prisoners.

11 **25.** Insufficient numbers of nursing staff are available to identify and
12 evaluate medical conditions on intake, resulting in dangerous delays in treatment.
13 Prisoners are rarely assessed for communicable diseases when they arrive at the
14 jails, and medically high-risk prisoners do not have histories taken, physical
15 assessments, or treatment plans.

16 **26.** Plaintiff Quinton Gray arrived at the Riverside jails with a chronic
17 seizure disorder and high blood pressure. His initial intake form nonetheless has
18 "no" marked for every question about health care needs, including those that should
19 clearly be marked "yes." Numerous other prisoners with longstanding chronic
20 conditions have intake forms with the same deficiencies, demonstrating an
21 inadequate intake screening process.

22 **27.** As a result, prisoners are placed at serious risk of harm. For example,
23 one woman who regularly takes medication for her chronic severe high blood
24 pressure entered the Riverside jails on September 9, 2011. She received no
25 medication or, indeed, any recorded medical screening or attention until she suffered
26 chest pain and hypertensive emergency nearly three weeks later. At that time, she
27 was sent to the emergency room at Riverside County Regional Medical Center
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1 (RCRMC) and found to have blood pressure of 230/140 -- high enough to cause a
2 stroke, vision loss, or a heart attack.

3 **28.** Another woman with multiple serious medical conditions, including
4 hypothyroidism, diabetes, and a recent history of gastric bypass surgery, had no
5 record of any of these crucial health factors on her booking form, in which every
6 question regarding the presence of health care needs was marked “no.” Treatment
7 for her serious chronic conditions was delayed, resulting in significant health risks.

8 **29.** Another patient who arrived in the Riverside jails with multiple
9 longstanding chronic conditions -- a seizure disorder, asthma, psoriasis, and
10 Hepatitis C -- had “no” marked for every question on his booking form regarding
11 medical history. As a result, he did not receive all of his necessary medications for
12 several weeks.

13 **30.** Another prisoner with a clear prior history of diabetes, glaucoma,
14 and arthritis has a booking form from August 2012 noting no chronic conditions and
15 no medications. It is unlikely, from subsequent records, that he failed to report his
16 conditions: his records show that he informed nurses at pill call five days later of the
17 conditions and he subsequently filed grievances and obtained court orders for care.

18 **31.** Plaintiff Julie Miller had to get court order to get her chronic care
19 medications started five months after her arrival in the Riverside jails.

20 **32.** Initial mental health screening at the jails is faulty because it is
21 performed by untrained custody staff, a practice that Riverside Sheriff Stanley Sniff
22 knows is inadequate and dangerous because, as he states, “correctional officers may
23 not recognize hidden medical and/or mental health problems that could be best
24 observed by a medical/mental health expert. This could result in delaying needed
25 treatment.” Appropriate screening is particularly important since, according to the
26 Sheriff, “the time period immediately following admission to a jail is the most
27 dangerous time for an inmate, and over half of in-custody deaths occurred within
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1 one month of admissions, with 24% of deaths occurring within two days of
2 admission.”

3 **33.** One man admitted to the Smith Jail had no recorded intake or screening
4 at all. He was eventually placed in a suicide watch “safety cell” and given
5 psychotropic medications (Zoloft and Trazodone). His medical records contain no
6 diagnosis, medical administration records, review of symptoms, psychiatric history,
7 social history, review of current medications, allergies, mental status examinations,
8 vital signs, risk assessments or treatment goals.

9 **34.** Plaintiff John Rosson was started on psychotropic medications
10 including Risperdal, Trileptal, Trazodone and Prozac with no recorded evaluation
11 for his underlying medical conditions, despite the fact that he had a noted history of
12 diabetes and hyperlipidemia and Risperdal can worsen these conditions.

13 **35.** Plaintiffs Quentin Gray, Julie Miller, and Brandy McClellan were
14 similarly prescribed powerful psychotropic medications with inadequate assessment
15 and treatment planning regarding medication interactions, safety, and efficacy.

16 **36.** Another patient was prescribed Trazodone, Risperdal and Zoloft
17 although he had a pre-existing seizure disorder and type-II diabetes. Risperdal
18 lowers the seizure threshold and can worsen type-II diabetes. On the day he was
19 prescribed Risperdal, Trazodone and Zoloft, he submitted a health needs request
20 stating he had a seizure in his cell. Risperdal should be attempted to be lowered or
21 discontinued if patients are having uncontrolled seizures prior to starting or on the
22 medication. There is no documentation of screening for active seizures prior to
23 initiating Risperdal and no documentation addressing co-management of his seizure
24 disorder and use of Risperdal with a neurology specialist.

25 **2. Sick call and access to care**

26 **37.** Even if their serious medical concerns are flagged at intake, patients are
27 often unable to obtain care because the sick call system is inadequate. Outside
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1 monitors have repeatedly found the Riverside jails incapable of providing the daily
2 sick call that state law requires. These conditions harm prisoners, who experience
3 extreme difficulty in obtaining necessary medical and mental health appointments.
4 In the absence of a functioning sick call system they must either obtain a court order
5 from the criminal court or file repeated blue slips (health care request forms) and
6 grievances. Plaintiff Quinton Gray has never seen a Riverside jail doctor without
7 an order from the Superior Court for care. He has received three orders: in late
8 2011, in June 2012, and in September 2012. Plaintiffs Stanley Kujawsky and
9 Michael Wohlfeil similarly have had to obtain court orders to see a doctor in the
10 Riverside jails.

11 **38.** Court orders, blue slips, and grievances regarding health care are
12 routinely ignored. The County maintains an extensive computerized list of court-
13 ordered appointments that notes how long the prisoners have been waiting; delays of
14 one, two, or three months are common. One prisoner obtained a court order on
15 November 21, 2011, that orders her “to see medical doctor within 48 hours to be
16 evaluated for severe pain due to hernia on back. Court recommends medication
17 treatment to control pain.” After waiting several weeks, the prisoner filed a
18 grievance asking that the order be honored. The response, dated December 23,
19 2011, acknowledged the court order and the month-long delay and stated that
20 “nurses confirmed they are waiting for the doctor to show up to see the court
21 orders.” Plaintiff Stanley Kujawsky was prescribed pain medication without ever
22 seeing a doctor in the jails; he received a court order on November 22, 2011, to see a
23 doctor for his pain, but was not actually seen until January 25, 2012.

24 **39.** Some prisoners who request medical attention are told that doctors are
25 only seeing patients with court orders for care.

26 **40.** Prisoners also file repeated blue slips without any result except a \$3
27 charge exacted for each request. As a result, they are placed at serious risk of harm.

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1 For example, one patient filed numerous blue slips complaining of serious stomach
2 pain but was never seen by a doctor. After three months of such complaints, he
3 submitted a blue slip stating that he was vomiting blood, a symptom that can
4 indicate an emergency leading to death and which is at minimum is concerning for
5 gastric disease such as peptic ulcers or cancer. The patient should have seen a
6 physician immediately, had his vital signs and blood counts checked, and possibly
7 even have been referred to an emergency room or gastroenterologist for further
8 evaluation. None of this was done. He was not even referred to see a doctor for
9 another month.

10 **41.** Compounding the problem, prisoners often have extreme difficulty
11 grieving inadequate access to care since they must request grievance forms from
12 sheriffs' deputies, who often refuse to provide them. Plaintiff Quinton Gray filed a
13 grievance in September 2012 noting serious ongoing problems with access to
14 medical and mental health care, and stating that he had to get a grievance form from
15 "an outside agency" because of custody staff's refusal to provide him with a form
16 and their interference with access to adequate health care.

17 **42.** As a result of these policies and procedures, prisoners experience
18 dangerous delays in access to both primary and specialty care.

19 **43.** One woman entered the Presley jail with Stage Four colon cancer in
20 late July 2011. In early August, she was seen for abdominal pain, nausea and
21 vomiting, similar to the colon cancer symptoms she had experienced on first
22 diagnosis. Her outside medical records, obtained at that time by the County,
23 documented chemotherapy in 2009 for colon and ovarian cancer and a recent CT
24 scan showing possible recurrence. With these strong indicators that her cancer had
25 returned, she should have received a colonoscopy and referral to an oncologist
26 within a very few weeks. Although both referrals were made on August 3, neither
27 was completed by the time she was released from custody in December 2011. For
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1 more than four months, County medical providers demonstrated gross incompetence
2 and negligence, with unexplained delays, apparently lost referrals, and a botched
3 attempt at a colonoscopy, for which she was not given a basic bowel preparatory
4 procedure – an elementary mistake. Throughout this time, the patient repeatedly
5 complained of abdominal pain and rectal and vaginal pressure. The lack of care for
6 her malignancy possibly allowed it to progress to a point where she was no longer a
7 candidate for further treatment, shortening her life expectancy. The inadequate
8 treatment for her symptoms forced her to endure unnecessary pain and suffering.

9 **44.** Another woman with a breast tumor suffered significant delays in care:
10 she was denied timely appointments with a physician; multiple specialty
11 appointments were not scheduled or were skipped, despite physician referrals; and
12 she was frequently not notified of important test results such as biopsies, when
13 standard practice is to notify patients of results within one to two weeks. Nearly
14 every time her complaints were addressed by medical staff was in response to a
15 court order. Her tumor was found to be benign; had it been malignant, these
16 cumulative delays could have been life-threatening. Although she received some
17 medications to treat her ovarian cyst-related pain, she continued to have pain and
18 physicians failed to order a repeat vaginal ultrasound or refer her to gynecology for
19 further evaluation and management, as the standard of care requires.

20 **45.** Plaintiff Angela Patterson arrived at the Riverside jails following
21 surgery to place a temporary filter in a major blood vessel supplying her heart. She
22 was discharged directly from the RCRMC hospital to the jail. Despite the fact that
23 such filters should be removed within three months, there was no acknowledgment
24 of the existence of the filter in her jail medical records for over a month. Ms.
25 Patterson then endured many months of delays, cancellations, and scheduling mix-
26 ups in specialty care, as well as repeated medication administration failures that
27 have continued throughout her time in the Riverside jails. For nearly six months,
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1 medical staff documented confusion over whether the IVC filter was temporary or
2 permanent; they did not resolve the matter until March 2010, nine months after the
3 filter was placed in her body. She was not seen in surgery until June 25, 2010, at
4 which point it was discovered that the filter could not be safely removed because of
5 the accumulation of scar tissue.

6 **46.** Following the surgery, a Riverside jail doctor discontinued Ms.
7 Patterson's anticoagulation medication because of "filter removal," despite the fact
8 that it was still in her body and there was a note in her medical records from two
9 days earlier reporting that the filter had not been removed. In August 2010, she was
10 placed on life-long anticoagulation therapy. Anticoagulation therapy has significant
11 risks, including the risk of fatal bleeds, and requires daily medication and frequent
12 laboratory monitoring -- a weighty burden, particularly for Ms. Patterson, who is 26
13 years old. If physicians had appropriately obtained and reviewed her records and
14 made efforts to refer her for IVC filter removal in a timely fashion (within a few
15 months of placement), it is likely that the filter could have been removed and Ms.
16 Patterson would need no further anticoagulant therapy, with all the risks that entails.
17 The risks are significantly enhanced by the repeated medication administration
18 failures she continued to suffer throughout her time in the Riverside jails: the
19 frequent missed dosages, switched dosage times, and inadequate monitoring have
20 resulted in blood anti-coagulation levels so low as to put her at risk for blood clots.

