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9
10 UNITED STATES DISTRICT COURT
11 NORTHERN DISTRICT OF CALIFORNIA
12

13 ASHOK BABU, ROBERT BELL, IBRAHIM
KEEGAN-HORNSBY, DEMAREÁ
14 JOHNSON, BRANDON JONES,
STEPHANIE NAVARRO, ROBERTO
15 SERRANO, and ALEXANDER
WASHINGTON on behalf of themselves and
16 all others similarly situated,

17 Plaintiffs,

18 v.

18 COUNTY OF ALAMEDA; GREGORY J.
19 AHERN in his official capacity as Sheriff of
the Alameda County Sheriff's Office;
20 KARYN L. TRIBBLE in her official capacity
as Director of the Alameda County Behavioral
21 Health Care Services Agency; and DOES 1 to
20, inclusive,

22 Defendants.

Case No. 5:18-CV-07677

**FIRST AMENDED CIVIL
COMPLAINT FOR DECLARATORY
AND INJUNCTIVE RELIEF
CLASS ACTION**

NATURE OF ACTION

1
2 1. The Alameda County Jail system is broken, especially when it comes to the
3 way it treats people with psychiatric disabilities. Due to understaffing, poor management,
4 and lack of treatment space, Alameda County relies almost entirely on the unconstitutional
5 use of isolation to manage prisoners, including prisoners with significant disabilities and
6 mental health needs, resulting in horrific suffering. Alameda County's use of isolation has
7 had tragic consequences and, over the last five years, at least thirty-three individuals
8 incarcerated in the Alameda County Jails have died, including thirteen individuals who
9 committed suicide with many more unsuccessful attempts. These deaths are not isolated
10 tragedies but rather are indicative of the harsh and unconstitutional conditions in the Jails.

11 2. Instead of working to ensure prisoners with psychiatric disabilities are cared
12 for adequately, per Alameda County policy, these prisoners are classified as "mentally
13 disordered" and held in either the Behavioral Health Units or in Administrative
14 Segregation because of their disabilities and with little to no access to programming,
15 minimal out of cell time, practically no access to the outside, and no meaningful mental
16 health treatment. Mental health treatment is virtually non-existent at the Jails, even on the
17 Behavioral Health unit – which is designated as the unit for prisoners with significant
18 psychiatric disabilities. Jail staff are untrained or otherwise unresponsive to the mental
19 health needs of prisoners and fail to respond to emergency call buttons pressed by
20 prisoners who are mentally ill and in the midst of a crisis. Jail staff also fail to check on
21 the well-being of prisoners who are suicidal, resulting in preventable deaths. Mental
22 health appointments are incredibly brief, often lasting only a few minutes, and occur cell
23 side or at open tables on the unit where other prisoners and custody staff can hear
24 everything being said.

25 3. Prisoners with psychiatric disabilities are frequently punished for their
26 disability-related behaviors by being put in Administrative Segregation, which is even
27 more restrictive than the Behavioral Health Units. Prisoners in Administrative Segregation
28 are only allowed five hours of out of cell time per week and rarely, if ever, are allowed to

1 go outside. Alameda County uses isolation as punishment, in what is referred to in its
2 policies as “Disciplinary Isolation”, and fails to provide prisoners in isolation generally, or
3 in the Administrative Segregation units specifically, with due process and a meaningful
4 method of challenging their placements.

5 4. Prisoners who are suicidal are thrown into what are referred to as “safety
6 cells” where they are stripped naked and given only a smock to cover themselves. The
7 safety cells contain no furniture and only a hole in the ground for prisoners to use as a
8 bathroom, meaning that prisoners have to sleep and eat on the same floor that they must
9 also urinate and defecate on and are also unable to wash their hands after going to the
10 bathroom. Prisoners in the safety cells are not allowed any out of cell time and are not
11 allowed to keep any personal possessions in the safety cells, including reading material and
12 toilet paper. By Jail policy, prisoners can be confined for up to 72 hours in these cells.
13 Yet, prisoners have been forced to stay in such cells for a week or more at a time.
14 Conditions so bad, prisoners have stopped reporting suicidal feelings to staff in order to
15 avoid being thrown into safety cells.

16 5. This civil rights class action lawsuit seeks to remedy the dangerous,
17 discriminatory, and unconstitutional conditions in the Glenn Dyer Detention Facility
18 (“Glenn Dyer”) in Oakland, California and the Santa Rita Jail (“Santa Rita” and
19 collectively the “County Jails” or “Jails”) in Dublin, California. In addition, this lawsuit
20 seeks to address Defendants’ failure to properly implement sufficient policies and
21 procedures regarding the COVID-19 public health emergency and failure to ensure
22 compliance with policies and procedures that have been already put in place. The ongoing
23 COVID-19 pandemic has already infected 172 total prisoners and 44 staff/contractors at
24 the Jail, with 103 inmates and 10 staff/contractors positive for COVID-19 as of July 22,
25 2019, and puts all persons incarcerated in the Jail at significant risk of serious harm. The
26 eight individual Plaintiffs in the Jails bring this action on behalf of themselves and those
27 similarly situated against Defendants County of Alameda (“Alameda County” or the
28 “County”), Gregory J. Ahern (“Ahern”) in his official capacity as Sheriff of the Alameda

1 County Sheriff's Office ("Sheriff's Office"), and Karyn Tribble ("Tribble") in her official
 2 capacity as Director of Alameda County Behavioral Healthcare Services ("BHCS")
 3 (collectively, "Defendants").

4 6. Plaintiffs seek a declaration that Defendants' ongoing policies and practices
 5 violate their constitutional and statutory rights, and further, such injunctive relief
 6 compelling Defendants to (1) cease the harmful, excessive and unconstitutional use of
 7 isolation; (2) provide due process to prisoners regarding their placement in isolation; (3)
 8 provide prisoners with psychiatric disabilities meaningful access to the Jails' programs,
 9 services, and activities, including by housing them in the least restrictive setting
 10 appropriate to their needs; (4) provide constitutionally adequate mental health care; and (5)
 11 stop and/or limit the use of safety cells to only those prisoners who are truly in crisis for
 12 the shortest term possible before they are transferred to a hospital.

13 7. The COVID-19 pandemic has exacerbated the conditions at Santa Rita Jail.
 14 In order to properly remedy the issues above, Defendants must also address the threat
 15 posed to inmates by COVID-19. Therefore, Plaintiffs seek further injunctive relief
 16 compelling Defendants to (1) properly implement and follow all CDC and California
 17 Public Health Guidelines and those additional standards as suggested by correctional
 18 experts in connection with the COVID-19 Pandemic; (2) provide adequate space for
 19 prisoners that allows for requisite social distancing and to allow for proper operation of
 20 quarantine units and medical isolation units; (3) provide protective gear and cleaning
 21 supplies to all inmates and ensure that all inmates are given sufficient time and opportunity
 22 to sanitize their surroundings; (4) test all new books and any current inmates before
 23 moving them to a different housing unit or pod; (5) provide adequate out of cell time,
 24 programming, telephone access, opportunities for outdoor exercise and with enhanced
 25 access to TV, tablets, radio, reading materials and communication with loved ones, as
 26 applicable, to inmates in medical isolation and/or quarantine; and (6) require public health
 27 officials to actively monitor and be proactively be involved in ensuring proper procedures
 28 and policies are in place to address the COVID-19 pandemic until a vaccine or meaningful

1 treatment for COVID-19 is available.

2 JURISDICTION

3 8. This Court has jurisdiction over the claims brought under federal law
4 pursuant to 28 U.S.C. §§ 1331 and 1343. This Court has jurisdiction over the claims
5 brought under California law pursuant to 28 U.S.C. § 1367. Plaintiffs seek declaratory and
6 injunctive relief under 28 U.S.C. §§ 1343, 2201, and 2202, 29 U.S.C. § 794a, 42 U.S.C.
7 §§ 1983 and 12117(a), California Government Code § 11135, and Article I, Sections 7 and
8 17 of the California Constitution.

9 VENUE

10 9. Venue is proper in this Court, pursuant to 28 U.S.C. § 1391(b)(1), in that
11 Plaintiffs' claims for relief arose in this District and one or all of the Defendants reside in
12 this District.

13 PARTIES

14 I. PLAINTIFFS

15 10. At the time the complaint was originally filed, PLAINTIFF ASHOK BABU
16 was a California detainee and had been held at Santa Rita since on or around August 6,
17 2017. Plaintiff BABU is currently incarcerated in a CDCR facility but will be supervised
18 in Alameda County upon his release on parole or post-release community supervision and
19 would be held in the Jails for any further proceedings before Alameda County Superior
20 Court during the pendency of his prison term. The allegations set forth below are derived
21 from the original complaint.

22 11. BABU is housed in Unit 09, which is the Behavioral Health unit, in A pod
23 and has been placed on Intensive Observation Log ("IOL") for most of his stay at Santa
24 Rita. IOL is a form of suicide watch. Individuals on IOL are not allowed to have socks or
25 underwear and cannot participate in programming, including classes and yard time. While
26 on IOL, BABU is confined to his cell for 23 to 24 hours per day. BABU was first placed
27 on IOL on or around August 18, 2017.

1 12. After being on IOL for approximately six weeks, BABU was transferred to
2 John George Psychiatric Hospital (“John George”) on September 30, 2017 on a 5150 on
3 the grounds of danger to self and grave disability.

4 13. When BABU was discharged from John George on October 13, 2017 he was
5 placed back on IOL and held in the Outpatient Housing Unit (“OPHU”) for seven days in a
6 cell for 24 hours a day without access to outside yards, programming, or even day room
7 facilities. While he was held in the OPHU all his mental health visits were conducted
8 either through his closed cell door or at his cell with the door open.

9 14. Once BABU was moved back to Unit 09 he remained on IOL status until it
10 was discontinued on January 30, 2018. However, BABU was placed back on IOL less
11 than a month later, on February 19, 2018. BABU has remained on IOL status for more
12 than ten months, since February, and in total, he has spent nearly 15 months on IOL status.
13 Defendants have given him no indication that he will be removed from IOL in the
14 foreseeable future.

15 15. Since arriving at the Jail, BABU has not been able to go outside to the
16 exercise yard. With no access to books, classes, or programs, BABU spends his time
17 sleeping and crying. He also experiences shaking and dizziness and while incarcerated
18 began using a cane for mobility. Being housed on IOL has not helped to stabilize him.
19 BABU regularly hears voices telling him that he is “living in a cemetery” and “falling into
20 a creek” and he continues to be suicidal, depressed and additionally suffers from anxiety
21 attacks. According to Defendants records, BABU has been diagnosed as having “other
22 specified schizophrenia spectrum and other psychotic disorder” consisting of “Depressive
23 Disorder with Psychotic Features and ‘Schizophrenia Unspecified.’” BABU is a person
24 with a disability as defined in 42 U.S.C. § 12102, 29 U.S.C. § 705(9)(B), and California
25 Government Code § 12926(j) and (m).

26 16. At the time the complaint was originally filed, PLAINTIFF ROBERT BELL
27 was a California detainee held at Santa Rita. Plaintiff BELL is currently incarcerated in a
28 CDCR facility but will be supervised in Alameda County upon his release on parole or

1 post-release community supervision and would be held in the Jails for any further
2 proceedings before Alameda County Superior Court during the pendency of his prison
3 term. The allegations set forth below are derived from the original complaint.

4 17. BELL was initially held at Glen Dyer, beginning on or around January 9,
5 2018, but after making suicidal statements BELL was placed on IOL and transferred to the
6 Behavioral Health Unit at Santa Rita. BELL remained on IOL for over four months, until
7 May 21, 2018. While on IOL, BELL was confined to his cell for at least 23 to 24 hours
8 per day, was not allowed to wear socks or underwear, and rarely received clean clothing.
9 In order to get off of IOL, BELL informed mental health clinicians that he was no longer
10 suicidal so that he could receive more time out of his cell. BELL's mental health
11 improved after being discharged from IOL and his desire to commit suicide decreased
12 because, at that time, he could spend more time outside of his cell.

13 18. Even though he still feels suicidal from time-to-time, BELL does not report
14 that to mental health staff or deputies because he fears being placed back on IOL. BELL
15 hears voices and takes psychotropic medications to address his mental health needs, which
16 include auditory hallucinations, anxiety, insomnia, and depression. According to
17 Defendants' records, BELL has been found to have Major Depressive Disorder, Post
18 Traumatic Stress Disorder, and Panic Disorder. BELL is a person with a disability as
19 defined in 42 U.S.C. § 12102, 29 U.S.C. § 705(9)(B), and California Government Code
20 § 12926(j) and (m).

21 19. At the time the complaint was originally filed, PLAINTIFF IBRAHIM
22 KEEGAN-HORNSBY was a California pretrial detainee held at Santa Rita. Plaintiff
23 KEEGAN-HORNSBY is currently incarcerated in a CDCR facility but will be supervised
24 in Alameda County upon his release on parole or post-release community supervision and
25 would be held in the Jails for any further proceedings before Alameda County Superior
26 Court during the pendency of his prison term. The allegations set forth below are derived
27 from the original complaint.

1 20. KEEGAN-HORNSBY was previously incarcerated at the County Jails in
2 2016 and 2017 and was housed in Unit 09, the Behavioral Health Unit, for the duration of
3 each of his prior incarcerations. KEEGAN-HORNSBY was booked back into Santa Rita
4 Jail on December 28, 2017 following an approximately one week stay for inpatient
5 treatment at John George.