21 **47.** A patient with chronic high blood pressure was inadequately screened
22 on intake, as described above, which resulted in an emergency room visit and
23 dangerously high blood pressure. Subsequent months in custody saw no
24 improvement in her care, as Riverside County medical staff failed utterly to monitor
25 her chronic condition. Her care was repeatedly delayed, prescribed medications
26 repeatedly not offered, and the sub-par care led to multiple episodes of uncontrolled
27 hypertension and preventable emergency room visits.

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1 **48.** A patient experiencing uncontrolled seizures and multiple emergency
2 room visits was not given a neurology referral for more than three months after his
3 arrival in the Riverside jails. After the referral was made, he waited for two more
4 months to actually see a neurologist, although he was having seizures two to three
5 times per week, often sustaining head trauma and other injuries, and although
6 managing his condition was clearly beyond the scope of a general medicine
7 practitioner. The neurologist recommended an EEG, which was never performed.
8 The patient continued to have uncontrolled seizures and emergency room visits; he
9 had another neurologist appointment two months later, at which point the EEG was
10 re-ordered. The patient was never referred to an epilepsy specialist, despite the clear
11 indication that his medication regime was ineffective and such a consultation was
12 needed. Continued, untreated generalized seizures place patients at high risk for
13 immediate injury (such as he repeatedly sustained) as well as worsening long-term
14 cognitive impairment, decreased function, and diminished quality of life.

15 **49.** Another patient arrived in jail with a lap-band that had been surgically
16 inserted into his stomach for weight loss. He soon began to demonstrate symptoms
17 of a esophageal obstruction (a known complication of such surgery), including
18 significant weight loss, nausea, vomiting, and extreme hunger. Despite numerous
19 requests for help, he experienced unnecessary delays in diagnosis and treatment and
20 failure to respond to his multiple health complaints. For example, after two
21 episodes of loss of consciousness, a documented 17-pound weight loss in 30 days,
22 complaints of inability to tolerate any food or liquid intake, and a blood pressure of
23 90/60, he was merely referred for a medical appointment more than a week in the
24 future. The delays in diagnosis of his obstruction put him at risk for serious health
25 complications due to rapid weight loss and deprivation of essential nutrients.

26 **50.** A prisoner who filed blue slips complaining of a head injury in
27 October 2012, after an assault, was given only Tylenol and not assessed for serious
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1 injuries for several days, despite repeated complaints of pain in his head and right
2 side, which are indicators of potential brain injury. When he was finally sent to the
3 emergency room, he was given a CT scan that showed a brain bleed. Fortunately,
4 the brain bleed was small; if he had suffered a more serious injury, the delay could
5 have been fatal.

6 **51.** Plaintiff Michael Wohlfeil experienced delays of more than two years
7 in getting even basic diagnostic tests to determine appropriate treatment for his
8 numerous tumors and his chronic diarrhea and weight loss.

9 **52.** Access to mental health care is no better. Defendant's deficient system
10 forces mentally ill prisoners to wait weeks or months for mental health assessment
11 and evaluation by clinical staff, during which time they are denied essential
12 psychotropic medications and other treatment. The Sheriff admitted this problem in
13 July 2011, acknowledging that "such delays may impact an inmate's mental
14 stability." As with medical care, many mental health patients must file repeated
15 blue slips or grievances to get seen; others are only seen by clinicians after the
16 judges in their criminal cases have ordered care. Patients experience a range of
17 symptoms, from auditory hallucinations to severe depression, while enduring these
18 lengthy delays.

19 **53.** Plaintiffs Quinton Gray, John Rosson, Brandy McClellan, and Julie
20 Miller have all experienced significant delays in access to care. Instead of receiving
21 the appropriate oversight that standard of care demands for patients with their
22 significant mental health conditions, they have been forced to file blue slips and
23 grievances, get court orders, and seek help from outside advocates in order to
24 receive basic care and attention from mental health staff in the jails.

25 **54.** Patients with serious dental care needs suffer from the same pattern and
26 practice of injurious delays. Patients in severe pain wait for months to see a dentist
27 and face significant pain and suffering as a result. For example, one patient with
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1 only two functioning teeth lost more than 20 pounds in the six months he has been
2 incarcerated because he is unable to eat much of the food he is served and he cannot
3 afford to buy his own. He has submitted blue slips to see a dentist to get dentures
4 without success.

5 **55.** Another patient experienced serious delays in care: her complaints of
6 tooth pain were first documented in her health records in December 2011. On
7 March 17, 2012, a progress note in her file simply reads “Back upper Rt tooth broke
8 and gum swollen.” This one-line progress note, with no medical history, duration of
9 symptoms, or full exam, is inconsistent with accepted medical standards of care. In
10 addition, the patient was prescribed penicillin and motrin for her symptoms without
11 any mention of a dental referral or evaluation.

12 **56.** Another patient filed a request complaining of a broken tooth and
13 requesting a dental referral on September 21, 2011. He submitted a repeat request a
14 month later also requesting a dental referral. He was not seen for these complaints
15 until November 1, 2011, at which time medical staff noted that he had decayed teeth
16 and referred him to dental staff without any mention of his ability to eat or whether
17 the tooth looked infected. In the many months he has been waiting, he has
18 experienced intermittent severe pain in his teeth that makes him unable to eat
19 several times a week.

20 **57.** Plaintiff Michael Wohlfeil has suffered from chronic tooth pain caused
21 by cavities. He has had twelve teeth pulled in the last three years. In all but one
22 case, the dentist could not or would not provide Mr. Wohlfeil with a filling and told
23 him that he was only able to pull the teeth.

24 **3. Specialty referrals and diagnostic tests**

25 **58.** The Riverside jails lack adequate policies and procedures to provide
26 patients with needed referrals for specialty medical consultations and procedures.
27 For example, a patient with colon cancer was referred for a colonoscopy and to an
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1 oncologist on August 3, 2011, but neither was completed by the time she was
2 released from custody in December 2011. Given that her cancer was Stage IV, she
3 should have been seen in a very few weeks.

4 **59.** As discussed above, Plaintiff Angela Patterson experienced numerous
5 delays and cancellations in specialty referrals, which likely led to build-up of scar
6 tissue on a temporary filter in a blood vessel near her heart. As a result, she will live
7 the rest of her life with this filter in her chest and suffer a lifetime of serious
8 anticoagulation medication with related health risks and the burden of frequent
9 monitoring. In addition, a CT scan was ordered in January 2011 to be performed in
10 six months to rule out a possible slow-growing tumor on her scalp. As of January
11 2013, it had not yet been performed – well over a year late.

12 **60.** As discussed above, Plaintiff Michael Wohlfeil spent more than two
13 years waiting for specialty care and tests to diagnose and develop a treatment plan
14 for his chronic, debilitating diarrhea and the dozens of tumors that cover his body.
15 He still has not been tested for Hepatitis C, despite reporting a history of the disease.
16 These unacceptable delays exposed him to serious risk of harm.

17 **61.** Another man with uncontrolled seizures and multiple emergency room
18 visits was not given a neurology referral for more than three months after his arrival
19 in the Riverside jails. After the referral was made, he waited for two more months
20 to actually see a neurologist, although he was having seizures two to three times per
21 week.

22 **62.** A man who had experienced severe recent head injuries was ordered an
23 ENT consultation by a Riverside jail doctor but it did not take place and had to be
24 re-ordered one month later. When the ENT consultation finally took place, he was
25 not sent with his crucial records and the appointment was of limited use. He was
26 referred for surgery on September 30, 2011, but did not receive it, and despite
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1 repeated complaints of pain and two more court orders for care, he was not seen
2 again until November 8, 2011, when the surgery was re-ordered “ASAP.”

3 **63.** A patient with multiple chronic conditions -- a seizure disorder, asthma,
4 psoriasis, and Hepatitis C -- experienced multiple delays in obtaining timely
5 referrals, even after ordered by physicians, as well as follow-up, resulting in sub-
6 standard care.

7 **64.** One prisoner who complained of a tumor on his neck in September
8 2012 was referred for an ultrasound but it was not done for nearly six weeks, and the
9 results – which were atypical -- were not communicated to the prison for two weeks.
10 After the results were finally reviewed, he was ordered a CT scan and a surgery
11 referral “ASAP.” Despite this order and his complaints of worsening pain, he was
12 not seen in surgery for more than four weeks, at which time the CT scan was re-
13 ordered. The CT scan results showed some abnormalities, and a follow-up CT scan
14 and surgery consultation were ordered in December 2012, but the CT scan was not
15 done and the patient was not seen in surgery until March 2013, more than three
16 months after the referral.

17 **65.** The March 2013 appointment was of limited value because the
18 patient’s medical records from a previous surgery (ordered three months earlier) had
19 never been obtained. As it was, he was scheduled for surgery on April 3, but the jail
20 did not bring him to the surgery and it had to be rescheduled for several weeks later.
21 If this patient’s abnormal mass had proven to be cancerous, these delays could have
22 been deadly.

23 **66.** A diabetic prisoner was given substandard care for his chronic
24 condition. Hemoglobin A1c tests are standard monitoring mechanisms given to
25 diabetics every three months. Despite repeated orders, there are no hemoglobin A1c
26 test results in his records from his arrival in August 2012 through February 2013, a
27 failure that places him at serious risk for inadequate care. In the same time period,
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1 he was never given a foot exam, a standard annual precaution for diabetics to assess
2 for neuropathy, despite the fact that he was being medicated for peripheral
3 neuropathy.

4 **4. Denials of care**

5 **67.** Some prisoners face outright denials of basic and necessary medical
6 care. Plaintiff Quinton Gray was prescribed Dilantin on his arrival at the jail, but
7 even after two emergency room readings taken over the next few days showed that
8 the Dilantin level in his blood was far below the therapeutic level, jail medical staff
9 did nothing for well over a year. Plaintiff Michael Wohlfeil reported a history of
10 Hepatitis C on his arrival at the jail in 2011, and was recommended for testing, but
11 has not received it, placing him at risk for liver damage or failure.

12 **68.** A prisoner with thyroid disease was denied medication for nearly three
13 months. Although her initial screening form missed the condition, it was noted
14 repeatedly on her charts for several months by medical staff before she was finally
15 prescribed medication. Missed doses of thyroid medication for a prolonged period
16 put patients at risk for severe fatigue, slow heart rates, weight gain, constipation,
17 hair loss, edema, and eventually coma. The same patient also has a history of
18 gastric bypass surgery; the jail doctor refused her any dietary supplements to ensure
19 proper nutrition throughout her jail stay, despite repeated requests. Patients are at
20 risk for malnutrition following bypass surgery and require life-long vitamin
21 supplementation. In addition, no tests were ordered to assess any nutritional
22 deficiencies, another violation of the standard of care.

23 **69.** Another prisoner fell and hurt his back at Presley in November 2010
24 and again in March 2011. He was provided inadequate neurologic exams after his
25 falls, several-month delays for scheduling of x-rays and consultations (even when
26 ordered “as soon as possible”), and inadequate trial of physical therapy; his back
27 pain went essentially untreated. Two clinic appointments were cancelled due to
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1 “too many ad-segs” and one was cancelled because a wheelchair van was not
2 available.

3 **70.** A patient with high blood pressure and a history of coronary artery
4 disease complained to staff of an irregular heartbeat and chest pain in July 2012. He
5 was told simply to tell staff if it happened again, which is dangerously inappropriate
6 due to the serious risk of heart attack this patient presents. Five weeks later, he was
7 found unresponsive, pale, and sweaty, with high blood pressure and a heart flutter.
8 There is no indication in his medical records that any tests were done or vital signs
9 taken at the jail; he was subsequently hospitalized for several days. A month later,
10 in September 2012, the jail doctor ordered a regime of blood pressure checks (daily
11 for five days, weekly for two weeks, and then monthly) as well as a follow-up
12 appointment; the blood pressure checks were not done and the appointment never
13 took place. In November 2012, his blood pressure was found to be high, but he was
14 not seen by a doctor.

15 **71.** The same patient has records from July 2012 noting that he has
16 Hepatitis C, but there is no further follow-up regarding this condition in his medical
17 record, a clear violation of the standard of care, which requires a determination of
18 whether he has cirrhosis or is a candidate for treatment.

19 **B. Substandard medication management and administration**

20 **72.** Reliable and systematic medication delivery is an essential element to a
21 constitutional health care system. Defendant has a policy and practice of failing to
22 prescribe, provide, and properly manage medication, and of providing incorrect,
23 interrupted, or incomplete dosages. As a result, prisoners with serious health care
24 conditions are placed at substantial risk of harm and are in fact harmed.

25 **73.** Many patients are provided substandard care because there is
26 inadequate staff to distribute medications. (Staffing deficiencies are described in
27 more detail in the following section.) Medication deliveries are often skipped
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1 entirely, leaving patients without essential treatment. Plaintiffs Quinton Gray,
2 Angela Patterson, Stanley Kujawsky, and John Rosson have experienced numerous
3 skipped medication dosages at various Riverside jail facilities, placing Mr. Gray at
4 serious risk for heart attack, stroke, and seizures; exposing Ms. Patterson to an
5 increased risk of recurrent thrombosis; endangering Mr. Kujawsky's cardiovascular
6 health, and seriously endangering Mr. Rosson's mental health and risk of self-harm.

7 **74.** Other prisoners face the same problems. One patient who is prescribed
8 medications for his chronic high blood pressure has experienced a dangerous
9 number of missed doses: for example, in April 2011 he was not given nine doses of
10 both of his medications, and in September 2011 staff did not administer 14 doses of
11 one and eight doses of the other medication. Another patient who has been
12 prescribed medications for his diabetes has experienced numerous missed
13 medication doses – 21 missed doses in one month alone.

14 **75.** One patient with a fractured foot was prescribed pain medications but
15 repeatedly denied scheduled doses of his medications throughout the second half of
16 2012, despite his frequent requests.

17 **76.** In practice, medication distribution in the jails takes place only once or
18 at most twice daily, leaving patients who require multiple daily dosages, or bedtime
19 delivery, unserved. Since the Smith facility is so large, nurses start evening pill call
20 at approximately 2 p.m. to allow them to deliver medications throughout the
21 institution. This includes sleep medications: some patients receive their pills in the
22 middle of the afternoon and fall asleep within a few hours. Pill call is erratic for
23 many prisoners, and evening pills might arrive any time from 3 to 11 p.m., if at all,
24 which is particularly dangerous for diabetics, many of whom must receive
25 medications at regular intervals, coordinated with meal times. Plaintiffs Julie
26 Miller, Brandy McClellan, and John Rosson have experienced and continue to
27 experience these fluctuating medication delivery times to their detriment.

1 Throughout 2012 and 2013, Plaintiff Angela Patterson has had her medications
2 delivered at inconsistent times, including being switched by jail staff from morning
3 to evening, despite the fact that the medication should be taken at the same time
4 daily, likely affecting her treatment stability.

5 **77.** Defendant's policy and practice is to require patients to alert staff when
6 their medications run out. As a result, some prisoners' prescriptions are not
7 renewed until they file multiple health care requests or grievances, resulting in
8 significant treatment interruptions with resulting, predictable harm to the patients.
9 Plaintiffs John Rosson and Julie Miller are two of the many prisoners who suffer
10 from this policy and practice. In another example, a patient at Southwest Detention
11 Center has experienced several one-month gaps between refills of his psychiatric
12 medications, including Paxil. Paxil has a well-documented discontinuation
13 syndrome: the lengthy lapses in medication delivery place him at serious risk for
14 severe discontinuation symptoms including flu-like symptoms, nausea, vomiting,
15 and headaches. A Presley patient prescribed pain medications for his severe back
16 pain is frequently deprived of the medications when the prescriptions run out and
17 refills are not provided; doctors also renew his medications without assessing their
18 efficacy.

19 **78.** Plaintiff Stanley Kujawsky has been denied medications on the days he
20 goes to court for hearings in his criminal case as well as on the days he goes to see
21 outside specialists for medical care. These deprivations are pursuant to policy and
22 practice: numerous other prisoners are denied medications altogether when they
23 attend court hearings or are transported to outside appointments. Some prisoners
24 regularly miss medications in the morning because they are asleep and staff
25 routinely fail to announce medication delivery effectively.

26 **79.** Riverside also has a policy and practice of failing to monitor the effects
27 of medication to determine whether dosages are correct or medications should be
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1 changed. Plaintiffs Quinton Gray, Angela Patterson, Stanley Kujawsky, Brandy
2 McClellan, Julie Miller, and John Rosson have suffered from inadequately
3 monitored medication regimens which have seriously endangered their health and
4 forced them to endure unnecessary pain and suffering. Their problems are typical of
5 those experienced by medical and mental health patients in the Riverside jails.

6 **80.** For example, one man with high blood pressure has been given two
7 medications to treat his condition, but on occasion, without explanation, he has been
8 abruptly discontinued from one of the medications. No monitoring of his condition
9 is documented in his medical records, suggesting that either such documentation is
10 missing or it was never charted -- either way, lack of proper documentation can be
11 dangerous for patient care and signifies a concerning level of disorganization within
12 the medical department.

13 **81.** The same patient's file lacks any progress notes documenting any
14 blood pressure, history, physical exam or lab tests during the duration of treatment.
15 In general, when starting or changing blood pressure regimens, patients' blood
16 pressures should be checked to ensure that they are not over-medicated or given low
17 blood pressure, which can be dangerous. In addition, without monitoring blood
18 pressure, there is no way to know if the patient was actually adequately controlled --
19 high blood pressure could put him at risk for strokes, brain bleeds and heart attacks.
20 Further, because one of his medications can be associated with electrolyte
21 abnormalities, the standard of care requires physicians to check basic blood tests for
22 sodium, potassium and kidney function levels either prior to or shortly after starting
23 such agents. None of this was done.

24 **82.** A diabetic man who entered the Riverside jails with an elevated blood
25 sugar count was prescribed medications and ordered glucose checks twice daily for
26 two weeks and then weekly thereafter, as well as various blood work. These orders
27 were apparently ignored, however, along with two subsequent orders for weekly
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1 blood sugar checks: his health records show only two glucose checks over the next
2 several months and no evidence that he ever had the blood work performed. This
3 failure to monitor his condition placed him at serious risk of harm, particularly since
4 one of the medications he was prescribed, Glipizide, can make patients
5 hypoglycemic.

6 **83.** In one of the most disturbing events of medication mismanagement, a
7 patient who was clearly documented as allergic to Dilantin was repeatedly
8 prescribed the medication, placing him at serious risk of medical complications. He
9 had to repeatedly refuse doses of the medication in June 2012.

10 **84.** Psychotropic medications also are not monitored to determine whether
11 they are effective or whether they cause severe side effects. Quinton Gray, Julie
12 Miller, and Brandy McClellan all experienced distressing and painful side effects
13 (including involuntary muscle contractions and incontinence for Mr. Gray,
14 significant weight gain for Ms. Miller, and severe cardiac complications for Ms.
15 McClellan) that could have been avoided or ameliorated with oversight, monitoring,
16 and treatment adjustment that met the community standard of care.

17 **85.** Patients face serious consequences from the denial of appropriate
18 medications. For example, one man experienced uncontrolled seizures resulting in
19 serious injuries. His medication regimen was clearly ineffective, but he was merely
20 prescribed increases in his existing medication, contrary to the standard of care. He
21 continued to suffer from frequent seizures and resulting physical injuries.

22 **86.** Another patient fell in his cell and hurt his hand (he uses a cane due to
23 leg injuries, but is only allowed it to ambulate longer distances). He was sent to the
24 emergency room one day later with increasing pain in his hand. He was found to
25 have suffered a fracture and prescribed Vicodin and Ibuprofen for the pain. He was
26 never given these medications on his return to the jail, and suffered unnecessary
27 pain as a result.

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1 **87.** Medication lapses can be particularly devastating in the mental health
2 realm. According to Sheriff Sniff, “continuity in delivery of mental health
3 medications may affect the stability of an inmate’s mental health and is critical to
4 inmate care.” More specifically, delays in administering psychotropic medications
5 to mental health patients can result in serious harm. Such harm is occurring in the
6 Riverside jails: prisoners experience frequent gaps in medication delivery, as the
7 Sheriff has admitted. Sometimes psychotropic medications are not distributed at all
8 in entire housing units, since nurses are simply overwhelmed. At other times,
9 patients’ medications are abruptly changed with no examination and no explanation.

10 **88.** These interruptions harm prisoners. Plaintiff John Rosson experienced
11 a lapse of more than two weeks in medication delivery, despite filing a blue slip and
12 speaking to a doctor about his need for the medications. As a result, he became
13 despondent and self-harming, cutting his arm and leg. He was placed in a filthy
14 safety cell and the county hospital, where his medications were final stabilized. The
15 medication failures have been of long standing: Mr. Rosson has filed repeated
16 grievances over the last several years regarding medication failures, but these
17 attempts to obtain appropriate care have been unsuccessful.

18 **89.** Similarly, over many months in the Indio, Presley, and Smith jails,
19 Plaintiff Quinton Gray had his powerful psychotropic medications either suddenly
20 discontinued or multiple doses missed. Another man held in the Presley facility
21 experienced significant lapses, without explanation, in receiving medication for his
22 bipolar disorder: his Zoloft was not renewed for nearly one month, and his Topomax
23 was not renewed for nearly three months. Further, neither medication was
24 appropriately titrated on being restarted. Sudden discontinuation of these
25 medications can cause manic episodes and seizures as well as physical symptoms
26 such as nausea, vomiting, and headaches; sudden resumption after a significant gap
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1 in time can also cause damaging side effects. The patient in fact experienced
2 depression and severe mood swings due to the medication mismanagement.

3 **90.** Similarly, a patient at Smith had his psychotropic medications and
4 dosages changed repeatedly over two years, including the abrupt and unexplained
5 cessation of his antipsychotic medications. A Presley patient also had psychotropic
6 medications abruptly started, stopped, and renewed over several years with little or
7 no evaluation or assessment. This pattern and practice of medication
8 mismanagement places these patients at serious risk for decompensation, untreated
9 mental illness, and severe side effects.

10 **91.** Another patient arrived at the jails with a diagnosis of bipolar disorder,
11 on psychiatric medications, and with a reported history of prior suicide attempts.
12 Bipolar disorder has one of the highest rates of suicide for any psychiatric condition,
13 20 to 30% higher than the suicide rate of the general population. He was prescribed
14 Lithium and Depakote, medications typically used for bipolar disorder. He had
15 multiple documented suicide attempts while in jail, and multiple visits to safety
16 cells. Despite severe and life-threatening suicide attempts there is no documentation
17 of any psychiatric intervention, including psychiatric hospitalization, assessment or
18 change in medications. Even after repeated attempts at self-hanging he continued to
19 have access to implements by which he could attempt to hang himself again. When
20 he did receive medications, they were not given as directed and were given
21 inconsistently.