6 21. When he was admitted to Santa Rita on December 28, 2017, BHCS
7 recommended that he be returned to John George for additional care because he was still
8 suicidal. However, the Sergeant on duty disagreed with the recommendation and the
9 Sheriff's Office overrode BHCS' clinical judgement and instead placed KEEGAN-
10 HORNSBY into a safety cell in the OPHU, which has no programming, day room, or
11 outside area for recreation. KEEGAN-HORNSBY was placed in the safety cell for a day
12 without his clothes and with only blankets, which he used to sleep on the floor. After
13 begging mental health staff to release him to a normal cell, KEEGAN-HORNSBY was
14 moved to the Behavioral Health Unit and placed on IOL for the next five months. During
15 this time, KEEGAN-HORNSBY was kept on IOL status even though mental health
16 providers noted that he presented as calm, cooperative, and without suicidal ideation on
17 multiple occasions. While on IOL, KEEGAN-HORNSBY was not allowed to wear
18 underwear or socks and was also not allowed to take classes or go outside. Since being
19 released from IOL status, KEEGAN-HORNSBY fears sharing information about his
20 mental health state with staff because he does not want to be returned to a safety cell or be
21 put back on IOL. Instead of talking to mental health staff KEEGAN-HORNSBY tries to
22 manage his own mental health by reading religious texts.

23 22. Mental health staff have also refused to prescribe KEEGAN-HORNSBY the
24 same psychotropic medications that he received at John George. He has been struggling
25 with the side-effects of the medications that the Jail has instead prescribed for him.
26 According to Defendants' records, KEEGAN-HORNSBY has been diagnosed with
27 Adjustment Disorder with Depressed and Anxious Mood. KEEGAN-HORNSBY is a
28 person with a disability as defined in 42 U.S.C. § 12102, 29 U.S.C. § 705(9)(B), and

1 California Government Code § 12926(j) and (m).

2 23. At the time the complaint was originally filed, PLAINTIFF DEMAREA
3 JOHNSON was a California pretrial detainee and has been held at Santa Rita on and off
4 since 2012. Plaintiff JOHNSON is currently incarcerated in a CDCR facility but will be
5 supervised in Alameda County upon his release on parole or post-release community
6 supervision and would be held in the Jails for any further proceedings before Alameda
7 County Superior Court during the pendency of his prison term. The allegations set forth
8 below are derived from the original complaint.

9 24. JOHNSON was most recently booked into Santa Rita on June 27, 2018 and
10 has been housed in an Administrative Segregation unit, in Unit 01, since arriving at Santa
11 Rita. During previous stays at Santa Rita, JOHNSON was housed in the Behavioral Health
12 Unit. Typically, JOHNSON is let out of his cell for one hour every other day, meaning
13 that he usually spends 23 to 24 hours a day in his cell. According to Defendants' records,
14 JOHNSON has been diagnosed with schizophrenia and his psychiatric history includes
15 self-harm and command auditory hallucinations. JOHNSON is a person with a disability
16 as defined in 42 U.S.C. § 12102, 29 U.S.C. § 705(9)(B), and California Government Code
17 § 12926(j) and (m).

18 25. At the time the complaint was originally filed, PLAINTIFF BRANDON
19 JONES was a federal pretrial detainee held at Santa Rita. Plaintiff JONES has been
20 released from the Jail pending trial in Alameda County Superior Court, but remains subject
21 to the ongoing jurisdiction of the County and may be re-incarcerated in the County Jails
22 pending the outcome of his criminal trials. . The allegations set forth below are derived
23 from the original complaint.

24 26. JONES was previously incarcerated at Santa Rita for portions of 2016, 2017
25 and in the Winter and Spring of 2018. JONES was most recently booked back into Santa
26 Rita on or around July 5, 2018. Throughout his prior incarcerations and in his current stay
27 JONES has been housed in the Behavioral Health unit. On December 7, 2016 JONES was
28 placed in an isolation cell and severely decompensated. Custody staff requested assistance

1 from mental health after observing JONES flooding his cell, peeing on the floor, and
2 dumping his food and water on the floor. When mental health staff arrived they noted that
3 JONES was “standing naked in his cell and his mattress was on the floor and everything
4 was wet.” Mental health staff transferred JONES to John George but he was returned to
5 Santa Rita on December 8, 2016, less than 24 hours later, and placed in a safety cell in the
6 OPHU. Prisoners in the OPHU have no access to the yard or a day room and are held in
7 their cells for 24 hours a day. After returning from John George on December 8th, JONES
8 was held in the OPHU for more than 72 hours in 24-hour-a-day solitary confinement, until
9 at least December 11th, despite having been cleared by classification to return to the
10 Behavioral Health unit two days earlier, on December 9th. When JONES returned to the
11 Behavioral Health Unit he was placed back into an isolation cell similar to the one he had
12 decompensated in only days prior. The only interactions JONES had with mental health
13 staff prior to being sent to John George and after returning from John George were
14 conducted at his cell door, frequently through a slot in the door, referred to as the cuffing
15 portal.

16 27. JONES was booked back into Santa Rita on or around July 5, 2018 but was
17 not seen by mental health staff until September 4, 2018, nearly two months later, despite
18 his history of requiring mental health treatment during his prior incarcerations and despite
19 being again housed in the Behavioral Health Unit. The records from the September 4 visit
20 note that JONES was not seen upon arrival at the Jail and that although classification
21 officers at booking noted JONES’ “history of ‘mental’ classification” they transferred
22 JONES to the Behavioral Health unit without notifying mental health.

23 28. According to Defendants’ records, JONES has been diagnosed with
24 schizophrenia and bipolar disorder. JONES is a person with a disability as defined in 42
25 U.S.C. § 12102, 29 U.S.C. § 705(9)(B), and California Government Code § 12926(j) and
26 (m).

27 29. At the time the complaint was originally filed, PLAINTIFF ROBERTO
28 SERRANO was a federal pretrial detainee and has been held at the Alameda County

1 Sheriff's Office's Glenn Dyer facility since on or around April 22, 2017 and was moved to
2 the Santa Rita Jail facility following Glenn Dyer's closure in or around May 2019.
3 Plaintiff SERRANO is currently incarcerated in a federal facility but will be supervised in
4 Alameda County upon his release and would be held in the Jails for any further
5 proceedings before Alameda County Superior Court during the pendency of his prison
6 term. The allegations set forth below are derived from the original complaint.

7 30. SERRANO has been housed in isolation in Administrative Segregation since
8 arriving at Glenn Dyer over a year ago. On a typical day, SERRANO is locked in his cell
9 for 23 to 24 hours a day and has sometimes gone months without being able to go outside
10 for exercise and recreation. SERRANO has been given no meaningful opportunity to
11 challenge his placement in isolation. SERRANO has and continues to suffer significant
12 harm from his prolonged isolation and, he now experiences paranoia, fear and distrust of
13 others, loss of social skills, chronic insomnia, anxiety, agitation, and depression as a result
14 of his continued isolated confinement.

15 31. PLAINTIFF STEPHANIE NAVARRO, who is also known as JAMEE ANN
16 NAVARRO, is a California pretrial detainee in custody at Santa Rita. NAVARRO has
17 been held at Santa Rita before and during a prior stay in 2014, NAVARRO was confined
18 in two separate safety cells. NAVARRO was most recently booked into Santa Rita on
19 March 14, 2017 and has been housed in isolation in Housing Unit 21, the woman's
20 Behavioral Health unit referred to on BCHS forms as the "mental pod", and in Housing
21 Unit 24, which is the woman's Administrative Segregation Unit. In November of 2017,
22 NAVARRO was transferred to Napa Psychiatric State Hospital for competency restoration
23 and was returned to Santa Rita on February 13, 2018. NAVARRO is currently housed in
24 Housing Unit 24 where NAVARRO is confined to her cell for 23 to 24 hours per day.
25 NAVARRO's housing pod holds many prisoners with serious mental illnesses, including
26 prisoners who scream throughout the day and night, which causes NAVARRO to hear a
27 constant buzzing noise in her head. In the community, NAVARRO is prescribed
28 medications to treat her PTSD, but Santa Rita mental health staff have refused to prescribe

1 the same medications. NAVARRO has been designated as “mental classification” by
2 Defendants, which she has been told means that she cannot be housed in any units besides
3 the women’s Behavioral Health unit and the woman’s Administrative Segregation unit.
4 According to Defendants’ records, NAVARRO has been diagnosed with bipolar disorder,
5 Borderline Personality Disorder, and PTSD and is a person with a disability as defined in
6 42 U.S.C. § 12102, 29 U.S.C. § 705(9)(B), and California Government Code § 12926(j)
7 and (m).

8 32. PLAINTIFF ALEXANDER WASHINGTON is a California pretrial
9 detainee held at Santa Rita. WASHINGTON was initially booked into Santa Rita in
10 March of 2017. Upon intake WASHINGTON was identified as suicidal and was initially
11 placed on IOL and assigned to the Behavioral Health Unit, Unit 09. However, the
12 following day WASHINGTON was placed into an isolation cell in the Administrative
13 Segregation Unit, Unit 02. Once placed in the isolation cell WASHINGTON
14 decompensated and began flooding his cell, banging his head, and yelling that he wanted
15 to die. He was then moved to a safety cell in Unit 02 where he was held for an additional
16 day before being returned to Administrative Segregation. Safety cells contain no furniture
17 and only a hole in the floor to use as a toilet. WASHINGTON was not allowed any of his
18 possessions or clothes and was instead only provided with a “modesty garment” and
19 blanket to cover himself. In addition, the safety cell he was kept in did not have a working
20 light and was covered in feces and blood from previous occupants. On March 19, 2017,
21 BHCS recommended that WASHINGTON be moved to Housing Unit 09. Despite BHCS’
22 recommendation, WASHINGTON was kept in Administrative Segregation on Unit 02 for
23 an additional six weeks, through at least May 5, 2017. WASHINGTON was subsequently
24 released but was arrested again on August 16, 2018 and sent to John George before being
25 booked back into Santa Rita on August 17, 2018.

26 33. Since August 17, 2018, WASHINGTON has been housed in the Behavioral
27 Health Unit on Unit 09. After one day, WASHINGTON was moved to IOL, where he
28 remained for one month. When he was finally visited by mental health staff,

1 WASHINGTON told mental health staff that he was no longer suicidal so that he could be
 2 discharged from IOL. During his current incarceration at Santa Rita, WASHINGTON has
 3 tried discussing traumatic events in his life with therapists at Santa Rita but cannot do so
 4 safely because custody staff insist on listening in to his appointments. WASHINGTON
 5 has sometimes gone significant periods of time without seeing a psychiatrist and once had
 6 to endure painful side effects of psychotropic medications for approximately four to six
 7 weeks before being able to see a doctor who could adjust his medications. According to
 8 Defendants' records, WASHINGTON has been diagnosed with PTSD and Depressive
 9 Disorder. WASHINGTON is a person with a disability as defined in 42 U.S.C. § 12102,
 10 29 U.S.C. § 705(9)(B), and California Government Code § 12926(j) and (m).

11 34. On January 21, 2020, the Court certified this class without objection. The
 12 Inmate Class is defined as: "All adults who are now, or in the future will be, incarcerated
 13 in the Alameda County jail." The Disability Subclass is defined as: "All qualified
 14 individuals with a psychiatric disability, as that term is defined in 42 U.S.C. § 12102, 29
 15 U.S.C. § 705(9)(B), and California Government Code § 12926(j) and (m), and who are
 16 now, or will be in the future, incarcerated in the Alameda County Jail." Plaintiffs Babu,
 17 Bell, Keegan-Hornesby, Johnson, Jones, Navarro, Serrano, and Washington serve as
 18 representatives of the Inmate Class, and Plaintiffs Babu, Bell, Keegan-Hornesby, Johnson,
 19 Jones, Navarro, and Washington also will serve as representatives of the Disability
 20 Subclass. The currently certified Inmate Class includes all persons now in custody in
 21 Santa Rita or will be in the future; all of whom will continue to be affected by the spread
 22 of COVID-19 through the Jail until there is a vaccine or other viable treatment.

23 **II. DEFENDANTS**

24 35. DEFENDANT COUNTY OF ALAMEDA (the "County" or "Alameda
 25 County") is a public entity, duly organized and existing under the laws of the State of
 26 California. The County employs 50 or more persons. Defendant Alameda County
 27 operates and manages the County Jails including through the County's management and
 28 operation of the Alameda County Sheriff's Office ("Sheriff's Office"), and Alameda

County Behavioral Health Care Services (“BHCS”). Defendant Alameda County is, and was at all relevant times mentioned herein, responsible for the actions and/or inactions and the policies, procedures, practices, and customs of the County’s Public Health Department, Sheriff’s Office and BHCS, and their respective employees and/or agents. Through its Public Health Department, the County declared a health emergency in March of 2020 as it relates to COVID-19. This followed the Federal and State declarations of similar emergencies. The County is responsible for ensuring that the basic human needs of individuals in its custody are met, and for ensuring that individuals are not at risk of serious harm, including by providing appropriate funding, oversight, and corrective action to ensure adequate conditions. The County is also responsible for ensuring that jail policies and practices do not violate prisoners’ constitutional rights or put them at risk of serious harm, including death from COVID-19 because they are unable to properly care for themselves or otherwise protect themselves from the disease. The County by law possesses ultimate authority over and responsibility for the mental health care, treatment, and physical safekeeping of all incarcerated persons including Plaintiffs, and the class and subclass they represent, from life threatening conditions such as those caused by COVID-19. The County receives state and federal funds for use in the operation of the County Jails.