22 **92.** Another prisoner has a history of high blood pressure treated with the
23 medication Norvasc. He was started on the drug Olanzapine. A patient with this
24 history should have had baseline labs done prior to initiation of Olanzapine,
25 including a lipid panel and HbA1C levels, because Olanzapine can cause weight
26 gain, hyperlipidemia and metabolic syndrome, which would place him at higher risk
27 of cardiac and metabolic complications. No such baseline assessment was done.

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1 This patient's medical administration records indicate that on multiple occasions he
2 was not given Risperdal. Missing doses of Risperdal can cause discontinuation
3 symptoms of nausea, sweating, dizziness and dyskinesias.

4 **93.** Another prisoner was prescribed Thorazine and Prozac. This patient's
5 medications were renewed late, doses were not delivered, and his medications were
6 abruptly discontinued, with no indication that he was assessed prior to
7 discontinuation and no rationale given for discontinuation. This left the prisoner at
8 risk for rebound tardive dyskinesias, extrapyramidal symptoms, and worsening
9 psychiatric symptoms.

10 **94.** Another prisoner with a history of schizophrenia was prescribed a high
11 dose of Thorazine, which was suddenly discontinued in October 2012. Sudden
12 discontinuation of Thorazine can lead to rapid decompensation of psychotic
13 symptoms (e.g., voices, paranoia). His antipsychotic was restarted two months later
14 but at a much lower dose. The two-month period without an anti-psychotic
15 medication left him at risk for worsening psychiatric symptoms. Two weeks later he
16 attempted suicide by cutting his neck and wrists and was hospitalized.

17 **C. Severe staffing deficits**

18 **95.** Many of the deficits described herein stem from the inadequate health
19 care staffing levels maintained by Defendant in the jails. There are simply not
20 enough doctors, nurses, mental health providers, pharmacists, or medical records
21 staff to meet the needs of the population.

22 **96.** Defendant's policy and practice of severely understaffing health care
23 positions in the jails is long standing and has been repeatedly censured by the county
24 Grand Jury. In 2010, the Grand Jury found that "[m]ental health staff is not
25 available in any county jail facility in sufficient numbers to identify and treat in an
26 individualized manner those treatable inmates suffering from serious mental
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1 disorders.” The Grand Jury Report released on June 14, 2012, states the problem in
2 clear terms:

3 In July, 2011, DMH was advised. . . .that the medical/mental health
4 staffing levels in county jails needed to be restored to 2007 levels, in
5 order to be in compliance with [state law]. As of this writing, the
6 Grand Jury learned through sworn testimony that during the eight
7 months following the 2010-2011 Grand Jury report, DMH staffing
8 levels were allowed to decrease even further.

9 **97.** Medical care is no better: according to the independent Inmate Medical
10 Quality evaluators, invited by Sheriff Sniff to identify deficiencies in jail health
11 care, “[t]he request for medical care exceeds the capability of the staff to meet the
12 demands.” The Detention Health Services administrator agreed, admitting that “the
13 demand exceeds the resources available to provide the requested services.”

14 **98.** Long-term medical vacancies are endemic, particularly given the
15 competition with the higher salaries offered by the state prison system. For
16 example, at the beginning of 2011, there were only three physicians for well over
17 3,000 prisoners in the five jails. Two doctors subsequently resigned and for at least
18 several months, there was not a single physician, physician assistant, or nurse
19 practitioner working in the Riverside jails – only a “Chief of Medical Specialty”
20 who rarely saw patients. Only two of the five full-time physician positions in the
21 jails were filled as of May 31, 2012.

22 **99.** Other medical staffing is also deficient. As of May 2012, the County
23 had multiple vacancies for nurses and nurse supervisors, and only 65 of 101 total
24 Detention Health Services positions were filled. Further, according to the state’s
25 Corrections Standards Authority (CSA), a body with statutory duty to regularly
26 inspect county facilities, “there is no budget for overtime and no staff available to
27 provide services in the event of illness, injury, or vacation.”

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1 **100.** Staffing has not improved meaningfully since that time. As of
2 September 2013, the County had only a 63% fill rate for medical staff in the jails,
3 including three of five physician slots vacant; all three nurse practitioner slots
4 vacant; and 22 of 57 institutional nurse slots vacant. County records from October
5 7, 2013, show similar severe deficiencies: three of five physician slots are still
6 empty and the sole physician’s assistant position is also empty. The October 2013
7 records further show 28 out of 73 institutional nurse positions vacant (including
8 senior and supervisor positions, and excluding positions at the juvenile halls) and 16
9 out of 42 licensed vocational nurse positions vacant (excluding positions at the
10 juvenile halls).

11 **101.** Defendant lacks the staff necessary to provide minimally adequate
12 dental care. By the County’s own assessment, two full-time dentists and two full-
13 time dental assistants are required to offer basic dental care to the nearly 4,000
14 prisoners. As of May 2011, only one dentist and one dental assistant were working
15 in the jails. As of October 2013, there were still just one chief of dentistry and one
16 dental assistant working in the jails.

17 **102.** A patient at the Smith Jail with chronic high blood pressure filed a
18 grievance complaining that although the doctor had ordered blood pressure checks
19 every three days, he had only received them twice in the preceding 23 days. The
20 grievance response from Senior Corporal Diaz confirms that the patient “is still not
21 having his blood pressure checked. When he asked the nursing staff they stated they
22 do not have the time.”

23 **D. Violations of patients’ confidentiality rights**

24 **103.** According to the Grand Jury, Riverside “has no confidential self-
25 referral system by which inmates can request mental health care without revealing
26 the nature of their request to correctional officers,” as required by federal and state
27 law. *See* 45 C.F.R. §§ 164.500 *et seq.*; Cal. Civil Code §§ 56.10 *et seq.* Requests
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1 for medical care have historically not been confidential, since they too have been
2 delivered to medical staff by custody staff. Prisoners were until recently directed to
3 give blue slips requesting health care directly to custody staff; many believe that
4 they must provide as much detail as possible about their health care needs in order
5 to increase their chances to be seen. It remains to be seen whether the policies,
6 changed on paper, result in improved privacy. Further, many prisoners, including
7 Plaintiffs Gray and Kujawsky, also must file grievances in order to be seen by
8 clinicians. To get grievance forms, they must persuade custody staff that their
9 concerns are significant. The grievances are then heard by custody staff, who make
10 the determination whether to involve health care staff.

11 **104.** Examination space at Southwest Detention Center is not confidential:
12 patients can overhear other patients' examinations through an open door, as they
13 wait in the hallway for their own treatment.

14 **105.** In addition, mental health care encounters are often held in the
15 presence of custody staff and even other prisoners. Such violations of privacy do
16 not allow for effective treatment, since they reduce the likelihood that patients will
17 provide a thorough account of their concerns and needs. Plaintiffs Miller, Rosson,
18 and Gray have all experienced such substandard mental health encounters.

19 **E. Poor records administration**

20 **106.** Adequate health care cannot be provided in the absence of adequate
21 health records: clinicians must know their patients' medical histories, past diagnoses
22 and treatment, and for psychiatric patients, a history of suicidal thinking or attempts.

23 **107.** Riverside's medical records system is profoundly disorganized and
24 incomplete. Some psychiatric patients have no diagnosis recorded, despite the
25 prescription of psychotropic medications. Some patients are prescribed medications
26 but lack any record of medication administration in their file, or any record that the
27

1 effects of the medication were tracked and reviewed. All three Plaintiffs' health
2 care records demonstrate Riverside's failures in this area.

3 **108.** It is not surprising that record-keeping is inadequate: as of December 6,
4 2011, the entire medical records staff for five jails and well over three thousand
5 prisoners was three medical records technicians and no medical clerks.

6 **109.** The record-keeping gaps impact patient care because clinicians and
7 nurses will be unable to track physician's orders, medication administration records,
8 and general patient care.

9 **F. Inadequate quality assurance**

10 **110.** Not surprisingly, given the paucity of records and severe staffing
11 shortages, Riverside officials lack the ability to identify and correct the problems
12 described herein. Health care staff do not systematically correct identified
13 deficiencies, and there is inadequate staff for oversight and review of care.

14 **II. Even If Prisoners See Health Care Providers, They Do Not Receive
15 Constitutionally Adequate Medical or Mental Health Care**

16 **111.** As detailed in the previous section, Riverside's lack of the basic
17 elements of a health care delivery system -- policies and procedures to ensure timely
18 access to appropriate care, medication management, adequate staffing, patient
19 confidentiality, medical records, and quality assurance -- harms Plaintiffs and
20 members of the plaintiff class. Even when they are able to see health care providers,
21 prisoners are by policy and practice denied adequate medical and mental health care
22 in the Riverside jails: they experience gross treatment failures, inadequate
23 examinations, and the failure to provide necessary specialty appointments and
24 diagnostic tests.

25 **A. Substandard medical care**

26 **112.** Plaintiffs Gray, Patterson, Kujawsky, and Wohlfeil, on behalf of
27 themselves, the plaintiff class, and the medical subclass, assert the following.

1 **113.** Prisoners – even those with serious medical conditions -- rarely see
2 physicians, and health care records demonstrate a paucity of appropriate follow-up,
3 monitoring, and specialty referrals, as well as improper care.

4 **114.** Plaintiff Quinton Gray has chronic high blood pressure that has been
5 inadequately monitored and controlled by Riverside jail medical staff. He has
6 experienced multiple elevated blood pressure measurements without any assessment
7 of the efficacy of his medications and dosages. He has twice gone without blood
8 pressure check for more than four months, despite his history of elevated readings
9 and despite the fact that regular readings had been ordered by physicians. In
10 addition, he is frequently not provided his medications at all, thus increasing his risk
11 of poorly controlled blood pressure. Uncontrolled blood pressure can cause heart
12 attacks, heart failure and strokes.

13 **115.** Mr. Gray's seizure disorder has also been inadequately treated. He was
14 prescribed Dilantin on his arrival at the jail, but two emergency room readings taken
15 over the next few days showed that the Dilantin level in his blood was far below the
16 therapeutic level. Jail medical staff did nothing for well over a year, at which point
17 a Dilantin level check was ordered, then re-ordered after it was not performed.
18 Moreover, Mr. Gray is frequently not provided his Dilantin at all, placing him at
19 serious risk for seizures, which he has experienced in the jails.

20 **116.** Plaintiff Angela Patterson has experienced significant and damaging
21 sub-standard health care, as described above, which has likely caused her permanent
22 injury.

23 **117.** Plaintiff Stanley Kujawsky has chronic high blood pressure. Sub-
24 standard care in the Riverside jails has endangered his cardiovascular health. First,
25 multiple dosages of his blood pressure medication have not been administered as
26 prescribed at several different jails. He has been denied his long-prescribed
27 medications on his transfer to different jails in the Riverside system and has been
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1 denied medications when jail staff allow the prescriptions to run out without
2 refilling them. He is also denied medications on the days he appears in court as well
3 as the days he has specialty care appointments in the Riverside county hospital, in
4 part because there are no medical staff on duty at the Presley jail who could deliver
5 the medications on his return, after 6 p.m. As a result of these missed dosages of
6 blood pressure medication, Mr. Kujawsky has suffered from abrupt and repeated
7 fluctuations in his blood pressure.

8 **118.** Mr. Kujawsky has filed repeated grievances on this denial of
9 medications, notably on June 15, 2012; July 15, 2012; August 15, 2012; and January
10 30, 2013. These grievances have either been granted or ignored, but the problem
11 has not been solved.