36. DEFENDANT GREGORY J. AHERN (“AHERN”) is the elected Sheriff of the County of Alameda and, as Sheriff, is responsible for overseeing all Alameda County detention facilities run by the Alameda County Sheriff’s department, including Glenn Dyer and Santa Rita. AHERN is sued in his official capacity only.

37. DEFENDANT KARYN L. TRIBBLE (“TRIBBLE”) is the Director of the Alameda County Behavioral Health Care Services Agency. As Director, BURTON is responsible for the provision of mental health care in the Jails. TRIBBLE is sued in her official capacity only.

38. Plaintiffs are ignorant of the true names and capacities of defendants sued in this complaint as DOES 1 through 20, inclusive, and therefore sue these defendants by

1 such fictitious names. Plaintiffs will amend this complaint to allege their true names and
 2 capacities when ascertained. Plaintiffs are informed and believe and thereon allege that
 3 each of the fictitiously named Defendants is responsible in some manner for the
 4 occurrences alleged in this complaint.

5 39. At all times mentioned in this complaint, each Defendant was the agent of
 6 the others, was acting within the course and scope of this agency, and all acts alleged to
 7 have been committed by any one of them was committed on behalf of every other
 8 Defendant.

9 **FACTUAL ALLEGATIONS**

10 **I. DEFENDANTS' JAIL FACILITIES**

11 40. At the time that the initial complaint was filed, Defendants operated and
 12 controlled two Jail facilities in Alameda County, Glenn Dyer Detention Facility ("Glenn
 13 Dyer") in Oakland, California and the Santa Rita Jail ("Santa Rita") in Dublin, California.
 14 On or about June 1, 2019, Defendant Sheriff Ahern closed the Glenn Dyer facility and
 15 consolidated all operations at Santa Rita. Defendants continue to own and maintain the
 16 Glenn Dyer facility, and is able to re-open it at any time.

17 41. Glenn Dyer is a 20-level, 234,000 square-foot, maximum-security lockup.
 18 The facility provided booking, intake, and custodial services for all of Alameda County.
 19 Glenn Dyer also housed federal prisoners under a contract with the U.S Marshal Service.

20 42. Santa Rita is considered a "mega-jail" and ranks as the third largest facility
 21 in California and the fifth largest in the nation. Santa Rita houses detainees, both federal
 22 and state, who are either awaiting adjudication of their pending criminal matters or serving
 23 a sentence determined by the courts.

24 **II. DEFENDANTS ARE NOT TAKING SUFFICIENT MEASURES TO 25 PROTECT INMATES FROM COVID-19 TRANSMISSION**

26 **A. COVID-19 Is a Highly Infectious and Potentially Deadly Disease**

27 43. On March 4, 2020, Defendant Gavin Newsom declared a state of emergency
 28 to address the emerging threat of the novel coronavirus. Since then, the virus (COVID-

1 19)has spread throughout the state. Over 325,000 people in the state have tested positive
2 for the virus, and over 7,000 people have died.

3 44. There is no vaccine for COVID-19, and there is no cure. It is easily
4 transmissible, spreading through droplets generated when an infected person coughs,
5 sneezes, or even speaks loudly, or through droplets of saliva or nasal discharge. It can be
6 spread by people who are infected but asymptomatic or pre-symptomatic and therefore are
7 not aware that they are carrying and shedding the virus. The time course of the disease can
8 be rapid. People can show the first symptoms of infection in as little as two days after
9 exposure, and their condition can seriously deteriorate soon after that. The effects of
10 COVID-19 are very serious and can include severe respiratory illness, major organ
11 damage, blood clots (in the lungs as well as strokes), multisystem inflammatory syndrome,
12 and death. Preventative measures, including social distancing and face coverings, are
13 critical to safeguard against the virus.

14 45. There are currently 103 Covid-19 positive inmates in Santa Rita Jail
15 including one who is so sick that he has been sent to the hospital. All told there have been
16 more than 200 cases of Covid-19 in the jail (including over 40 staff cases).

17 **B. COVID-19 Is Particularly Dangerous for Medically Vulnerable People**

18 46. On June 15, 2020, the Centers for Disease Control and Prevention (“CDC”)
19 published a statistical analysis of all COVID-19 cases that had been reported to the agency
20 between January 22 and May 30, 2020. See CDC, Morbidity and Mortality Weekly
21 Report: Coronavirus Disease 2019 Case Surveillance – United States, January 22-May 30,
22 2020, Vol. 69 (June 15, 2020). The CDC identified a number of underlying health
23 conditions that lead to increased COVID-19 risk of adverse outcomes, including
24 psychological and psychiatric conditions. Critically, individuals in the CDC study who
25 had at least one underlying health condition were six times more likely to be hospitalized
26 (45% versus 7.6%), and 12 times more likely to die (19.5% versus 1.6%) from a
27 COVID-19 infection.
28

1 47. The certified disability sub-class of persons with psychiatric disabilities is
 2 particular at risk from COVID-19 and its complications. Persons with psychiatric
 3 disabilities experience other high-risk underlying health conditions at a disproportionately
 4 high rate, caused, at least in part, by common side effects of psychotropic medications.
 5 Compare id., with Ann K. Shinn, et al., Perspectives on the COVID-19 Pandemic and
 6 Individuals with Serious Mental Illness, *Journal of Clinical Psychiatry* (Apr. 28, 2020)
 7 (identifying cardiovascular disease, obesity, metabolic syndrome, diabetes, and respiratory
 8 conditions as comorbidities correlated with serious mental illness and/or the use of
 9 psychotropic medications to treat SMI); Jeffrey L. Geller, et al., Patients with SMI in the
 10 Age of COVID-19: What Psychiatrists Need to Know, *Psychiatric News* (Apr. 7, 2020).

11 48. The United States Department of Health and Human Services has issued
 12 guidance to healthcare facilities, including psychiatric facilities, for infection control
 13 considerations specific to persons with psychiatric disabilities and those with similar
 14 functional limitations. See Department of Health & Human Services, Centers for
 15 Medicare and Medicaid Services, March 30, 2020: Guidance for Infection Control and
 16 Prevention of Coronavirus Disease (COVID-19) in Hospitals, Psychiatric Hospitals, and
 17 Critical Access Hospitals (CAHs): FAQs, Considerations for Patient Triage, Placement,
 18 Limits to Visitation and Availability of 1135 waivers, at 8 (“Special consideration should
 19 be given to patients with psychiatric or cognitive disabilities to ensure they are able to
 20 adhere to the COVID-19 discharge recommendations and fully comprehend the
 21 significance of the precautions, or they have a family member or significant other involved
 22 to assist with these restrictions.”); cf. Department of Health & Human Services, Centers
 23 for Medicare and Medicaid Services, March 30, 2020: Guidance for Infection Control and
 24 Prevention of Coronavirus Disease 2019 (COVID-19) in Intermediate Care Facilities for
 25 Individuals with Intellectual Disabilities (ICF/IIDs) and Psychiatric Residential Treatment
 26 Facilities (PRTFs) (“Facilities should adhere to the infection prevention and control
 27 practices issued by the CDC. It may be appropriate to consult with your state health
 28 agency for guidance based on the unique challenges of instituting infection prevention and

1 control with individuals with intellectual disabilities in an ICF/IID.”).

2 49. The CDC has acknowledged the special risks to persons with disabilities.
 3 this issue as well, *see* CDC, *Coronavirus Disease 2019 (COVID-19): People with*
 4 *Disabilities*, (explaining that individuals in certain disability categories may “be at
 5 increased risk of becoming infected or having unrecognized illness”; the categories include
 6 “[p]eople who have trouble understanding information or practicing preventative
 7 measures, such as hand washing and social distancing”), as have numerous scientific
 8 publications, *see* Ann K. Shinn, et al., *Perspectives on the COVID-19 Pandemic and*
 9 *Individuals with Serious Mental Illness*, *Journal of Clinical Psychiatry* (Apr. 28, 2020),
 10 (explaining that features of serious mental illness (SMI) “may make it harder for people
 11 with SMI to find accurate information about COVID-19 and to organize, appraise, and
 12 translate health information into behavior that reduces risk of exposure and infection,” and
 13 noting factors that contribute to poor health outcomes for individuals with SMI include
 14 typical delays in accessing medical treatment, difficulty recognizing and reporting medical
 15 symptoms, and lower rates of adherence to treatment for medical conditions); *COVID-19*
 16 *Can Have Serious Effects on People with Mental Health Disorders*, *Healthline* (Apr. 7,
 17 2020), (linking SMI and COVID-19 risk due to a number of behavioral and functional
 18 factors: typical congregate living situations, substance abuse, limits on ability or
 19 understanding of the need for self-care and social distancing; and a tendency to delay in
 20 seeking out medical treatment); Nicole M. Benson, et al., *COVID-19 Testing and Patients*
 21 *in Mental Health Facilities* (May 11, 2020) (explaining that management of COVID-19
 22 may be challenging for individuals with psychiatric disorders due to their inability to
 23 adhere to recommendations like physical distancing and frequent handwashing); Jeffrey L.
 24 Geller, et al., *Patients with SMI in the Age of COVID-19: What Psychiatrists Need to*
 25 *Know*, *Psychiatric News* (Apr. 7, 2020) (cognitive deficits, mental disorganization, and
 26 similar features of mental illness will play a role in SMI individuals’ understanding of the
 27 disease and necessary steps for hygiene and prevention; physiological and other
 28 expressions of anxiety disorders, like panic attacks, may make it difficult for mentally ill

1 individuals to identify COVID-19 symptoms and may lead to over- or under-reporting of
 2 symptoms; and for various other reasons, people with SMI may delay in seeking out
 3 medical care); *cf.* Andrea Fiorillo et al., *Psychosocial interventions to reduce premature*
 4 *mortality in patients with serious mental illness* (May 15, 2020) (recommending a
 5 psychosocial approach to treating behavioral differences in SMI individuals that lead to
 6 higher mortality rates); Joseph Shapiro, *COVID-19 Infections and Deaths Are Higher*
 7 *Among Those with Intellectual Disabilities* (June 9, 2020) (finding that people with
 8 intellectual or developmental disabilities have risks two or more times greater both of
 9 contracting COVID-19 and having poor outcomes from an infection); Marla Milling,
 10 *People with Intellectual and Developmental Disabilities More Likely to Die from*
 11 *COVID-19* (May 28, 2020) (describing same); CDC, *People with Developmental and*
 12 *Behavioral Disabilities* (May 27, 2020) (“Some people with developmental or behavioral
 13 disorders may have difficulties accessing information, understanding or practicing
 14 preventative measures, and communicating symptoms of illness.”); Alzheimer’s
 15 Association, *Coronavirus (COVID-19): Tips for Dementia Caregivers* (“Most likely,
 16 dementia does not increase risk for COVID-19 ... just like dementia does not increase risk
 17 for flu. However, dementia-related behaviors, increased age and common health
 18 conditions that often accompany dementia may increase risk. For example, people with
 19 Alzheimer’s disease and all other dementia may forget to wash their hands or take other
 20 recommended precautions to prevent illness.”).

21 50. There are currently at least 160 specifically designated at risk or vulnerable
 22 inmates in Santa Rita although Plaintiffs believe and allege on information and belief that
 23 the number is likely much higher.

24 **C. Correctional Facilities Are Uniquely Primed for Viral Outbreak**

25 51. Correctional facilities, such as Santa Rita Jail, face a significant risk for rapid
 26 and deadly spread of COVID-19. Several factors contribute to this risk. Correctional
 27 facilities are “congregate environments” where people live and sleep in close proximity.
 28 They are designed not for reducing infection, but for maximizing security by grouping

1 many people into a confined space—an arrangement antithetical to social distancing.
2 Prisoners are dependent on correctional facilities for all of their daily needs to include
3 hygiene supplies, such as soap, hand sanitizer, and face coverings.

4 52. At Santa Rita Jail, there has been inconsistent application of and lack of
5 compliance with various stated policies and procedures. Space and staffing limitations
6 make it difficult to properly quarantine newly-admitted persons and those with potential
7 COVID-19 exposure. Sick or suspected Covid-19 patients are housed in isolation,
8 generally in a maximum security unit regardless of their classification. Placement in these
9 isolated, maximum-security settings is perceived by many inmates as punishment which
10 causes them to avoid reporting symptoms and to refuse COVID-19 testing. Masks are not
11 worn at all times by staff, who travel throughout the facility working in different units and
12 may be asymptomatic carriers of the disease. There is inadequate testing, and there was
13 recently a spike in Covid-19 positive from 5 to over 100 cases in a 5 day period in mid
14 July 2020. Despite the outbreaks Defendants have refused to test inmates before moving
15 them between units, have refused to re-test COVID-19 positive patients to confirm
16 whether they are asymptomatic positive or otherwise to retest as necessary to keep the
17 inmate population safe.