12 **119.** Further, the blood pressure medication Mr. Kujawsky has been
13 prescribed in the jails -- Clonidine -- is usually a last-resort drug to control blood
14 pressure since it can cause severe dizziness and low blood pressure and in particular
15 can cause rebound tachycardia (an elevated heart rate) if doses are missed. It should
16 not be prescribed unless a patient can take it consistently and reliably, which is
17 clearly not the case in the Riverside jails, as medical staff should well know and as
18 is amply demonstrated by the medication administration record showing repeated
19 missed doses of his medications. Moreover, the frequent use of Ibuprofen, as
20 prescribed to Mr. Kujawsky, can also elevate blood pressure, which has likely
21 contributed to some of his high readings.

22 **120.** Plaintiff Michael Wohlfeil has experienced significant and damaging
23 sub-standard health care, as described above, which has placed him at serious risk of
24 harm.

25 **121.** Other patients experience similarly inadequate and at times life-
26 threatening medical care. For example, one patient arrived in the Riverside jails
27 after having been assaulted with a crowbar just three weeks earlier. He had spent
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1 two of those weeks in the hospital and had undergone surgery to repair his jaw and
2 implant hardware. Despite obvious facial injuries and blood noted in his ear on his
3 arrival at the jail, he was not seen by a doctor for three weeks, and not until he
4 received a court order for treatment. At that time, his severe recent head trauma was
5 noted and the doctor ordered an ENT consultation. However, it did not take place,
6 and the consultation had to be re-ordered one month later. Following a second
7 court-ordered doctor's appointment, the patient's implanted hardware was found to
8 be coming out of his jaw. He was diagnosed in the emergency room with a
9 fractured dental plate. He was again referred for an ENT consultation, which finally
10 took place a week later. Because he was not sent with his crucial records, however,
11 the appointment was of limited use. He was referred for surgery on September 30,
12 2011, but did not receive it; despite repeated complaints of pain and two more court
13 orders for care, he was not seen again until November 8, when the surgery was re-
14 ordered "ASAP." Throughout, the patient was never seen except in response to a
15 court order. Repeated warning signs – complaints of incontinence, evidence of
16 memory loss and confusion – were ignored, and there are no documented attempts
17 to determine whether he was experiencing brain trauma symptoms or displaying
18 underlying dementia, psychiatric disease, or cognitive deficits. Had the patient
19 been evaluated when he was first noted to have his injuries at the time of booking,
20 with records requested sooner and a more timely evaluation and appointment in both
21 the ENT clinic and the oral and maxillofacial surgery clinic, his serious
22 complications could have been minimized and they certainly would have been
23 treated earlier, likely reducing the unnecessary pain and suffering that he endured.

24 **122.** A patient at the Smith jail was seen by a nurse for ear pain on August 2,
25 2011. The doctor did not examine him, but prescribed medication over the
26 telephone. Five days later he was seen again by a nurse for worsening pain and
27 redness of the ear; the doctor, again over the telephone, referred him to the
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1 emergency room at RCRMC. Following that visit, the same doctor prescribed
2 antibiotics over the telephone, which he never received. Two weeks later, he had
3 another emergency room visit and was again prescribed the same antibiotic by the
4 same doctor by telephone. Three weeks after that, on September 15, the patient
5 underwent tympanoplasty and mastoidectomy at RCRMC. On his return to the jail
6 after the surgery, he was prescribed Vicodin and antibiotics over the telephone but
7 never received them. On September 22, he reported blood coming from the ear but
8 was only seen by the nurse and not a doctor; the doctor ordered medications over the
9 telephone. He again reported bleeding on October 1 to the nurse but was not seen
10 by a doctor. He was finally seen on October 5, 2011, by a specialist at RCRMC and
11 was noted to have pus in his ear. Throughout the entire ordeal, he never once saw a
12 doctor at the jail.

13 **123.** Another patient with a long history of seizures endured many months
14 during which he was denied all seizure medications. Jail medical staff were aware
15 of his seizure disorder on November 8, 2011, but despite multiple blue slips
16 requesting care, he was not prescribed seizure medications until April 9, 2012. He
17 suffered several seizures in custody which would likely have been prevented if he
18 had been evaluated by a physician sooner and continued on his stable, home anti-
19 seizure medication regimen.

20 **124.** Another patient was seen, pursuant to court order, for ovarian cyst-
21 related pain. She was given some medication but continued to have pain. Jail
22 physicians failed to order a repeat vaginal ultrasound or refer her to gynecology for
23 further evaluation and management, as the standard of care requires.

24 **125.** Even when prisoners get to see the doctor, the examinations are often
25 ludicrously inadequate. Patients at Presley are “examined” in the non-contact
26 attorney visiting booth. However, instead of sitting on the well-lighted attorney side
27 of the booth facing the patient behind glass, the doctor places himself outside of the
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1 booth, where the deputies ordinarily sit, visible only through a slot for passing
2 documents. No meaningful physical examination is possible under such conditions.
3 Without meaningful physical examinations, the standard of care cannot be met.

4 **B. Substandard mental health care**

5 **126.** Plaintiffs Gray, Rosson, McClellan, and Miller, on behalf of
6 themselves, the plaintiff class, and the mental health subclass, assert the following.

7 **127.** Riverside County lacks an adequate system to provide a basic level of
8 constitutional mental health care. In the absence of such a system, the County fails
9 utterly to provide appropriate, informed diagnoses and treatment plans, ensure
10 continuity of psychotropic medication, monitor prisoners prescribed such
11 medication, make available medications that are effective in treating serious mental
12 disorders, or provide necessary therapeutic treatment.

13 **128.** Many prisoners do not get the right medications, the right dosages, or
14 appropriate ongoing care: the Grand Jury found that “[i]nmates with assessed
15 moderate mental health problems such as neuroses, phobias, panic disorders, etc.,
16 are not always offered appropriate medication and counseling by qualified staff to get
17 and maintain them in a stable condition.” As a result, they suffer severe side effects
18 and decompensation.

19 **129.** Mentally ill prisoners are regularly started on powerful psychotropic
20 medications with no record of any evaluation or treatment plan that takes into
21 account medication interactions and underlying medical conditions. This practice is
22 dangerous because it does not allow subsequent monitoring or review, and places
23 patients at serious risk of harm through lack of treatment or inappropriate treatment
24 for their mental illness.

25 **130.** Even prisoners prescribed appropriate medications face frequent
26 disruptions in medication delivery, including abrupt cessation and missed pill
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1 deliveries, which cause serious suffering for these mentally ill patients, as described
2 in more detail in the prior section on medication administration.

3 **131.** No tracking is done of patients' symptoms and any reaction they might
4 have to the medication, except for a cursory, non-confidential questioning at their
5 cell doors. The monitoring of vital signs such as weight, cholesterol, and glucose
6 levels, which is essential to ensure the patients are not suffering adverse effects from
7 psychotropic drugs, is absent. Dosages are changed abruptly, with no explanation.

8 **132.** On arrival in the Riverside jails, Plaintiff Quinton Gray was prescribed
9 several powerful psychotropic medications with no evaluation or assessment by a
10 mental health professional regarding his underlying physical condition and medical
11 treatment needs, and no baseline laboratory test to monitor known risky side effects
12 of the medications.

13 **133.** One of his medications, Geodon, must be taken with food or much of it
14 is not absorbed. Mr. Gray was not ordered to be given his Geodon with food, which
15 placed him at risk for varying blood levels and varying side effects and efficacy. He
16 was also started on the maximum dose, which increases the risk of severe side
17 effects such as acute muscle stiffness and tremors. Several months later, Mr. Gray's
18 medications were discontinued suddenly without appropriate tapering off of the
19 maximum dose of Geodon, which placed him at risk for rebound tardive dyskinesia,
20 seizures, discontinuation syndrome (flu-like illness) and decompensation of
21 psychiatric symptoms (paranoia, hallucinations, and thought disorganization).

22 **134.** Months later, Mr. Gray was started on a second antipsychotic while
23 also on Geodon, despite the lack of clinical evidence that treating schizophrenic
24 patients with two antipsychotics provides better efficacy or treatment outcomes, and
25 despite the increased risk of side effects and drug-drug interactions. When
26 prescribed together, Mr. Gray's two medications increase the risk of tardive
27 dyskinesia (such as tongue-biting), acute muscle stiffness and tremors, and cardiac
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1 events (arrhythmias). Both medications also lower the seizure threshold and when
2 given together in a patient with a history of seizure disorder, could cause increased
3 seizure events.

4 **135.** In July 2012, Mr. Gray was started on Benadryl and Cogentin at the
5 same time, with no documented explanation in his health care records. There is
6 never a need to treat a patient with both of these medications at the same time, and
7 they have multiple side effects including constipation and delirium.

8 **136.** Multiple doses of Mr. Gray's medications have not been administered
9 to him during his stay in the jails. Missed doses can alter blood levels in a way that
10 increases side effects (including worsening of tardive dyskinesia), variably changes
11 seizure thresholds and can cause decompensation of psychiatric symptoms.

12 **137.** As a result of Defendant's failed mental health delivery system, Mr.
13 Gray has in fact experienced twitching, tongue-biting, increased seizures and tongue
14 swelling, all predictable side effects from taking near maximum dose of these two
15 antipsychotic medications. He lives with racing thoughts, disorientation,
16 depression, and chronic sleep loss. He has not been appropriately monitored or
17 treated for these damaging side effects and signs of the inefficacy of his medication
18 regimen.

19 **138.** Plaintiff John Rosson, as described above, has experienced repeated
20 failures to adequately treat and monitor his serious mental illness, culminating in an
21 extended deprivation of his long-term psychotropic medications. As a result, he
22 decompensated and exhibited symptoms of self-harm serious enough to warrant
23 hospitalization.

24 **139.** Plaintiff Brandy McClellan experienced medication mismanagement
25 that severely endangered her health when she was started on Thorazine, an outdated
26 antipsychotic medication far from the standard of care in a modern mental health
27 delivery system, along with Vistaril, a medication with overly sedating effects that
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1 may impair a patient's ability to realize there is a problem. Thorazine presents an
2 unacceptable risk of sudden death due to cardiac arrhythmia and in fact, Ms.
3 McClellan experienced a cardiac event serious enough to land her in the hospital.
4 Riverside mental health staff not only failed to monitor her when she was placed on
5 this dangerous combination of medications, but they were unaware of the dangerous
6 effect she experienced, and the medications continued to be offered to Ms.
7 McClellan daily at pill call for weeks after her hospitalization. They were not
8 changed until she herself notified mental health staff. This event demonstrates
9 dangerous indifference to patient care.

10 **140.** Plaintiff Julie Miller has also been placed at serious risk by substandard
11 care in the Riverside jails. She has been prescribed multiple psychotropic
12 medications that have the potential to interact dangerously with each other and with
13 one of her physical medications, with no adjustments or monitoring of her condition
14 to assure her safety and the efficacy of her mental health care.

15 **141.** These failures are typical of the policies and practices that produce
16 substandard mental health care generally for patients in the Riverside jails. For
17 example, one Southwest Detention Center patient was maintained on Paxil, an
18 antidepressant with an extremely short-half life that can lead to a severe
19 discontinuation syndrome if the dose is missed even for 24 hours. He has
20 experienced multiple incidences of missing days of medications as well as not
21 having his medications renewed for one month periods, placing him at risk for
22 severe discontinuation symptoms as well as decompensation. There are no
23 medication monitoring standards set in place, particularly to monitor for weight gain
24 on Paxil. His medications were repeatedly renewed without evidence of evaluation.