18 53. Additionally, compared to the general population, correctional facilities
19 house a disproportionate number of Medically Vulnerable persons. Incarcerated
20 populations have high rates of chronic illnesses such as diabetes, respiratory illness, and
21 heart disease that increase the risk of serious illness from COVID-19. They often arrive at
22 jails or prisons with poor or absent prior health care, alcohol or drug abuse, and other
23 factors that further heighten the risk of contracting or dying from the disease. Thus, not
24 only is COVID-19 more likely to spread in correctional facilities, but the consequences of
25 viral outbreak are more severe than among healthier populations. According to its website,
26 Santa Rita acknowledges and classifies approximately 160 such incarcerated person as
27 vulnerable and at risk, a number plaintiffs allege is likely artificially low.

1 54. Viral outbreaks in jails and prisons have serious public health ramifications,
2 which extend beyond the incarcerated population. Even when jail visitation is reduced,
3 staff, vendors, and others travel between jails and outlying communities, creating conduits
4 for infectious disease. Incarcerated populations have high turnover, as people are released
5 while others are continuously admitted to the jail or prison. The revolving door creates an
6 ever-present risk that persons, including asymptomatic carriers, will carry the virus into
7 and out of the jail, spread infection, and trigger outbreaks both inside and outside the
8 jailhouse walls.

9 55. For all of these reasons, public health officials warn that without significant,
10 sustained intervention, the “epicenter of the pandemic will be jails and prisons.” The CDC
11 has identified jails and prisons as at-risk environments, which are especially susceptible to
12 rapid COVID-19 outbreaks. The World Health Organization (“WHO”) cautions that
13 incarcerated people “are likely to be more vulnerable to the [COVID-19] outbreak than the
14 general population because of the confined conditions in which they live”

15 56. Until and unless there is a vaccine and effective treatment, all incarcerated
16 people in Santa Rita will continue to be at significant risk of contracting the disease and
17 suffering life threatening consequences unless sufficient steps are taken to reduce its
18 spread including the provision of sufficient space to properly quarantine and medically
19 isolate affected individuals and allow for social distancing; adequate staffing to ensure
20 compliance with COVID-19 prevention procedures; increased testing, including testing of
21 all current inmates, testing of inmates prior to moving units or pods, and re-testing of
22 formally positive COVID-19 patients to confirm they no longer have the virus; sufficient
23 supervision and monitoring to ensure compliance with increased sanitization measures and
24 provision of protective gear and cleaning supplies; increased out of cell recreation and
25 personal time especially in the outdoors away from other prisoners for prisoners in
26 quarantine and/or medical isolation.

27 ///

28 ///

III. DEFENDANTS ROUTINELY OVERUSE AND IMPROPERLY USE ISOLATION AND SUBJECT PRISONERS IN ISOLATION, INCLUDING PRISONERS WITH DISABILITIES, TO INHUMANE CONDITIONS

57. Defendants are deliberately indifferent to the substantial and obvious risk of harm caused by Defendants' policies and practices of locking prisoners in isolation, including prisoners with psychiatric disabilities, for prolonged periods of time. Over the last several decades, mental health and correctional experts have documented the harmful effects of prolonged isolation. Common side effects of prolonged isolation include anxiety, panic, withdrawal, hallucinations, self-mutilation, and suicidal thoughts and behaviors. Due to these side effects, prolonged isolation is known to worsen existing psychiatric disabilities and can cause prisoners without pre-existing psychiatric disabilities to develop them.

58. Placement in isolation imposes an atypical and significant hardship on the prisoner in relation to the ordinary incidents of incarcerated life, so as to create a liberty interest protected by due process. Defendants fail to provide process adequate to protect that liberty interest. Despite the harmful and punitive conditions in these units, Defendants lack an effective, accurate classification system to determine who gets placed in isolation. Prisoners are placed in isolation indefinitely, with some individuals held in isolation for years while they resolve pending criminal cases. Defendants offer prisoners no meaningful way to challenge their placement in isolation, despite purporting to conduct regular review of these placements. Defendants assign prisoners to isolation units based on their classification as mentally ill, even where those pending charges do not involve acts of violence.

59. Defendants use multiple terms to refer to isolation including Administrative Isolation, Disciplinary Isolation, and Temporary Isolation. Defendants also use the term "Special Cells" to refer to isolation cells and safety cells. Individuals housed in these areas are referred to as "Special Management Inmates." Class I Special Management Inmates are defined to include all prisoners in Administrative Isolation, Disciplinary Isolation, Temporary Isolation, Protective Custody, all prisoners assigned to the Behavioral Health

1 units and all prisoners in isolation cells. Class II Special Management Inmates are defined
2 as individuals on IOL status. Housing Units may also have isolation cells specific to those
3 units. Plaintiffs refer to all of the above housing statuses, collectively, as “isolation.”

4 60. Approximately 10% of all prisoners at Santa Rita are, and when it was
5 operating, approximately 20% of all prisoners at Glenn Dyer were housed in what is
6 known as Administrative Isolation. Prisoners on Administrative Isolation are housed alone
7 in a cell and are only permitted to go outside of their cell alone for extremely limited
8 periods of time, further depriving them of any social interactions. That number is now
9 likely higher due to the use of maximum security cells to treat suspected COVID-19
10 patients who are housed alone with limited out of cell time.

11 61. Defendants use isolation as a form of punishment, including for behaviors
12 that are related to an individual’s psychiatric disabilities. Disciplinary Isolation is defined
13 in Defendants’ policies as “punitive segregation from the general jail population and
14 restricted privileges for an inmate who has committed a serious rule violation.” Such
15 “serious rule violations” include being generally disrespectful, excessive whistling or other
16 noise, possessing unauthorized clothing, reporting to a program late, failing to cooperate
17 with work or education programs, possessing more than 15 vending machine tokens, or
18 failing to return a tray after meal time. Individuals in Disciplinary Isolation are permitted
19 to leave their cells for up to one hour a day, five days a week. There is no cap on the use
20 of Disciplinary Isolation and prisoners may be held in Disciplinary Isolation for more than
21 30 days, even for a single rule violation, where authorized by the Commanding Officer at
22 the Jails.

23 62. Defendants control housing assignments and house prisoners in isolation in
24 various housing units in the jails, including, but not limited to, in Administrative
25 Segregation units, which house prisoners on Administrative Isolation, Disciplinary
26 Isolation, Temporary Isolation and Protective Custody (men’s Housing Units 01, 02, and
27 08 (the latter now used in part for suspected male COVID patients) and women’s housing
28 unit 24) and Behavioral Health units (men’s Housing Unit 09 and women’s Housing Unit

21), for 22 or 23 hours or more per day. Prisoners housed in Administrative Segregation (now called Separation), including those with serious psychiatric disabilities, are sometimes kept in their cells between 23 and 24 hours per day, sometimes only being let out of their cells to use the dayroom for one hour every other day. In these units, this scant dayroom time is the only chance people have to shower, make phone calls, or order commissary. All of the beds in these units are located in locked cells and prisoners are typically required to eat meals in their cells as well. Inmates with confirmed COVID-19 cases or suspected of having COVID-19 are frequently housed in these same types of conditions.

63. Prisoners in the Behavioral Health Units are kept in their cells for 22 to 23 hours per day and sometimes not let out at all in a 24 hour period. When they are let out for cells for one or even in some cases two hours, they must compete with the other prisoners for access to services such as the phone (both for making calls to attorneys and family and for placing commissary orders), showers, and hygiene tools such as nail clippers and razors. Approximately one hour of this extremely limited out of cell time is also consumed each day by pill call. In the Behavioral Health Units, some prisoners are double-celled, but being locked with a cellmate in a small cell does not compensate for the severe isolation. Instead, this double-celling requires two strangers with psychiatric disabilities to live around-the-clock in intolerably cramped conditions. Deputies in the Behavioral Health units verbally harass mentally ill inmates, calling them slurs like “crazies” and telling them things like “you crazies go back to your cells now” and to “stop faking” mental illness.

64. Prisoners held in Administrative Segregation units are typically locked in single-occupancy cells and cannot have conversations with other individuals unless they speak into the vents in their cells, or shout loudly enough for people to hear through the cell walls and doors. Any communication among suspected gang members, even just a greeting, may be and has been used by Defendant to justify extending isolation. Defendants also typically shackle prisoners housed in Administrative Segregation every

1 time they have contact with anyone outside of their cells.

2 65. Disability-related behaviors may also be used to justify extending isolation.
3 BHCS records indicate that, on at least one occasion, Plaintiff NAVARRO became
4 hypomanic, a symptom related to her bipolar disorder, and instead of providing her with
5 the mental health treatment she sorely needed, Defendants moved her from the Behavioral
6 Health Unit to the Administrative Segregation unit. BHCS records indicate she was
7 moved due to her “hypomanic” behaviors and because a deputy, not a BHCS mental health
8 professional, found she was not “re-directable” by that deputy’s standards.

9 66. Prisoners with psychiatric disabilities who are moved to the Outpatient
10 Housing Unit (“OPHU”) for treatment or monitoring have no access to an outside yard or
11 day room. Prisoners housed in the OPHU are supposed to be escorted by deputies to
12 exercise facilities on other units but, upon information and belief, this rarely - if ever -
13 happens. As a result, prisoners housed in the OPHU because of their disabilities are kept
14 in their cells 24 hours a day in isolation without any access to programming. Plaintiffs
15 BABU, JONES, and KEEGAN-HORNSBY have all been housed in 24 hour a day
16 isolation in the OPHU due to behaviors related to their underlying psychiatric disabilities.
17 Plaintiff BABU was held in the OPHU for seven days without ever leaving his cell and
18 during that time was also denied access to reading materials, the phone and to showers.

19 67. Defendants subject some prisoners in its jails to even more extreme forms of
20 isolation. At Santa Rita, some of the isolation cells are located outside of the main housing
21 units, in the hallway. These cells are completely separated from the rest of the housing
22 unit such that prisoners cannot hear or see any activity in the housing unit. These prisoners
23 cannot even attempt to interact with other prisoners. Officers have no line of sight into
24 these cells, and people locked in the cells experience extreme sensory deprivation.

25 68. Plaintiff WASHINGTON was recently held in a hallway isolation cell for
26 two days after telling deputies that he had lice. Instead of assessing him for lice, the
27 deputies assumed he was hallucinating and put him in the isolation cell. The cell had only
28 a small window and WASHINGTON could not hear any sounds from his housing unit.

1 The hallway isolation cell was very cold but WASHINGTON was not provided with
2 blankets or a mattress for the 48 hours he was held there.

3 69. Defendants do not conduct meaningful or effective review of isolation
4 placements and do not provide prisoners with meaningful methods to understand why they
5 have been placed in isolation and how they can be removed from isolation.

6 70. At Glenn Dyer, prior to its closure, federal pretrial prisoners are often placed
7 in administrative isolation indefinitely, with some prisoners housed in isolation for years
8 while they resolve their federal cases. Plaintiff SERRANO has been housed in isolation
9 for over 19 months, since arriving at Glenn Dyer on April 21, 2017 as a federal pretrial
10 detainee. SERRANO was housed alone in a small cell. He was allowed out of his cell
11 only for one hour every other day and always alone. He was allowed access to the outdoor
12 exercise yard only rarely and has sometimes gone months without going outside. Since
13 being housed in isolation, SERRANO experiences paranoia, fear and distrust of others,
14 loss of social skills, chronic insomnia, anxiety, agitation, and depression as a result of
15 long-term extreme isolation. Despite his worsening mental health, SERRANO was not told
16 what to do or how to get help if he experiences a mental health crisis.

17 71. Prior to arriving at Glenn Dyer, SERRANO was held at the Santa Clara
18 County Jail in San Jose, California. When he arrived at Glenn Dyer in April 2017,
19 classification officers assigned SERRANO to isolation in an Administrative Segregation
20 unit. Officers told SERRANO that he was being housed in isolation so that he would serve
21 out the balance of discipline that had been imposed on him at the Santa Clara County Jail
22 for a fight that occurred at the Santa Clara County Jail nearly two years ago. SERRANO
23 had no meaningful opportunity to challenge his placement. In response to a grievance, he
24 was told only that he is in administrative isolation due to his “in house history” and his
25 criminal case. SERRANO has not been disciplined for any serious rules infraction nor for
26 any act of violence while at Glenn Dyer, and certainly has not been disciplined for
27 anything that should result in indefinite placement in isolation. Upon information and
28 belief, prisoners facing the same or similar criminal charges are housed in the general

1 population at the County Jails.

2 72. Plaintiff JOHNSON was been incarcerated at Santa Rita as a California
3 pretrial detainee beginning on or about June 27, 2018. JOHNSON was confined in
4 isolation in an Administrative Segregation unit since he was booked into Santa Rita even
5 though he had not been disciplined for any act of violence while at Santa Rita. He was not
6 informed by Jail staff of the reason for his placement and had had no meaningful
7 opportunity to challenge his placement. He also received no notice or other information
8 from Jail staff regarding his placement in isolation. JOHNSON was told to write to
9 classification to find out why he is in isolation and he did so but he received no response
10 from classification. Upon information and belief, prisoners facing the same or similar
11 criminal charges as JOHNSON are housed in the general population at the Jails.

12 73. Prolonged isolation is harmful to all prisoners, but it is particularly harmful
13 for prisoners with psychiatric disabilities. Defendants have not modified their policies and
14 procedures to accommodate people with such disabilities so that they do not suffer harm,
15 and worsening of their pre-existing disabilities, from isolation.

16 74. Defendants have a policy of locking prisoners with psychiatric disabilities in
17 highly restrictive isolation units because of their disabilities and without offering
18 reasonable modifications that would permit them to be housed in less restrictive areas. As
19 a result, Defendants deny prisoners with psychiatric disabilities with meaningful access to
20 the Jails programs, services, and activities. Per the Jails' policies, prisoners categorized as
21 "mentally disordered" and prisoners on IOL for suicidal tendencies, bizarre behavior,
22 psychotropic medication, or medical observation must be housed in special management
23 units (which includes the Behavioral Health units), maximum security units, or in the Out-
24 Patient Housing Unit – all of which are highly restrictive units that provide significantly
25 reduced, or non-existent, access to educational and rehabilitative programming compared
26 to that available to their non-disabled peers. Prisoners with psychiatric disabilities held in
27 these units may receive as little as five hours of time outside of their cell per week, far less
28 than their non-disabled peers.

1 75. Defendants' disciplinary process fails to take into account behavior which
2 results from psychiatric disabilities and the lack of adequate mental health care at the Jails.
3 As a result, Defendants lock people with psychiatric disabilities in isolation, including in
4 safety cells, for nonconforming and erratic behaviors related to their psychiatric disabilities
5 without exploring whether less restrictive options or alternatives could resolve the
6 behaviors. This policy and practice deprives prisoners with psychiatric disabilities of
7 access to the programs, services, and activities available in the less restrictive units. The
8 restrictive conditions and lack of programming options in the Administrative Segregation
9 and Behavioral Health Units serve only to worsen these disability-related behaviors.
10 Instead of providing treatment, however, Defendants respond by locking prisoners in
11 isolation for even longer periods of time.

12 76. Defendants also fail to monitor prisoners with and without psychiatric
13 disabilities or provide sufficient mental health services to prisoners locked in isolation.
14 This is despite the well-known medical and mental health dangers of locking people in
15 their cells for prolonged periods of time.

16 77. Plaintiff JOHNSON was been held in isolation for the entirety of his stay at
17 Santa Rita despite his significant psychiatric disabilities. Mental health staff at the Jail
18 repeatedly emphasized the severity of his mental disorder, noting that he once had "a
19 cardboard cell phone that he had drawn on, in which he talks with his grandpa, uncle and 6
20 kids", that he was "unpredictable" and prone to yelling "time travel. Fiji man," and that he
21 was "rambling, disorganized... has a fixed delusion about McDonald's." Despite his clear
22 need for mental health treatment, he had been housed in an Administrative Segregation
23 unit since June 2018, where he was housed alone in a tiny cell without access to
24 programming. When he saw mental health staff, it was for brief contacts at this cell door.

25 78. JOHNSON was allowed out of his cell only for one hour every other day and
26 always alone. He was not offered outside yard time during his recent stay. He spent much
27 of his time in isolation watching the TV in his unit's dayroom through his cell door, which
28 he could only see from an angle and could not hear. This prolonged isolation worsened

1 JOHNSON's pre-existing psychiatric disabilities and, as a result, he experiences repeated
2 and debilitating auditory hallucinations, loss of social skills, anxiety, agitation, and
3 depression.

4 79. By policy, the County requires only five hours a week of out of cell time for
5 prisoners housed in isolation. This is below any acceptable corrections standard including
6 the standards set by the American Correctional Association which require that prisoners
7 are provided with at least one hour a day outside of their cells. This level of isolation is
8 harmful to the mental and physical health of any prisoner, but is especially dangerous for
9 prisoners with mental illness.

10 80. Prisoners in the isolation units, including in Administrative Segregation and
11 in the Behavioral Health units are rarely, if ever, permitted to go outside and are deprived
12 of adequate opportunities to exercise. Exercise opportunities at the County Jails are well
13 below all established detention standards. *See* Cal. Code Regs. tit. 15 § 1065 (requiring 3
14 hours of "exercise" per 7 days); Cal. Code Regs. tit. 15 § 1006 ("Exercise" means physical
15 exertion of large muscle groups."); Cal. Code Regs. tit. 24 § 1231.2.10 (defining exercise
16 area minimum of at least one exercise area of not less than 600 sq. ft.).

17 81. Prisoners in isolation at Glenn Dyer were offered outdoor exercise as little as
18 one hour per month. Plaintiff SERRANO went for months without being able to go
19 outside.

20 82. Prisoners in isolation in Administrative Segregation units at Santa Rita may
21 receive even fewer outdoor exercise opportunities. Plaintiff JOHNSON had not been to
22 the outside yard even once in the many months before this action was filed. Plaintiff
23 NAVARRO has only been able to go outside to the yard three times over the past year
24 while in the Administrative Segregation unit and is only permitted to go outside alone,
25 denying her any social interaction with other prisoners.

26 83. Access to outdoor exercise for those in the Behavioral Health Unit at Santa
27 Rita is likewise rare, with many prisoners not receiving outdoor exercise opportunities for
28 several months at a time. Plaintiff JONES had not been outside to the yard for over a year.

1 Plaintiffs BELL had not been outside to the yard for several months. When BELL asked
2 for yard time in the past the deputies just ignore his request. Plaintiff KEEGAN-
3 HORNSBY had only been allowed to go to the yard 3-4 times over the past year. He has
4 requested yard time from deputies, at various times, his requests have been denied
5 numerous times. Plaintiff BABU was never been permitted to go to the outside yard.
6 Plaintiff WASHINGTON was also not allowed to go to the outside yard since he arrived at
7 Santa Rita in August 2018.

8 84. Defendants offer a wide variety of programs to prisoners which, if
9 completed, can result in sentence reductions and better enable prisoners to reintegrate into
10 the community. These programs could also be helpful at sentencing in federal cases.
11 Defendants prohibit prisoners in isolation cells from attending structured group
12 recreational, religious, educational, or vocational programs which are offered to general
13 population prisoners. This includes the Behavioral Health Units and OPHU prisoners with
14 psychiatric disabilities. Since the COVID-19 pandemic began all programming has been
15 suspended with the exception of a hygiene class.

16 85. Glenn Dyer offered several programs to prisoners including: Adult Based
17 Education and General Education Development, to allow prisoners to get their GED or
18 High School diploma, Literacy programs, Bible Study, One on One Faith Based
19 Counseling, and recreational games such as cards and board games. Upon information and
20 belief only the GED program and One on One Faith Based Counseling were available in
21 Glenn Dyer's Administrative Segregation unit.

22 86. Santa Rita offers more than twenty-five programs to prisoners including:
23 Adult Based Education and General Education Development, to allow prisoners to get
24 their GED or High School diploma; English as a Second Language; Literacy; Sheriff's
25 Work Alternative Program; Anger Management; Restorative Justice; Bible Study; One on
26 One Faith Based Counseling; Chapel Services; Career Development programs including
27 Employability, Computer Technology, Barbering, Cosmetology, Food Service,
28 Commercial Baking Commercial Kitchen; Parenting classes including Dads Acquiring and

1 Developing Skills (DADS), Teaching and Loving Kids (TALK), and Maximizing
2 Opportunities for Mothers to Succeed (MOMS); Substance Abuse programs including
3 Narcotics Anonymous, Deciding, Educating, Understanding, Counseling, and Evaluation
4 (DEUCE), Breaking the Chains, and Alcoholics Anonymous; and recreational games such
5 as cards and board games. Due to the COVID-19 pandemic programming has been
6 suspended with the exception of a hygiene program.

7 87. Defendants discriminate against prisoners with psychiatric disabilities,
8 because those prisoners are housed in restrictive and isolative housing units without access
9 to the above listed programs, which have and will be offered again after the COVID-19
10 public health emergency is over throughout the rest of Santa Rita. They are thereby
11 deprived of the opportunity to reduce their sentences and better position themselves for
12 release because of their psychiatric disabilities. Of these many programs, only two
13 programs – Breaking the Chains and a GED correspondence class, are offered to prisoners
14 with psychiatric disabilities in the Behavioral Health unit and only one program, Chapel
15 Services, is offered to prisoners in the Administrative Segregation units, which also
16 includes prisoners with psychiatric disabilities.

17 88. Plaintiffs BABU, BELL, KEEGAN-HORNSBY, JOHNSON, JONES,
18 NAVARRO, and WASHINGTON wanted to participate in the Jail's educational programs,
19 group, and/or religious services, but could not because of they were placed in restrictive
20 and isolative housing units because of their psychiatric disabilities. If there were
21 education and other programming opportunities offered in their respective housing units,
22 they would have participated. Plaintiff KEEGAN-HORNSBY needed to take a domestic
23 violence class to assist him with his criminal case but was unable to do so because the
24 class was not offered in the Behavioral Health unit. He was told he could transfer to a
25 general population unit to take the class but would then be unable to get needed mental
26 health treatment, putting him in the impossible position of choosing between mental health
27 treatment and obtaining needed rehabilitative programming. Due to the severity of his
28 mental health needs KEEGAN-HORNSBY had no choice but to forgo the rehabilitative

1 programming and instead stay in the Behavioral Health Unit.

2 89. Adding to the harmful effects of isolation, lack of outdoor exercise, and lack
3 of structured programming, conditions in the isolation units are deplorable. Some
4 prisoners with inadequately treated mental illnesses smear themselves and the walls of
5 their cell with excrement. The smell of feces pervades throughout the units. These
6 unsanitary conditions are compounded by the failure to provide soap to prisoners who
7 cannot afford to purchase soap and by custody staff's failure to distribute adequate
8 cleaning supplies to prisoners or provide sufficient time to allow prisoners to clean their
9 cells. Defendants also serve prisoners bland and extremely repetitive meals with little
10 nutritional value which are frequently contaminated with rocks, plastic, and rodent feces.

11 90. Some prisoners in the isolation units are incoherent, unresponsive, or
12 actively delusional. Some are partially or fully naked in their cells. Some scream
13 repeatedly in anguish, or are so consumed by auditory or visual hallucinations that they are
14 unable to communicate.

15 91. The conditions in isolation significantly increase the risk that prisoners with
16 psychiatric disabilities will have their condition decompensate when placed in isolation. A
17 significantly disproportionate percentage of suicides occur in isolation units. Because of
18 the risks posed by isolation to prisoners with psychiatric disabilities, a consensus has been
19 reached in mental health correctional communities that prisoners with psychiatric
20 disabilities should only be placed in isolation if absolutely necessary. In addition, if
21 prisoners with mental illness are placed in isolation, there must be limits on the amount of
22 time they remain in such units, they must be monitored closely, and they must be provided
23 with significant structured and unstructured out-of-cell time.

24 92. Defendants do not have adequate safeguards in place to ensure that prisoners
25 with psychiatric disabilities are only placed in isolation when absolutely necessary. In
26 fact, upon information and belief, Defendants have a policy and practice of placing
27 prisoners with the most serious psychiatric disabilities in Housing Unit 1 F-Pod, Housing
28 Unit 2 F-Pod, and Housing Unit 8 F-Pod, all Administrative Segregation units. As a result,

1 rather than only placing prisoners with psychiatric disabilities in isolation when absolutely
2 necessary, Defendants have a policy and practice of placing mentally ill prisoners there
3 *because of* their disabilities and keeping them there for long periods of time.

4 93. For example, the coroner's report regarding the death of prisoner Jesus
5 Dickey on June 27, 2018 states that Mr. Dickey was initially housed in Housing Unit 8,
6 pod E, cell #6 as a "mental PC" but was moved to Housing Unit 8 F-Pod (an
7 administrative segregation unit) because he was "not getting along with other inmates in E-
8 pod." Mr. Dickey died in the isolation cell to which he was moved.

9 94. Defendants lack policies and practices to reevaluate whether prisoners with
10 mental illness placed in isolation should remain in isolation. The amount of unstructured
11 out-of-cell time that Defendants provide to prisoners in Administrative Segregation—a
12 maximum of five hours per week—falls below the standard of care and constitutes cruel
13 and unusual punishment. And no amount of structured out-of-cell time, such as group
14 therapy or formal group programming, is provided to prisoners in isolation including to
15 prisoners with psychiatric disabilities in the Behavioral Health Units.

16 95. Defendants' policy for conducting safety checks is inadequate to ensure the
17 safety of prisoners with serious mental illness in Administrative Segregation units and in
18 the Behavioral Health Units. Defendants have a policy requiring safety checks once every
19 half hour in isolation units, but fail to follow this policy and frequently fail to conduct
20 appropriate checks at intermittent and unpredictable times. Defendants' performance of
21 safety checks is perfunctory and does not include direct visual observation that is sufficient
22 to assess the prisoner's well-being and behavior. Defendants fail to utilize verbal
23 interaction as a part of their safety checks even when visual observation of the subject
24 prisoner is obscured or circumstances otherwise demonstrate reason for concern about the
25 prisoner's well-being and behavior. As a result, prisoners in isolation are placed at an
26 increased risk of harm.

27 96. The lack of adequate functional emergency call buttons and custody staff's
28 slow response times compound the risk to inmate safety presented by the lack of regularly

1 performed safety checks by custody staff. Custody staff's failure to perform adequate
2 welfare checks and failure to timely respond to emergencies is exacerbated by severe
3 understaffing of custody deputies at the Jails.