25 **142.** Another patient housed in Presley was started on multiple
26 antipsychotic, anti-depressant, and bipolar disorder medications. Multiple times her
27 medications were renewed, stopped, started or changed without any documentation
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1 or assessment: in particular, her medications were renewed repeatedly for more than
2 two years without any indication of ever being evaluated by a medical doctor;
3 during this period two new medications were started without a medical evaluation or
4 documentation of informed consent; and once her medications were not renewed for
5 an entire month. Sudden discontinuation of medications puts patients at risk for
6 severe side effects and decompensation of psychiatric illnesses. She was also
7 started on multiple medications at high doses without appropriate titration, resulting
8 in severe side effects, and subjected to the abrupt discontinuation of medications
9 that might have been helpful for her symptoms. Further, she was placed on safety-
10 cell observation but was never evaluated by a medical doctor despite this being a
11 psychiatric emergency.

12 **143.** Another Presley patient was prescribed multiple psychotropic
13 medications, two of which are relatively contraindicated and should have had clear
14 documented psychiatric necessity for concomitant use including special monitoring
15 for side effects. There was none in her records.

16 **144.** Further, the patient was started and stopped on multiple medications
17 and had doses changed without any documentation of evaluation for efficacy, side
18 effects or informed consent. Such reviews were essential for this patient, since she
19 was placed on Thioridazine, a drug used to treat psychosis, anxiety and insomnia,
20 that with long-term use can cause tardive dyskinesia, a highly distressing and
21 uncomfortable phenomenon consisting of involuntary movements. There is no
22 documentation she was ever evaluated for such side effects.

23 **145.** In addition, she had significant periods of not receiving her medications
24 as well as frequent missed delivery of individual doses, placing her at risk for
25 discontinuation syndrome including intense anxiety, flu-like symptoms, headache,
26 nausea/vomiting, and parasthesias as well as rapid decompensation of mental illness.
27 Moreover, despite missing significant periods of medications, the medications were
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1 suddenly restarted or given again at their regular doses rather than appropriately re-
2 titrated. One of her medications, Lamotrigine, can result in a life-threatening rash if
3 it is suddenly started after stopping it for several days, as happened in her case.
4 Sudden starting of Paroxetine, another of her medications, can lead to severe gastro-
5 intestinal upset, sedation and anxiety.

6 **146.** A patient at Smith was started on numerous psychotropic medications
7 without any documentation he was monitored for efficacy or side effects. He
8 experienced significant lapses in medication administration, placing him at risk for
9 discontinuation syndrome associated with his medications, including severe
10 headache, nausea, vomiting, flu-like symptoms, agitation and anxiety.

11 **147.** One reason for this inadequate care might be the abysmally poor
12 communication with clinical staff that some prisoners experience. For example, one
13 Smith prisoner described his interview as taking place in a non-contact attorney
14 visiting booth, with glass separating doctor from patient. He answered some
15 questions from the psychiatrist, who then held up a piece of paper on which he
16 wrote words such as “mood swings” and “voices.” The patient nodded in response.
17 No history was taken – he is a disabled veteran with severe anxiety and PTSD – and
18 there was no discussion of medication side effects. The entire session lasted 15-20
19 minutes. The psychiatrist then briefly held up a piece of paper with information
20 about medications, but the patient did not have a chance to read it. The psychiatrist
21 handed the paper to a deputy, who gave it to the patient and rushed him to sign it.
22 When the patient asked, “can I read it?” the deputy responded: “just sign it.” The
23 patient did not find out the names of the medications he was prescribed for three
24 days after he started taking them. For the first two days, when he asked the nurses
25 the names of the pills, they would respond but he could not understand. When he
26 requested clarification, they would say “next person” and rush him through.

1 **148.** Another prisoner arrived at the Smith jail with a list of her prescribed
2 psychotropic medications, which was placed in her property. She waited two weeks
3 to see a psychiatrist, but could not recall for him which medications she had taken
4 and did not have the list to consult. He told her he would prescribe medications and
5 when she asked for her diagnosis, and he responded “That is not important right
6 now, just go ahead and take your medications.” A week later, the pills arrived and
7 she took them without knowing what they were. Within three days, she experienced
8 a severe reduction in her ability to function and could not walk unassisted. She
9 stopped taking the pills. A week later, her mother spoke to a sergeant and told him
10 that the medication list should be retrieved from her property. He assured her it
11 would be done and the proper pills would be dispensed. The following day, new
12 pills arrived, which again made her feel “woozy” and “dizzy.” She again stopped
13 taking them.

14 **149.** A crucial element of an adequate mental health care delivery system is
15 an appropriate means to assess and monitor patients who exhibit or contemplate
16 self-harming behavior. Here, too, Riverside’s practices fall far short of acceptable
17 mental health care procedures. Prisoners believed to be suicidal or self-harming are
18 placed in a barren cell with only a rough smock to wear and a hole in the ground to
19 relieve themselves. The so-called “safety cells” are often filthy and stink of the
20 urine and feces that is visible on the walls and floor. Patients are left in the cells for
21 many days, with inadequate monitoring or supervision and no meaningful treatment,
22 under lights that are never turned off. Plaintiff Quinton Gray was forced to endure
23 these conditions for 48 hours simply because he told custody staff on entering the
24 jail that he needed psychiatric medications. John Rosson has also experienced the
25 damaging conditions and treatment deprivations in safety cells and, like many other
26 Riverside patients, has been moved in and out of the regional medical center for
27 suicidality to little effect. Another man was placed in a safety cell and removed
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1 more than a day later with no risk assessment, explanation, or criteria for removal –
2 a gross departure from the standard of care.

3 **150.** Riverside’s current practices concerning use of safety cells and safety
4 “restraint chairs” are ineffective and potentially dangerous. Deputies routinely log
5 that prisoners are placed in safety cells for “destroying jail property” or for being
6 “combative with jail staff.” Using the safety cell as a punitive measure exceeds the
7 proper use of such placements, which is to protect and treat patients who exhibit or
8 contemplate imminent self-harming behavior. It also makes it less likely that
9 patients will report serious emotional distress or suicidal ideation. People placed in
10 Riverside’s safety cells sometimes go more than 10 or 20 hours without offers of
11 food, and 10 hours or more without offers of water.

12 **151.** In some cases, when placing a prisoner in the safety cell, deputies also
13 strap his or her arms and legs to a restraint chair, completely immobilizing that
14 person for hours or even days at a time. These placements are often disciplinary as
15 well, such as for “destruction of jail property.” These chairs are dangerous: as
16 reported in the national press, they have caused the death of people subjected to
17 their use in other jurisdictions, some who suffered from seizures and choked to
18 death on their own vomit and others who developed blood clots from the
19 immobilization and died as they were released from the chair. Even without causing
20 death, the improper use of these chairs can exacerbate patients’ injuries while
21 preventing them from demonstrating the need for immediate medical care.
22 Riverside’s logs of restraint chair use are limited to documenting the time that the
23 chair is used and do not indicate why the chair was used or why the duration of its
24 use was appropriate; the logs also demonstrate frequent failures in provided
25 necessary checks on the restrained person’s welfare. These practices remove
26 accountability and depart from the standard of care required for mental health
27 treatment.

1 **III. Defendant has known for years of the significant risk of harm from its**
2 **inadequate jail health care system and has failed to take reasonable steps**
3 **to mitigate the risk to prisoners**

4 **152.** Defendant Riverside County has for many years woefully underfunded
5 detention health care. The lack of infrastructure and staff to deliver life-saving care
6 has resulted, as Sheriff Stanley Sniff has told the Board of Supervisors, in a “crisis
7 in the jail system.”

8 **153.** The County’s own Grand Jury as well as several independent auditors
9 have come to the same conclusion: dangerous deficits in health care services at the
10 jails threaten the lives and health of the thousands of men and women they hold.

11 **154.** The severe deficiencies in health care services in Riverside’s jails are
12 thus well established by admissions from Sheriff Sniff and reports from state and
13 county watchdogs and independent auditors. Defendant has long been aware of the
14 harm its deficient system causes to patients with serious health care needs through
15 these reports as well as numerous grievances and health needs requests from
16 prisoners. Defendant’s failure to take action to ameliorate the conditions constitutes
17 deliberate indifference to Plaintiffs’ serious health care needs.

18 **155.** Several 2011 reports documented extensive health care violations in the
19 jails. The 2010-11 Grand Jury Report: Riverside County Detention Health Care
20 Administration found systemic failures in treatment, medication management,
21 record-keeping, and administration of forced medications, among other areas. On
22 July 5, 2011, the Sheriff responded that he “generally concurs with the findings of
23 the Grand Jury and has been outspoken on the need to remedy these issues over the
24 last two years.”

25 **156.** The Grand Jury’s report on mental health care deficiencies, 2010-11
26 Grand Jury Report: Mental Health Detention Services, noted serious health care
27 staffing deficiencies. Again, the Sheriff agreed with this assessment. The Grand
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1 Jury released an updated report in June 2012, noting that mental health staffing has
2 in fact decreased since its prior year's report.

3 **157.** The Sheriff invited the state's Corrections Standards Authority (CSA),
4 a body with statutory duty to regularly inspect county facilities, to perform an
5 additional inspection in January 2011. The CSA found numerous violations of state
6 law, including a widespread failure to provide daily sick call and insufficient
7 oversight of prisoners on suicide watch. They also found serious deficits in
8 medication administration: missed pill calls, night-time medications administered
9 between 4 and 6 p.m., and prisoners going to court denied medications entirely.

10 **158.** At the CSA's recommendation, Sheriff Sniff contracted with the
11 independent Inmate Medical Quality (IMQ) to identify deficits and make
12 recommendations. IMQ performed their evaluation May 2-5, 2011, and reported
13 significant and potentially harmful systemic deficiencies in staffing, screening, sick
14 call, quality assurance, medical records, management of communicable diseases,
15 medication management, and use of restraints and safety cells for suicidal or self-
16 harming prisoners. As with both of the Grand Jury reports, the Sheriff accepted
17 these findings as requiring immediate and drastic attention.

18 **159.** The health care deficiencies in the Riverside jails, and Defendant's
19 awareness of them, predate the 2011 reports and stem in part from years of drastic
20 cost-cutting measures. As Sheriff Sniff has explained, the County made "deep cuts
21 to medical personnel staffing levels" in fiscal year 2008-09, which "unacceptably
22 impacted the delivery of medical services. . . and other jail operations." Instead of
23 correcting the problem, the County made another 20% reduction in medical and
24 mental health care staff as of July 1, 2010.

25 **160.** On January 12, 2012, Plaintiffs' counsel sent Defendant officials a
26 sixteen-page letter detailing the systemic problems set forth in this Complaint.

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1 Defendant did not make any substantive response to the specific concerns described
2 in the letter.

3 **161.** The County’s systemic failures, as outlined in this Complaint, in
4 Plaintiffs’ January 2012 letter, and in the numerous reports of independent auditors,
5 result in significant injury and the unnecessary and wanton infliction of pain in
6 violation of the Eighth and Fourteenth Amendments. The injuries, as described
7 above, include drastically inadequate cancer treatment that may have significantly
8 decreased one patient’s life expectancy; severe and unnecessary pain;
9 unconstitutional conditions on suicide watch; exacerbated mental illness from
10 failure to provide appropriate screening and medications; and severe reactions from
11 inadequate and frequently interrupted medication delivery.

12 **IV. Disability discrimination**

13 **162.** The County, by policy and practice, discriminates against certain
14 prisoners with disabilities in the following ways.

15 **163.** Prisoners with mobility impairments who are housed in special units
16 because they have mobility impairments or use assistive devices are provided fewer
17 privileges and programming as a result. This denial of privileges and programming
18 constitutes disability discrimination. For example, Plaintiff Nikko Quarles is housed
19 in the medical floor at the Presley jail solely because of his mobility impairment and
20 use of crutches. As a result, he is denied the dayroom access and religious
21 programming he had before he became disabled, and his educational programming
22 opportunities are more limited.