4 97. Prior to committing suicide, on April 7, 2018, Logan Masterson was housed
5 in isolation in Housing Unit 2. He had been discontinued from placement in a safety cell
6 on suicide watch just two days earlier. Incident reports relating to Mr. Masterson's suicide
7 state that general observation checks were not performed on Mr. Masterson for over an
8 hour before he was found hanged in his cell. The welfare check that was performed last on
9 Mr. Masterson was dangerously cursory and superficial. According to the incident reports,
10 the custody officer's view of Mr. Masterson was "obstructed" and he "could not tell what
11 Masterson was doing." At this time, the cell was thoroughly contaminated with feces, and
12 "[t]here was fecal matter on the walls, floor, and window of the cell." Despite having no
13 clear view of Mr. Masterson, despite the horrific condition of Mr. Masterson's cell, despite
14 Mr. Masterson's bizarre behavior including flooding his cell, and despite Mr. Masterson's
15 having been on suicide watch fewer than 36 hours earlier, the custody officer "did not
16 spend more than a few seconds looking in the direction of [Masterson's] cell."

17 98. Prior to committing suicide, Edwin Villalta was assigned to Administrative
18 Segregation and held in isolation in Housing Unit 01. Mr. Villalta was found dead in his
19 cell on November 28, 2017 after hanging himself from the unoccupied upper bunk in his
20 cell with his County issued blanket. Mr. Villalta was not on IOL at the time and was
21 discovered during a routine check of the unit.

22 99. Defendants' inadequate policies and procedures for monitoring prisoners in
23 administrative isolation units, including prisoners with psychiatric disabilities placed both
24 Mr. Villalta and Mr. Masterson at risk prior to their suicides and contributed to their
25 suicides because Defendants failed to conduct meaningful safety checks at frequent and
26 unpredictable times.

27 100. The cumulative effect of prolonged isolation, along with the denial of
28 opportunities for vocational, recreational, educational, and religious programming, being

1 housed in a small cramped and filthy cell have caused and continue to cause prisoners at
 2 the Jails, including prisoners with psychiatric disabilities, serious physical and
 3 psychological harm and puts them at substantial risk of continued significant harm in the
 4 future.

5 **IV. DEFENDANTS FAIL TO PROVIDE MINIMALLY ADEQUATE MENTAL**
 6 **HEALTH CARE TO PRISONERS AND DISCRIMINATE AGAINST**
 7 **PRISONERS WITH PSYCHIATRIC DISABILITIES**

8 101. Defendants fail to meet their constitutional obligation to provide adequate
 9 mental health care to prisoners in the Jails. Defendants are deliberately indifferent to the
 10 fact that their failure to provide adequate mental health care subjects prisoners to a
 11 substantial risk of deteriorating psychiatric conditions, extreme and unnecessary anguish,
 12 suffering and death. Defendants exacerbate the psychological trauma experienced by
 13 prisoners with serious mental health conditions who are housed in isolation, including in
 14 safety cells, by failing to provide them with necessary mental health care. As a result, their
 15 disabilities worsen and their disability-related behaviors escalate, causing them to be kept
 16 in isolation longer.

17 102. All mental health care in the Jails is provided by Defendant Alameda
 18 County.

19 103. Defendants control prisoners' access to mental health care professionals and
 20 medications, inside or outside of the Jails. Accordingly, prisoners cannot receive any
 21 mental health care services, including psychotropic medication, group and individual
 22 therapy, and suicide intervention, unless Defendants provide them.

23 104. Defendants fail to adequately train custody and mental health care staff in
 24 how to provide appropriate and timely mental health care. The lack of training is evident
 25 from the numerous incidents in which prisoners' health and lives have been, and continue
 26 to be, placed at risk as a result of the deficient mental health care provided in the Jails. As
 27 a result of a lack of adequate training, custody and health care staff fail to: (a) provide
 28 timely and appropriate mental health screening; (b) track and monitor prisoners with
 psychiatric disabilities; (c) properly administer and monitor psychotropic medications;

(d) recognize and properly refer prisoners exhibiting signs and symptoms of psychiatric disabilities to mental health staff; (e) respond adequately to prisoners who are suicidal; (f) appropriately house prisoners with serious mental illness in the least restrictive setting appropriate to their needs; (g) properly respond to prisoners' requests for mental health care or provide appropriate follow-up care; (h) provide confidential spaces for mental health treatment; (i) maintain accurate and complete mental health records; and fail to (j) provide appropriate reentry services for prisoners with psychiatric disabilities to allow them to properly continue their mental health care.

105. Defendants' policies and practices for mental health screening and tracking are inadequate. Defendants fail to adequately identify, track, and treat the mental health problems of newly arriving prisoners with psychiatric disabilities during the screening and intake process. Defendants' failure to identify and initiate adequate mental health treatment via the Jails' intake process places prisoners arriving at the Jails with psychiatric disabilities at a significant risk of serious harm, including death.

106. When a prisoner is newly booked into the Jail, the first step of the intake process involves custody or medical staff completing a brief one-page general health screening form, called a Medical Intake Triage/Receiving Screening form, through a cursory interview conducted with the prisoner in a non-confidential area of the Jail. Upon information and belief, many questions contained in this form are frequently not asked during the intake process, including those about mental health history and other basic and essential data necessary to identify prisoners in need of mental health care, including those at risk of self-harm. After the initial screening, newly booked prisoners are typically interviewed by a member of the medical staff. Mental health staff from BHCS play no role in this process. None of the Plaintiffs were told anything about mental health treatment available at the Jails during the intake process. Plaintiff BELL was told only that he would be placed on IOL without any further explanation and Plaintiff KEEGAN-HORNSBY was similarly placed directly into a safety cell after coming to Santa Rita from John George without any explanation for why he was being placed in the safety cell or

1 when he would be moved to a “normal” cell.

2 107. Mental health staff only evaluate prisoners at intake if the medical care or
3 custody staff who complete the intake assessment forms refer the prisoner to mental health
4 care staff. Intake evaluations by mental health staff, when they occur at all, frequently do
5 not take place until days or weeks after a prisoner is booked into the Jails. Even when
6 prisoners disclose a psychiatric disability to staff, Defendants do not appropriately follow-
7 up with the prisoner and some prisoners with psychiatric disabilities may never be seen by
8 mental health staff during their incarceration. As a result, prisoners with psychiatric
9 disabilities are either denied care, or their care is delayed, putting them at increased risk of
10 serious harm including serious injury or death. For instance, Plaintiff JONES was not seen
11 for nearly two months after re-entering Santa Rita because classification noted his
12 “mental” classification but failed to properly notify mental health staff.

13 108. The process prisoners are supposed to use to access mental health care is not
14 explained to prisoners during intake. The “Alameda County Jail Handbook” states that
15 prisoners should “[t]alk to someone from the medical staff immediately ... they can
16 schedule an appointment with [BHCS] Criminal Justice Mental Health.” Upon
17 information and belief, this handbook is not given to prisoners at intake. Rather, prisoners
18 must request the handbook from custody staff, often repeatedly, and then may or may not
19 receive a copy. Plaintiffs BELL, BABU, WASHINGTON, and KEEGAN-HORNSBY
20 have never received a copy of the handbook. Plaintiffs SERRANO, NAVARRO, and
21 JOHNSON were only able to obtain a copy of the handbook after filing a written request.
22 Regardless, the process described in the handbook is inadequate, and it is not followed in
23 practice at the Jails. Medical staff frequently fail to inform mental health staff, even when
24 prisoners disclose an active mental health crisis.

25 109. Prisoners may use the message request system at the Jails to access mental
26 health staff, but responses typically take one and a half to two weeks. For a prisoner
27 having a mental health crisis, this is an unacceptably long and dangerous delay and puts
28 prisoners at increased risk of harm.

110. Defendants fail to ensure that requests for care reach mental health care staff in a timely manner, if at all. Upon information and belief, there is no policy in place to ensure that requests for mental health care are forwarded to mental health care staff. As a result, prisoners with psychiatric disabilities are not timely seen or adequately treated.

111. Plaintiff JOHNSON was not told how to access mental health care at Santa Rita. Plaintiff JOHNSON filed sick call slips requesting to be moved from the Administrative Segregation unit to the men's Behavioral Health Unit, in the hopes of receiving more mental health care. He did not receive any responses from Jail staff to these requests.

112. By custom and policy, there is poor coordination of care for prisoners with psychiatric disabilities. Upon information and believe, Defendants do not track the numbers of prisoners with psychiatric disabilities or their specific housing locations and/or disability-related needs.

113. Upon information and belief, by custom and policy, neither medical nor corrections staff is adequately trained to recognize signs and symptoms of mental illness, and to refer prisoners who exhibit such signs and symptoms to mental health staff. As a result, staff fail to make appropriate referrals and prisoners who exhibit symptoms of mental illness are not timely treated.

114. For example, Plaintiff JOHNSON told medical staff on December 13, 2017 that he was hearing voices telling him to harm himself. Jail mental health staff did not receive a referral for this contact until December 16, 2017, when a mental health clinician at Santa Rita reviewed the medical staff referral. Despite JOHNSON's urgent concerns, he was not actually assessed by a member of mental health staff until December 27, 2017.

115. Defendants' policies and practices for prisoners who have been taking prescribed psychotropic medications are inadequate. Upon information and belief, Defendants fail to adequately train mental health staff in how to evaluate and treat prisoners who arrive at the Jails and have been taking prescribed psychotropic medications and fail to provide adequate treatment to such prisoners. Instead, Defendants routinely

1 refuse to provide prisoners with the same prescribed psychotropic medication regimen they
2 were taking prior to their arrest.

3 116. Defendants have publicly acknowledged that necessary and appropriately
4 prescribed medications may not be available at the Jails. During a September 11, 2017
5 meeting of the Alameda County Mental Health Advisory Board, the Board heard reports
6 from the Criminal Justice Committee about “the challenges experienced by the mentally ill
7 in Santa Rita Jail” because “not all medications are available.” As a result, medications
8 that differ from those prescribed are routinely substituted even after confirmation of
9 prisoner’s valid prescriptions. These substituted medications can be less effective, cause
10 unforeseen side effects, and otherwise destabilize a patient, at a time when mental health
11 stressors for the prisoner are high. Prisoners at Santa Rita with mental illness may also be
12 over-medicated. Prisoners report observing individuals, who enter with “normal”
13 behavior, becoming like “zombies” soon after starting on the antipsychotic medications
14 prescribed by mental health staff.

15 117. Upon information and belief, Defendants lack any comprehensive system for
16 monitoring the prescription, distribution, efficacy, and side effects of psychotropic
17 medication and for ensuring continuity of care for prisoners with mental illness.

18 118. As a result of Defendants’ failure to provide medically necessary
19 psychotropic medications, prisoners with psychiatric disabilities are put at increased risk of
20 serious harm including: (1) withdrawal symptoms when the medications they were
21 prescribed before admission to the Jails are abruptly terminated; (2) recurrence of
22 debilitating symptoms such as hallucinations and suicidality; and (3) severe mental
23 decompensation. In addition, pursuant to what is known as the “kindling phenomenon,”
24 interruptions in prisoners’ psychotropic medications can cause a prisoners’ underlying
25 mental illness to worsen, putting them at increased risk of harm. This not only worsens the
26 underlying condition, but makes it more difficult to treat the underlying condition.

27 119. Plaintiff JOHNSON entered Santa Rita with valid community prescriptions
28 for Remeron, Abilify, Zyprexa, and Risperdal for paranoid schizophrenia. He had been

1 released from Santa Rita only two and a half months earlier, during which he was housed
2 in the men's Behavioral Health unit and was prescribed psychiatric medications. Despite
3 his very recent history of care, however, he did not receive his community prescriptions for
4 five days after he was booked and has been housed in the Administrative Segregation unit,
5 rather than the men's Behavioral Health unit, where he had been housed before. In the
6 intervening period before his medications were restarted, he began experiencing increased
7 auditory hallucinations and other symptoms of his psychiatric disabilities. His
8 decompensation could have been prevented if he had received his medications at his
9 booking, rather than several days later.

10 120. Upon information and belief, Defendants fail to maintain adequate, accurate,
11 and confidential mental health care records. For example, upon information and belief,
12 psychiatrists often change prisoners' medications without documenting a clinical rationale.
13 Upon information and belief, psychiatrists also fail to document their justification and
14 reasoning for changing the diagnosis and treatment plans for prisoners returning to the Jail
15 from psychiatric hospitals. As a result of Defendants' failure to maintain adequate mental
16 health care records, prisoners suffer from a substantial risk of misdiagnosis, dangerous
17 mistakes, and unnecessary delays in care.

18 121. Upon information and belief, Defendants fail to request and/or obtain
19 medical files from outside providers for significant periods of time after the prisoner's
20 arrival at the Jail (if at all). Defendants' repeated failures to timely obtain medical records
21 from outside providers or pharmacies reduces the quality of care, as mental health staff
22 must then treat prisoners without pertinent background information which significantly
23 increases the risk of misdiagnosis, mistreatment, and harm and places prisoners at an
24 increased risk of harm.

25 122. Prisoners' mental health records kept by Defendant BHCS usually contain no
26 records of any community care, even when a prisoner discloses a history of psychiatric
27 care in the community, and even when Defendants note such prior treatment history in a
28 prisoner's mental health records. When a prisoner is transferred out of the Jails for care,

1 Defendants fail to obtain records of that care even long after the prisoner has returned to
2 the Jails.

3 123. The Jails lack adequate facilities to conduct mental health encounters and
4 routinely conduct rushed mental health encounters in spaces that lack any confidentiality
5 or patient privacy. At Glenn Dyer, mental health consultations took place in a prisoner's
6 pod or in the adjacent dayroom, spaces which lack privacy and confidentiality. Custody
7 deputies were present and could see and hear the full interaction, and other prisoners,
8 including the patient's pod-mates, could observe the encounter as well. At Santa Rita,
9 mental health encounters either similarly occur cell-front, on-unit or sometimes in the
10 hallway near the central clinic, locations which all lack confidentiality and patient privacy.
11 Prisoners who have requested confidential encounters during cell-door visits have been
12 told that there is not enough custody staff to provide private meetings. The lack of
13 confidentiality creates great risks of harm, as Defendants put prisoners to the impossible
14 choice between seeking help in a mental health crisis and disclosing mental health and
15 medical issues in front of deputies and other prisoners, making them vulnerable to
16 victimization.