23 **164.** Prisoners who need reasonable accommodations for their mobility
24 impairments have been denied or have faced significant delay or difficulty obtaining
25 them due to unduly restrictive security concerns. For example, Plaintiff David
26 Madrid, who has a club foot, has been repeatedly denied footwear that would allow
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1 him to walk normally and without serious pain, despite the fact that such footwear is
2 available and provided to other prisoners.

3 **165.** Prisoners who use assistive devices such as canes, crutches, and
4 walkers, have them confiscated or disallowed due to unduly restrictive security
5 concerns and have been provided no substitute or an inadequate or poorly functioning
6 substitute. For example, Plaintiff Nikko Quarles, who has no record of violence in
7 the Riverside jails, has been denied the use of his crutches both inside and outside of
8 his cell, despite the fact that he is under doctor's orders not to place weight on his
9 injured leg. As a result, he has had to crawl and drag himself to obtain basic
10 services such as nursing care and use of the toilet, causing him pain and possibly
11 further injuring his leg.

12 **CLASS ACTION ALLEGATIONS**

13 **Plaintiff class**

14 **166.** Plaintiffs bring this action on their own behalf and, pursuant to Rule
15 23(a), b(1), and (b)(2) of the Federal Rules of Civil Procedure, on behalf of all adult
16 men and women who are now, or will be in the future, in the custody of Riverside
17 County and who are now, or will be in the future, subject to an unreasonable risk of
18 harm due to Defendant's policies and practices of denying prisoners minimally
19 adequate medical care and minimally adequate mental health care, and are subject to
20 disability discrimination based on failure to provide equivalent programming in
21 restricted housing and failure to provide reasonable accommodations for mobility
22 impairments.

23 **167.** The class is so numerous that joinder of all members is impracticable.
24 There are currently nearly 4,000 people incarcerated in the five Riverside jails, all of
25 whom are entirely dependent on Defendant for medical and mental health care. All
26 prisoners are at risk of developing serious medical and mental health conditions
27 while in the Riverside jails. Due to Defendant's policies and practices, all Riverside
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1 jail prisoners receive or are at risk of receiving inadequate health care while in the
2 Riverside jails.

3 **168.** There are questions of law and fact common to the class including
4 whether the failure to provide minimally adequate medical and mental health care
5 violates the Due Process Clause of the Fourteenth Amendment and the Cruel and
6 Unusual Punishment Clause of the Eighth Amendment to the United States
7 Constitution and whether Defendant has been deliberately indifferent to the serious
8 health care needs of class members. Defendant is expected to raise common
9 defenses to these claims.

10 **169.** Since there are several thousand class members, separate actions by
11 individuals would in all likelihood result in inconsistent and varying decisions,
12 which in turn would result in conflicting and incompatible standards of conduct for
13 Defendant.

14 **170.** Defendant has acted and failed to act on grounds that apply generally to
15 the class, so that final injunctive or corresponding declaratory relief is appropriate
16 respecting the class as a whole.

17 **171.** The claims of the named Plaintiffs are typical of the claims of the class
18 and subclasses, since their claims arise from the same policies, practices, and
19 courses of conduct and their claims are based on the same theory of law as the
20 class's claims.

21 **172.** The named Plaintiffs, through counsel, will fairly and adequately
22 protect the interests of the class. Plaintiffs do not have any interests antagonistic to
23 the plaintiff class. Plaintiffs, as well as the Plaintiff class members, seek to enjoin
24 the unlawful acts and omissions of Defendant. Further, Plaintiffs are represented by
25 counsel experienced in civil rights litigation, prisoners' rights litigation, and
26 complex class action litigation.

27 **Medical Subclass**

1 **173.** Plaintiffs Gray, Patterson, Kujawsky, and Wohlfeil bring this action on
2 their own behalf and, pursuant to Rule 23(a), b(1), and (b)(2) of the Federal Rules of
3 Civil Procedure, on behalf of a subclass of prisoners (hereinafter “Medical
4 Subclass”) who are now, or will in the future be, subjected to the medical care
5 policies and practices of the Riverside jails.

6 **174.** The Medical Subclass is so numerous that joinder of all members is
7 impracticable. There are currently nearly 4,000 people incarcerated in the five
8 Riverside jails. All prisoners are at risk of developing serious medical conditions
9 while in the Riverside jails. Due to Defendant’s policies and practices, all Riverside
10 jail prisoners receive or are at risk of receiving inadequate medical care while in the
11 Riverside jails.

12 **175.** There are questions of law and fact common to the Medical Subclass
13 including whether the failure to provide minimally adequate medical care violates
14 the Due Process Clause of the Fourteenth Amendment and the Cruel and Unusual
15 Punishment Clause of the Eighth Amendment to the United States Constitution and
16 whether Defendant has been deliberately indifferent to the serious health care needs
17 of Medical Subclass members. Defendant is expected to raise common defenses to
18 these claims.

19 **176.** Since there are several thousand Medical Subclass members, separate
20 actions by individuals would in all likelihood result in inconsistent and varying
21 decisions, which in turn would result in conflicting and incompatible standards of
22 conduct for the Defendant.

23 **177.** Defendant has acted and failed to act on grounds that apply generally to
24 the Medical Subclass, so that final injunctive or corresponding declaratory relief is
25 appropriate respecting the Medical Subclass as a whole.

26 **178.** The claims of the named Plaintiffs are typical of the claims of the
27 Medical Subclass, since their claims arise from the same policies, practices, and
28

1 courses of conduct and their claims are based on the same theory of law as the
2 Medical Subclass's claims.

3 **179.** The named Plaintiffs, through counsel, will fairly and adequately
4 protect the interests of the Medical Subclass. Plaintiffs do not have any interests
5 antagonistic to the Medical Subclass. Plaintiffs, as well as the Plaintiff class
6 members, seek to enjoin the unlawful acts and omissions of Defendant. Further,
7 Plaintiffs are represented by counsel experienced in civil rights litigation, prisoners'
8 rights litigation, and complex class action litigation.

9 **Mental Health Subclass**

10 **180.** Plaintiffs Gray, Rosson, McClellan, and Miller bring this action on
11 their own behalf and, pursuant to Rule 23(a), b(1), and (b)(2) of the Federal Rules of
12 Civil Procedure, on behalf of a subclass of prisoners (hereinafter "Mental Health
13 Subclass") who are now, or will in the future be, subjected to the mental health care
14 policies and practices of the Riverside jails.

15 **181.** The Mental Health Subclass is so numerous that joinder of all members
16 is impracticable. There are currently nearly 4,000 people incarcerated in the five
17 Riverside jails. All prisoners are at risk of developing serious mental health
18 conditions while in the Riverside jails. Due to Defendant's policies and practices,
19 all Riverside jail prisoners receive or are at risk of receiving inadequate mental
20 health care while in the Riverside jails.

21 **182.** There are questions of law and fact common to the Mental Health
22 Subclass including whether the failure to provide minimally adequate mental health
23 care violates the Due Process Clause of the Fourteenth Amendment and the Cruel
24 and Unusual Punishment Clause of the Eighth Amendment to the United States
25 Constitution and whether Defendant has been deliberately indifferent to the serious
26 health care needs of Mental Health Subclass members. Defendant is expected to
27 raise common defenses to these claims.

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1 **183.** Since there are several thousand Mental Health Subclass members,
2 separate actions by individuals would in all likelihood result in inconsistent and
3 varying decisions, which in turn would result in conflicting and incompatible
4 standards of conduct for the Defendant.

5 **184.** Defendant has acted and failed to act on grounds that apply generally to
6 the Mental Health Subclass, so that final injunctive or corresponding declaratory
7 relief is appropriate respecting the Mental Health Subclass as a whole.

8 **185.** The claims of the named plaintiffs are typical of the claims of the
9 Mental Health Subclass, since their claims arise from the same policies, practices,
10 and courses of conduct and their claims are based on the same theory of law as the
11 Mental Health Subclass's claims.

12 **186.** The named plaintiffs, through counsel, will fairly and adequately
13 protect the interests of the Mental Health Subclass. Plaintiffs do not have any
14 interests antagonistic to the Mental Health Subclass. Plaintiffs, as well as the
15 Mental Health Subclass members, seek to enjoin the unlawful acts and omissions of
16 Defendant. Further, Plaintiffs are represented by counsel experienced in civil rights
17 litigation, prisoners' rights litigation, and complex class action litigation.

18 **Disabilities Subclass**

19 **187.** Plaintiffs Madrid and Quarles bring this action on their own behalf and,
20 pursuant to Rule 23(a), b(1), and (b)(2) of the Federal Rules of Civil Procedure, on
21 behalf of a subclass of prisoners (hereinafter "Disabilities Subclass") who are now,
22 or will in the future be, subjected to policies and practices of the Riverside jails
23 regarding specialized or sheltered housing for prisoners due to their mobility
24 impairments and need for assistive devices, and the provision and confiscation of
25 accommodations for prisoners with mobility impairments.

26 **188.** The Disabilities Subclass is so numerous that joinder of all members is
27 impracticable. There are currently nearly 4,000 people incarcerated in the five
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1 Riverside jails. Although the exact number of prisoners with mobility impairments
2 is unknown, plaintiffs believe there are dozens of prisoners with these disabilities,
3 all of whom are at risk of being placed in sheltered housing due to a mobility
4 impairment or unable to receive reasonable accommodations for mobility
5 impairments.

6 **189.** There are questions of law and fact common to the Disabilities
7 Subclass including whether the failure to provide reasonable accommodations for
8 mobility impairments violates the ADA and Section 504 of Rehabilitation Act and
9 whether placement of prisoners in more restrictive housing environments due to
10 their disabilities violates the ADA and Section 504 of the Rehabilitation Act.
11 Defendant is expected to raise common defenses to these claims.

12 **190.** Since in Plaintiffs' belief there are dozens of Disabilities Subclass
13 members, separate actions by individuals would in all likelihood result in
14 inconsistent and varying decisions, which in turn would result in conflicting and
15 incompatible standards of conduct for the Defendant.

16 **191.** Defendant has acted and failed to act on grounds that apply generally
17 to the Disabilities Subclass, so that final injunctive or corresponding declaratory
18 relief is appropriate respecting the Disabilities Subclass as a whole.

19 **192.** The claims of the named plaintiffs are typical of the claims of the
20 Disabilities Subclass, since their claims arise from the same policies, practices, and
21 courses of conduct and their claims are based on the same theory of law as the
22 Disabilities Subclass's claims

23 **193.** The named plaintiffs, through counsel, will fairly and adequately
24 protect the interests of the Disabilities Subclass. Plaintiffs do not have any interests
25 antagonistic to the Disabilities Subclass. Plaintiffs, as well as the Disabilities
26 Subclass members, seek to enjoin the unlawful acts and omissions of Defendant.

1 Further, Plaintiffs are represented by counsel experienced in civil rights litigation,
2 prisoners' rights litigation, and complex class action litigation.

3
4 **CLAIMS FOR RELIEF**

5 **First Cause of Action**

6 **(Plaintiffs Gray, Patterson, Kujawsky, Rosson, McClellan, Miller, and Wohlfeil
and the plaintiff class**

7 **v. Defendant County of Riverside)**

8 **(Eighth Amendment; 42 U.S.C. § 1983)**

9 **194.** By its policies and practices described in paragraphs 1 through 165,
10 Defendant subjects Plaintiffs and the Plaintiff class to an unreasonable risk of harm
11 and injury from inadequate health care. These policies and practices have been and
12 continue to be implemented by Defendant and its agents or employees in their
13 official capacities, and are the proximate cause of Plaintiffs' and the Plaintiff class's
14 ongoing deprivation of rights secured by the United States Constitution under the
15 Eighth Amendment.

16 **195.** Defendant has been and is aware of all of the deprivations complained
17 of herein, and has condoned or been deliberately indifferent to such conduct.

18
19 **Second Cause of Action**

20 **(Plaintiffs Gray, Patterson, Kujawsky, Rosson, McClellan, Miller, and Wohlfeil
and the plaintiff class**

21 **v. Defendant County of Riverside)**

22 **(Fourteenth Amendment; 42 U.S. C. § 1983)**

23 **196.** By its policies and practices described in paragraphs 1 through 165,
24 Defendant subjects Plaintiffs and the Plaintiff class to an unreasonable risk of harm
25 and injury from inadequate health care. These policies and practices have been and
26 continue to be implemented by Defendant and its agents or employees in their
27 official capacities, and are the proximate cause of Plaintiffs' and the Plaintiff class's
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1 ongoing deprivation of rights secured by the United States Constitution under the
2 Fourteenth Amendment.

3 **197.** Defendant has been and is aware of all of the deprivations complained
4 of herein, and has condoned or been deliberately indifferent to such conduct.

5 **Third Cause of Action**

6 **(Plaintiffs Gray, Patterson, Kujawsky, and Wohlfeil and the Medical Subclass**
7 **v. Defendant County of Riverside)**

8 **(Eighth Amendment; 42 U.S.C. § 1983)**

9 **198.** By its policies and practices described in paragraphs 1 through 165,
10 Defendant subjects Plaintiffs and the Medical Subclass to an unreasonable risk of
11 harm and injury from inadequate medical care. These policies and practices have
12 been and continue to be implemented by Defendant and its agents or employees in
13 their official capacities, and are the proximate cause of Plaintiffs' and the Plaintiff
14 class's ongoing deprivation of rights secured by the United States Constitution
15 under the Eighth Amendment.

16 **199.** Defendant has been and is aware of all of the deprivations complained
17 of herein, and has condoned or been deliberately indifferent to such conduct.

18 **Fourth Cause of Action**

19 **(Plaintiffs Gray, Patterson, Kujawsky, and Wohlfeil and the Medical Subclass**
20 **v. Defendant County of Riverside)**

21 **(Fourteenth Amendment; 42 U.S. C. § 1983)**

22 **200.** By its policies and practices described in paragraphs 1 through 165,
23 Defendant subjects Plaintiffs and the Medical Subclass to an unreasonable risk of
24 harm and injury from inadequate medical care. These policies and practices have
25 been and continue to be implemented by Defendant and its agents or employees in
26 their official capacities, and are the proximate cause of Plaintiffs' and the Plaintiff
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1 class's ongoing deprivation of rights secured by the United States Constitution
2 under the Fourteenth Amendment.

3 **201.** Defendant has been and is aware of all of the deprivations complained
4 of herein, and has condoned or been deliberately indifferent to such conduct.

5
6 **Fifth Cause of Action**
7 **(Plaintiffs Gray, Rosson, McClellan, Miller, and the Mental Health Subclass v.**
8 **Defendant County of Riverside)**
9 **(Eighth Amendment; 42 U.S.C. § 1983)**

10 **202.** By its policies and practices described in paragraphs 1 through 165,
11 Defendant subjects Plaintiffs and the Mental Health Subclass to an unreasonable
12 risk of harm and injury from inadequate mental health care. These policies and
13 practices have been and continue to be implemented by Defendant and its agents or
14 employees in their official capacities, and are the proximate cause of Plaintiff's and
15 the Plaintiff class's ongoing deprivation of rights secured by the United States
16 Constitution under the Eighth Amendment.

17 **203.** Defendant has been and is aware of all of the deprivations complained
18 of herein, and has condoned or been deliberately indifferent to such conduct.

19 **Sixth Cause of Action**
20 **(Plaintiffs Gray, Rosson, McClellan, Miller, and the Mental Health Subclass v.**
21 **Defendant County of Riverside)**
22 **(Fourteenth Amendment; 42 U.S. C. § 1983)**

23 **204.** By its policies and practices described in paragraphs 1 through 165,
24 Defendant subjects Plaintiffs and the Mental Health Subclass to an unreasonable
25 risk of harm and injury from inadequate mental health care. These policies and
26 practices have been and continue to be implemented by Defendant and its agents or
27 employees in their official capacities, and are the proximate cause of Plaintiff's and
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1 the Plaintiff class’s ongoing deprivation of rights secured by the United States
2 Constitution under the Fourteenth Amendment.

3 **205.** Defendant has been and is aware of all of the deprivations complained
4 of herein, and has condoned or been deliberately indifferent to such conduct.

5
6 **Seventh Cause of Action**
7 **(Plaintiffs Madrid and Quarles and the Disabilities Subclass v. Defendant**
8 **County of Riverside)**
9 **(Americans with Disabilities Act)**

10 **206.** By its policies and practices of discriminating against prisoners with
11 disabilities as described in paragraphs one through 165, Defendant violates the
12 Americans with Disabilities Act, 42 U.S.C. § 12132 and 28 C.F. R. § 35.152(b)(1).

13 **207.** Plaintiffs Madrid and Quarles and the subclass of prisoners with
14 disabilities they represent are qualified individuals with disabilities as defined by the
15 ADA.

16 **208.** Defendant has violated the ADA by failing or refusing to provide
17 plaintiffs with reasonable accommodations and other services related to their
18 disabilities. *See generally* 28 C.F.R. Section 35.130. Defendants have violated the
19 ADA by failing to make “reasonable modifications in policies, practices, or
20 procedures when the modifications are necessary to avoid discrimination on the
21 basis of disability” 28 C.F.R. Section 35.130(b)(7).

22 **209.** Defendant has violated the ADA by failing to “furnish appropriate
23 auxiliary aids and services where necessary to afford individuals with disabilities . . .
24 an equal opportunity to participate in . . . a service, program, or activity of a public
25 entity.” 28 C.F.R. Section 35.160(b)(1).

26 **210.** Defendant has violated the ADA by failing to “ensure that inmates or
27 detainees with disabilities are housed in the most integrated setting appropriate to
28 the needs of the individuals.” 28 C.F.R. Section 35.152(b)(2).

1 **211.** As a result of Defendant’s policy and practice of failing to provide
2 reasonable accommodations, Plaintiffs Madrid and Quarles, and the subclass of
3 prisoners with disabilities they represent, do not have equal access to jail activities,
4 programs, and services for which they are otherwise qualified.

5
6 **Eighth Cause of Action**
7 **(Plaintiffs Madrid and Quarles and the Disabilities Subclass v. Defendant**
8 **County of Riverside)**
9 **(Section 504 of the Rehabilitation Act)**

10 **212.** By its policies and practices of discriminating against prisoners with
11 disabilities as described in paragraphs one through 165, Defendant violates Section
12 504 of the Rehabilitation Act, 29 U.S.C. § 794.

13 **213.** Plaintiffs Madrid and Quarles and the subclass of prisoners with
14 disabilities they represent are qualified individuals with disabilities as defined by
15 Section 504 of the Rehabilitation Act.

16 **214.** At all times relevant to this action, Defendant was the recipient of
17 federal funding within the meaning of the Rehabilitation Act. As a recipient of
18 federal funds, Defendant is required to reasonably accommodate inmates with
19 disabilities in their facilities, program activities, and services.

20 **215.** As a result of Defendants’ policy and practice of failing to provide
21 reasonable accommodations, Plaintiffs Madrid and Quarles, and the subclass of
22 prisoners with disabilities they represent, do not have equal access to jail activities,
23 programs, and services for which they are otherwise qualified.

24 **PRAYER FOR RELIEF**

25 **216.** Plaintiffs and the class they represent have no adequate remedy at law
26 to redress the wrongs suffered as set forth in this complaint. Plaintiffs have suffered
27 and will continue to suffer irreparable injury as a result of the unlawful acts,
28 omissions, policies, and practices of the Defendant as alleged herein, unless

1 Plaintiffs are granted the relief they request. The need for relief is critical because
2 the rights at issue are paramount under the Constitution and laws of the United
3 States.

4 **217.** WHEREFORE, Plaintiffs, on behalf of themselves and the class they
5 represent, request that this Court grant them the following relief:

6 A. Declare the suit is maintainable as a class action pursuant to Federal Rule
7 of Civil procedure 23(a) and 23(b)(1) and (2);

8 B. Adjudge and declare that the conditions, acts, omissions, policies, and
9 practices of Defendant and its agents, officials, and employees are in violation of the
10 rights of Plaintiffs and the class they represent under the Eighth and Fourteenth
11 Amendments to the U.S. Constitution, the ADA, and Section 504 of the
12 Rehabilitation Act;

13 C. Order Defendant, its agents, officials, employees, and all persons acting
14 in concert with them under color of state law or otherwise, to develop and
15 implement, as soon as practical, a plan to eliminate the substantial risk of serious
16 harm that Plaintiffs and members of the Plaintiff class suffer due to Defendant's
17 inadequate medical and mental health care and disability discrimination.
18 Defendant's plan shall include at a minimum the following:

19 1. Staffing: Staffing shall be sufficient to provide Plaintiffs and the Plaintiff
20 class with timely access to qualified and competent clinicians who can provide
21 routine, urgent, emergent, and specialty health care;

22 2. Access: Policies and practices that provide timely access to health care;

23 3. Screening: Policies and practices that reliably screen for medical and
24 mental health conditions that need treatment;

25 4. Emergency response: Timely and competent responses to health care
26 emergencies;
27

1 5. Medication and supplies: Timely prescription and distribution of
2 medications and supplies necessary for medically adequate care;

3 6. Chronic care: Timely access to competent care for chronic illnesses;

4 7. Mental health treatment: Timely access to necessary treatment for serious
5 mental illness, including medication, therapy, inpatient treatment, suicide
6 prevention, and suicide watch;

7 8. Quality assurance: A regular assessment of health care staff, services,
8 procedures, and activities designed to improve outcomes, and to identify and correct
9 errors or systemic deficiencies; and

10 9. Disability discrimination: Policies and practices to ensure prisoners placed
11 in specialized housing due to disabilities are provided equivalent programming to
12 what they would otherwise receive and to ensure that prisoners with mobility
13 impairments are provided reasonable accommodations for their disabilities.

14 D. Enjoin Defendant, its agents, officials, employees, and all persons acting
15 in concert with them under color of state law or otherwise, from continuing the
16 unlawful acts, conditions, and practices described in this Complaint and from failing
17 to provide minimally adequate health care and from discrimination based on
18 disability;

19 E. Award Plaintiffs, pursuant to 42 U.S.C. §§ 1988, 12205 and 12133, and 29
20 U.S.C. § 794(a), the costs of this suit and reasonable attorneys' fees and litigation
21 expenses;

22 F. Retain jurisdiction of this case until Defendant has fully complied with the
23 orders of this Court, and there is a reasonable assurance that Defendant will continue
24 to comply in the future absent continuing jurisdiction; and

25 G. Award such other and further relief as the Court deems just and proper.
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1 Dated: November 24, 2015 PRISON LAW OFFICE

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All signatories listed, and on whose behalf this filing is submitted, concur in the filing's content and have authorized the filing.

By: /s/ Danielle Ginty
DANIELLE GINTY