17 124. Defendants are well aware of the serious dangers caused by the lack of
18 confidential treatment space for mental health encounters. In 2015, the Sheriff's Office
19 applied for construction financing funding pursuant to California Senate Bill 863. Those
20 application materials openly acknowledge the lack of sufficient facilities at Santa Rita and
21 state that: "The layout of [Santa Rita] stretches one-half mile in length, requiring
22 extensive movement between housing units and program and treatment areas within the
23 jail. This design is not conducive to providing programming and treatment services in
24 many ways. ... Approximately 20-25% of [Santa Rita] inmates have been identified as
25 having some form of mental illness. Out of the more than 1 million square feet of building
26 space within [Santa Rita], only 1,025 square feet of it was designed as a Mental Health
27 Clinic for mental health services and treatment. The limited space restricts the overall
28 number of inmates that can be served. Often times, staff are forced to use a card table in

1 the open hallway to conduct what should be confidential interviews Due to limited
2 space within [Santa Rita], the clinic spaces are shared with other jail services, further
3 impacting the delivery of mental health services by limited availability and access to
4 interview rooms. Due to the limited mental health space, counseling appointments for
5 many inmates occur with mental health clinicians in the housing units, meeting in the
6 common dining area at a stainless steel dining table with a deputy standing nearby. ...
7 There is little privacy or confidentiality, as other inmates in the housing unit can see
8 through their cell door windows or the pod windows that the inmate is speaking with
9 somebody who is recognizable as a mental health worker and the deputy providing
10 security for the staff member is within hearing distance. The environment is not
11 appropriate for therapeutic care and is not conducive for the inmate to speak openly with
12 the mental health professional. Housing unit operations are additionally impacted during
13 these appointments since all inmate movement in this area of the housing unit is suspended
14 to provide as much privacy and confidentiality as possible for the inmate as well as for the
15 safety of all present. The conditions described above contribute to inmates refusing mental
16 health services.” Those conditions have not changed materially in the intervening three
17 years since the report.

18 125. These conditions undermine the efficacy of what mental health care is
19 provided at the Jails. For example, Plaintiff WASHINGTON, who had appointments only
20 lasting a few minutes with mental health staff in the common area outside of his pod, was
21 laughed at by a deputy who was eavesdropping on his conversation with mental health
22 staff as he was describing childhood sexual abuse and being underfed. Since that
23 appointment, WASHINGTON was afraid to talk to mental health staff about his trauma.

24 126. Plaintiff NAVARRO for a time refused mental health appointments at her
25 cell door because she did not want her entire unit to know about her mental health needs.

26 127. Plaintiff KEEGAN-HORNSBY’s meetings with mental health staff also
27 occurred within earshot of deputies, and he therefore did not feel comfortable discussing
28 conditions at Santa Rita with mental health staff because he feared retaliation by deputies

1 who mistreat him.

2 128. Upon information and belief, staff who do not have adequate training
3 regarding how to treat mental health issues attempt to interact with prisoners on their own,
4 and end up resorting to use of physical force and/or violence to control prisoners.
5 Prisoners with severe mental illness have been beaten up by deputies for conduct caused
6 by their conditions. Plaintiff KEEGAN-HORNSBY was threatened by a deputy while on
7 suicide watch, who told him he would “smash his face with [his] shield.” Plaintiff
8 WASHINGTON has been told that “mentals don’t need classes” when he has asked for
9 programming. Multiple prisoners at the County Jails have reported deputies using racial
10 epithets against them, and threatening other actions if they file grievances about said
11 deputies’ conduct or other conditions at the County Jails

12 129. Defendants house prisoners with psychiatric disabilities in highly restrictive
13 isolation units and offer them no group programming or group therapy of any kind. The
14 lack of structured out-of-cell time falls far below the standard of care, and places prisoners
15 with psychiatric disabilities at an increased risk of serious harm.

16 130. For acutely and chronically mentally ill prisoners, the standard of care
17 requires psychosocial rehabilitation services, which include structured out-of-cell
18 programming that addresses their symptoms of mental illness, reduces their isolation, and
19 promotes compliance with treatment and medications. Without this care, seriously
20 mentally ill prisoners are at an unreasonable risk of decompensating and of not responding
21 fully to the treatment they do receive. This deterioration can have many damaging effects,
22 including increased symptoms and non-response to future treatment. Defendants fail to
23 provide these services to prisoners with psychiatric disabilities and thereby put them at an
24 increased risk of harm due to the worsening of their disabilities.

25 131. Prisoners who rely on treatments other than psychiatric medication receive
26 no meaningful mental health care at the Jails. Plaintiff JONES has a history of mental
27 health conditions and has been diagnosed with bipolar disorder, but does not take
28 psychiatric medications. He was been housed in Housing Unit 09 for most or all of his

1 time at Santa Rita. In the community, JONES manages his bipolar disorder through non-
2 psychopharmacological means, such as diet and exercise. At Santa Rita, no meaningful
3 forms of non-psychopharmacological treatment are available to JONES. On a prior
4 incarceration, the lack of non-psychopharmacological treatment caused JONES to
5 decompensate and to experience a psychiatric crisis, leading to an emergency hospital
6 transfer. JONES was held in isolation without access to appropriate treatment. JONES
7 had no access to the activities, programs, and services offered to general population
8 prisoners, including religious services and educational programs, because they were not
9 offered in Housing Unit 09. JONES was not been able to go outside in over a year for
10 recreation or exercise.

11 132. When prisoners interact with mental health clinicians, the encounters are
12 superficial, and non-confidential. The encounters are also extremely brief, usually lasting
13 only around five minutes. No therapy is provided. Clinicians typically ask little more than
14 “are you suicidal?” and “have you been taking your medications?”

15 133. Plaintiff NAVARRO is supposed to see mental health every month but
16 sometimes goes longer without seeing anyone. These appointments last less than five
17 minutes and have not been helpful to NAVARRO because such a short amount of time is
18 not even sufficient to describe her mental health history, much less to address issues which
19 she is currently experiencing. Plaintiffs BELL and JOHNSON only saw mental health
20 approximately once per month for ten minutes or less, which was not enough time for
21 either of them to explain how they are feeling. Despite being on IOL, Plaintiff BABU
22 sometimes went an entire month without seeing mental health staff and when he did see
23 them the encounters were very brief. Plaintiff WASHINGTON sees mental health staff
24 approximately once a week but for mere minutes at a time and whenever they meet there
25 are deputies standing nearby who can hear everything he says.

26 134. Defendants fail to provide adequate and timely mental health care to
27 prisoners who are experiencing psychiatric crisis. At Glenn Dyer, when a prisoner
28 disclosed that he or she was having a psychiatric crisis, prisoners are transferred to Santa

1 Rita to see a psychiatrist instead of promptly being evaluated by a qualified mental health
2 provider at Glenn Dyer. Prisoners who are transported from Glenn Dyer for mental health
3 care may spend hours sitting in a booking cell before being transferred to a housing unit in
4 order to receive care. Prisoners then may wait for several more hours before being able to
5 have a brief consultation with a mental health professional and then getting sent back to
6 Glenn Dyer. As a result, prisoners held at Glenn Dyer often avoided seeking help for
7 mental health issues to avoid going through the drawn out and frequently traumatic process
8 of transferring between the Jails and sitting and waiting for many hours. The fact that
9 mental health services were not provided at Glenn Dyer puts prisoners held there at
10 increased risk of harm due to the drawn out process they must go through in order to
11 access basic mental health services.

12 135. Defendants fail to timely respond to emergency calls for help from prisoners
13 in crisis. The cells at Glenn Dyer lack any call button for prisoner emergencies. While the
14 cells at Santa Rita are equipped with call buttons, many are non-functional or went ignored
15 by custody staff when activated by prisoners in crisis.

16 136. Deputies did not respond to Plaintiff JOHNSON and did not check on him
17 when he presses the emergency button in his cell because he needs to see mental health
18 urgently. Plaintiff BABU, who was on IOL, was only checked on by staff once an hour
19 despite the fact that he expressed a desire to harm himself. When BABU pressed the
20 emergency button in his cell to request immediate medical or mental health assistance,
21 deputies told him to wait until pill call to ask medical staff for assistance

22 137. Defendants fail to identify, treat, track, and supervise prisoners who are at
23 risk for suicide. Defendants' policies and practices for screening, supervising, and treating
24 prisoners at risk for suicide are inadequate.

25 138. These shortcomings in Defendants suicide prevention and treatment
26 programs have had tragic consequences. According to figures maintained by the
27 California Department of Justice, from 2014 to 2017 at least 30 individuals have died
28 while incarcerated in the Jails. Of those deaths, 12 were classified as suicides. Since 2017,

1 there has been at least one suicide and many more attempted suicides at the Jails. The rate
2 of suicides at the Jail is nearly twice the national average for jail facilities.

3 139. Upon information and belief, Defendants do not adequately train custody
4 staff to identify prisoners who are at risk of suicide and respond appropriately to prisoners
5 who are exhibiting suicidal tendencies, putting them at increased risk of harm. This is
6 especially problematic because custody staff, both during the intake process and for the
7 duration of a prisoner's time in the Jail, have the primary responsibility for alerting mental
8 health staff when a prisoner is suicidal.

9 140. Defendants routinely fail to identify and track prisoners who are at risk for
10 suicide. Logan Masterson was suicidal when he arrived at the Santa Rita on April 4, 2018.
11 According to a Sherriff's Office Incident Report, Mr. Masterson was initially placed on
12 suicide watch in a safety cell. The morning of April 6, 2018, Mr. Masterson was rehoused
13 to Administrative Segregation in Housing Unit 02. The conditions in this isolation unit
14 place prisoners at increased risk of harm, including suicide. There, Mr. Masterson was
15 housed alone in a single cell containing a bunk bed. On April, 7, 2018, Mr. Masterson
16 committed suicide by hanging himself in his cell by his bed sheets, which he tied to the top
17 bunk.

18 141. Less than two hours before his suicide, at about 2:45 PM, Mr. Masterson was
19 observed engaging in strange behavior, flooding his cell by clogging the toilet and/or sink
20 in his cell and causing water to pool inside his cell and leak out into the area surrounding
21 his cell. At this time, Mr. Masterson had also partially covered the window into his cell
22 with wet toilet paper. Custody officers observed this behavior, but did not contact mental
23 health staff, intervene, or question Mr. Masterson about his state. Instead, custody staff
24 simply ordered the water to be turned off in Mr. Masterson's cell. At about 3:20 PM, a
25 custody officer conducted a cursory observation check on Mr. Masterson, but his view of
26 Mr. Masterson was "obstructed" and he "could not tell what Masterson was doing." At
27 this time, the cell was thoroughly contaminated with feces, and "[t]here was fecal matter
28 on the walls, floor, and window of the cell." Despite having no clear view of

1 Mr. Masterson, despite the horrific condition of Mr. Masterson's cell, despite Mr.
2 Masterson's strange behavior, and despite Mr. Masterson's having been on suicide watch
3 fewer than 36 hours earlier, the custody officer "did not spend more than a few seconds
4 looking in the direction of [Mr. Masterson's] cell." Over an hour then passed without any
5 safety check being performed on Mr. Masterson. At about 4:29 PM, Mr. Masterson was
6 found dead in his cell. Before he died, Mr. Masterson told other prisoners in his pod that
7 he "wanted to talk to mental health but he said the Housing Unit technician did not respond
8 to his intercom button."

9 142. Another prisoner, Jesus Dametrius Dickey, died in his Santa Rita cell on
10 June 27, 2018 from water intoxication. According to the Coroner's report, Mr. Dickey had
11 a history of schizophrenia and likely suffered psychogenic polydipsia (excessive thirst
12 caused by his mental illness). Despite his diagnosis, he was housed in an Administrative
13 Segregation unit instead of the Behavioral Health unit. Unsupervised and housed in
14 isolation, he drank so much water that he died.

15 143. Defendants routinely house suicidal and seriously mentally ill prisoners in
16 conditions that result in further deterioration of their mental health in violation of standards
17 of minimally adequate mental health care and basic human dignity. Rather than
18 individually determining the least restrictive environment in which a suicidal prisoner can
19 be safely housed, Defendants have a policy and practice of placing prisoners with serious
20 psychiatric disabilities in safety cells. The safety cells are single cells with no furnishings,
21 toilets, or (in most cases) windows for outside light. The only features of the cell are the
22 door, which has a slot through which food can be delivered, and a grate in the floor that
23 serves as the toilet. Without toilet paper in these cells, and no way to wash, feces makes
24 its way across the cell, on the floors, and walls. When housing a prisoner in a safety cell,
25 Defendants routinely remove all of the prisoner's clothing, leaving the prisoner naked in
26 the room. In some instances, Defendants permit a prisoner to have a tear-proof smock to
27 wear and nothing else. There is no mattress or pad, let alone a bed, in the safety cells for
28 prisoners to sit or sleep on. Prisoners are thus forced to sit, sleep, and eat on the same

1 cold, dirty floor on which the grate for the toilet is located. Defendants' improper use
2 safety cells places prisoners with psychiatric disabilities at an increased and unreasonable
3 risk of harm.

4 144. The safety cells are rarely cleaned when a prisoner is being housed in one of
5 the cells and are not cleaned sufficiently once a prisoner is released from the cell. These
6 conditions are traumatic for all prisoners, but especially for those who are already
7 experiencing severe mental health symptoms. Suicidal prisoners perceive the safety cells
8 as a method of punishment which dissuades them from telling staff they are suicidal.

9 145. For example, Plaintiff WASHINGTON experienced dungeon-like conditions
10 in one of Santa Rita's safety cells. WASHINGTON was placed in a safety cell because he
11 was suicidal and that cell was cold, dark and smelled like feces. WASHINGTON
12 perceived the safety cell to be punishment and no longer reports suicidal feelings to mental
13 health staff because he fears being returned to a safety cell.

14 146. Plaintiff NAVARRO, who was suicidal and held in two different safety cells
15 in the span of 24 hours, was moved from one to another wearing only a safety vest, and
16 describes her experience in the safety cells the most humiliating and degrading experience
17 of her entire life. She does not intend to report suicidality to mental health again to avoid
18 being sent back to the safety cell.

19 147. Plaintiff WASHINGTON was held in a safety cell that was covered in feces,
20 blood, and urine. His clothes were removed and he was only given a safety vest to wear
21 without underwear, shoes, or socks. WASHINGTON hopes to never go back to a safety
22 cell ever again.

23 148. Plaintiff JOHNSON was held in a safety cell in these same conditions for
24 approximately three to four days.

25 149. Plaintiff KEEGAN-HORNSBY was also held in a safety cell, which felt like
26 he was being punished for being suicidal. Because of his experience he was afraid to tell
27 staff if he feels suicidal because he did not want to go back to the safety cell.

28

1 150. Defendants exacerbate the psychological trauma prisoners with psychiatric
2 disabilities experience in isolation by failing to provide them with necessary mental health
3 care while they are there. These prisoners do not receive sufficient contact with mental
4 health providers (if they receive mental health care at all). And, the harsh conditions of
5 their confinement render less effective the minimal treatment they do receive. As a result,
6 they are put at an increased risk of harm because the conditions in isolation can cause their
7 symptoms, including suicidality, to escalate and force them to stay in isolation even longer.

8 151. Upon information and belief, when prisoners are housed in isolation, all of
9 the prisoner's interactions with mental health care staff take place at the cell front door
10 through the handcuffing port; none of the interactions are face to face without barriers.
11 While Defendants may consider safety cells "safe" for suicidal and seriously mentally ill
12 prisoners, in fact the safety cells lack any therapeutic value, and do not replace the need for
13 psychiatric hospitalization and treatment.

14 152. By policy, mental health staff are required only to evaluate an inmate placed
15 in a safety cell 8 hours after the placement, and every 24 hours after that. But even this
16 inadequate policy is not followed, and prisoners placed in safety cells may go more than 30
17 hours without any contact or evaluation by mental health staff. Jail staff then abruptly
18 release these inmates back to their housing units without the administration of any
19 objective suicide risk assessment tool, without close monitoring of their symptoms, and
20 without a timely follow-up appointment with a clinician, thereby putting the prisoners at
21 increased risk of harm.

22 153. Prisoner records show frequent use by mental health staff of "safety
23 contracts" in an attempt to prevent self-injurious behavior. These "contracts" are
24 ineffective, and can result in a false and dangerous sense of comfort. They are not a
25 substitute for adequate mental health evaluation, suicide risk assessment and appropriate
26 treatment planning.

27 154. Defendants fail to sufficiently observe prisoners who have been identified as
28 being at risk of suicide, including prisoners who have been placed in safety cells.

1 Specifically, Defendants lack any policy or procedure for, and therefore fail to provide,
2 constant observation of prisoners who are actively suicidal, either threatening to or
3 engaging in the act of suicide.

4 155. Defendants fail to ensure by policy and practice that mental health care staff
5 are consulted prior to placing a prisoner in a safety cell and before a prisoner is released
6 from a safety cell. Upon information and belief, by not adequately involving mental health
7 care staff in the decision to put prisoners in a safety cell, Defendants overuse the safety
8 cells and place prisoners who do not require exposure to the punitive conditions of the
9 safety cells to those conditions. Upon information and belief, by not adequately involving
10 mental health care staff in the decision to release prisoners from safety cells, Defendants
11 increase the risk that a prisoner who still requires enhanced monitoring and intervention
12 will be placed back into housing conditions where they are not monitored as closely and
13 are more able to engage in self-harm.

14 156. Defendants fail to adequately follow up with, monitor, and treat prisoners
15 who have been released from safety cells. Logan Masterson committed suicide while
16 housed in isolation in Housing Unit 02 fewer than 36 hours after being released from a
17 safety cell, where he had been placed due to suicidality.

18 157. Suicide hazards are rife at Santa Rita, where all of the cells in the
19 Administrative Segregation units and the Behavioral Health unit contain bunk beds. In the
20 Administrative Segregation units, this is true despite these cells being occupied by only
21 one prisoner. These bunk beds are an easy hanging point and have been used by prisoners
22 to attempt and commit suicide at Santa Rita, but even prisoners specifically placed on
23 suicide watch may be left alone in these cells.

24 158. Defendants have knowledge of the substantial risk of harm caused by
25 inadequate suicide prevention and treatment policies and practices in the Jails, but have
26 failed to take steps to prevent, or even to diminish, the harmful effects of these unlawful
27 policies and practices. Defendants are thus deliberately indifferent to the risk of harm to
28 prisoners created by their failure to operate a constitutionally adequate suicide prevention

1 and treatment program.

2 159. Upon information and belief, Santa Rita's Behavioral Health Unit, Unit 09,
3 is overcrowded and this has caused custody and mental health staff to improperly remove
4 prisoners' "mentally disordered status" and rehouse them in general population, without
5 any actual improvement in mental health.

6 160. Defendants fail to maintain sufficient numbers of mental health care
7 professionals to provide minimally adequate care to the nearly 3,000 prisoners in the Jails.
8 The understaffing of mental health staff at the Jails exacerbates the problems caused by
9 inadequate mental health treatment and lack of appropriate treatment space. Upon
10 information and belief, the small number of scheduled encounters with clinicians are
11 frequently cancelled or rescheduled due to overbooking. Many cancelled appointments are
12 never rescheduled, even where a prisoner is in present need of treatment.

13 161. The Jail's low staffing levels result in mental health care staff being unable
14 to timely respond to prisoners' requests for psychiatric evaluations and treatment, to
15 adequately screen, track, monitor, and provide follow-up care to prisoners who are
16 suffering from serious mental illnesses, and to provide adequate group and individual
17 therapy. Upon information and belief, Defendants often place such prisoners in safety
18 cells until mental health care staff are available to see them.

19 162. The Jail fails to staff sufficient deputies to enable prisoners to access mental
20 health services and other programs available at the Jails. Plaintiffs have repeatedly been
21 denied access to mental health care because no deputies were available to allow mental
22 health professions to access Plaintiffs for treatment, including on their unit or at their cell
23 door.

24 163. Defendants have failed to adequately protect prisoners from COVID-19,
25 While Defendants have devised some policies that are intended to reduce the spread of
26 COVID-19 at Santa Rita Jail, such policies have not been faithfully executed. For example,
27 upon his inspection of the facility, neutral expert Michael Brady observed kitchen workers
28 and supervisors not wearing masks or social distancing, and was informed by several

1 inmates “that they were not given adequate cleaning supplies or given an opportunity to
 2 clean their cells.” Ex. x at 7, 10. Additionally, upon information and belief quarantine and
 3 medical isolation procedures have not been properly followed allowing COVID-19 to
 4 continue to spread through the Jail. Defendants have also refused to test individuals upon
 5 request, before they are moved to different units or pods, and to re-test positive patients to
 6 confirm they no longer have the virus. As a result of Defendants’ misconduct, the
 7 numbers of inmates testing positive for the virus continues to rise. Indeed, the number of
 8 positive COVID-19 cases in the facility increased from 2 on July 4, to 106 on July 20,
 9 2020.

10 164. The spread of coronavirus in the jail “triggers reductions in out of
 11 cell time, programming, and mental health services causing significant additional harm to
 12 our class members. Additionally, ... class members with serious mental illness are at a
 13 higher risk for COVID-19 because they ‘are more likely to be perceptually impaired and
 14 have more difficulty in identifying their symptoms, explaining their symptoms to staff,
 15 and in following instructions related to the use of masks or social distancing.’” Joint
 16 Response to Summary Order Following April 17 Status Hearing Re: COVID-19
 17 Response, *Babu*, Case No. 18-cv-07677 NC, Dkt. 120 at p. 5 (May 6, 2020) (quoting
 18 CDC Guidance, People with Disabilities, dated April 6, 2020 available at:
 19 [https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-withdisabilities.html)
 20 [withdisabilities.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-withdisabilities.html)). Accordingly, *Babu* Plaintiffs Santa Rita Jail’s coronavirus policies
 21 and practices have a profound and likely dangerous impact on *Babu* class members and
 22 put them at significant risk of serious harm or even death. At least one inmate and one
 23 staff member have already been hospitalized and, without action, it is only a matter of
 24 time before hospitalizations and deaths increase.

25 CLASS ACTION ALLEGATIONS

26 Prisoner Class

27 165. All Plaintiffs bring this action on their own behalf and, pursuant to Rule
 28 23(a) and (b)(2) of the Federal Rules of Civil Procedure, on behalf of a class of all adult

1 men and women who are now, or will be in the future, incarcerated in the Alameda County
2 Jails (“Prisoner Class”).

3 Numerosity: Fed. R. Civ. P. 23(a)(1)

4 166. The Prisoner Class is sufficiently numerous that joinder of all members of
5 the class is impracticable and unfeasible. Currently, there are more than 2,000 prisoners in
6 the Jails, as well as thousands of individuals either in CDCR custody or in the community
7 on probation, mandatory supervision, home confinement, and Post-Release Community
8 Supervision (“PRCS”), all of whom are subject to being returned to the Jails at any time on
9 an alleged violation or revocation of their supervision or to participate in civil or criminal
10 court proceeding. In addition, the class is fluid as new prisoners enter the Jails and others
11 are released on a daily basis. All prisoners in the Jails are subject to Defendants policies
12 and procedures regarding the use of isolation and the provision of mental health care. Due
13 to these policies and procedures, all prisoners in the Jails are currently harmed or are at
14 substantial risk of being harmed, by excessive placement in isolation without due process
15 and all prisoners in the Jails receive or are at substantial risk of receiving inadequate
16 mental health care.

17 167. The Prisoner Class members are identifiable using records maintained in the
18 ordinary course of business by Defendants.

19 Commonality: Fed. R. Civ. P. 23(a)(2)

20 168. There are multiple questions of law and fact common to the Prisoner Class,
21 including, but not limited to:

22 a. Whether Defendants’ use of isolation violates the Due Process Clause
23 of the Fourteenth Amendment and the Cruel and Unusual Punishment Clause of the of the
24 Eighth Amendment to the United States Constitution, and Article I, Sections 7 and 17 of
25 the California Constitution;

26 b. Whether Defendants’ policies and practices regarding classification to
27 isolation units violates the Due Process Clause of the Fourteenth Amendment and Article I,
28 Section 7 of the California Constitution;

1 c. Whether Defendants' policies and practices of not providing a
2 housing environment free of debilitating and inhumane conditions to prisoners subjected to
3 isolation poses a substantial risk of serious harm

4 d. Whether Defendants have been deliberately indifferent to the Prisoner
5 Class members' risk of injury and harm from the debilitating isolation and inhumane
6 conditions to which they are subjected.

7 e. Whether Defendants' failure to provide minimally adequate mental
8 health care to prisoners violates the Due Process Clause of the Fourteenth Amendment and
9 the Cruel and Unusual Punishment Clause of the Eighth Amendment to the United States
10 Constitution, and Article I, Sections 7 and 17 of the California Constitution.

11 f. Whether Defendants' failure to operate a system that provides
12 minimally adequate mental health care poses a substantial risk of harm.

13 g. Whether Defendants have been deliberately indifferent to the serious
14 mental health care needs of class members.

15 169. Defendants are expected to raise common defenses to these claims, including
16 denying that their actions violate the law.

17 Typicality: Fed. R. Civ. P. 23(a)(3)

18 170. The claims of the named Plaintiffs are typical of the claims of the members
19 of the proposed class as their claims arise from the same policies, practices, and courses of
20 conduct, and their claims are based on the same theory of law as the Prisoner Class claims.

21 Adequacy: Fed. R. Civ. P. 23(a)(4)

22 171. Plaintiffs will fairly and adequately represent and protect the interests of the
23 putative Prisoner Class members and diligently service as Class Representatives.
24 Plaintiffs' interests are co-extensive with those of the Prisoner Class and Plaintiffs have no
25 conflict(s) of interest that would be antagonistic to those of the other class members.
26 Plaintiffs have retained counsel who are competent and experienced in complex class
27 action litigation and prisoner's rights litigation and who possess the resources necessary to
28 fairly and adequately represent the Prisoner Class.

Fed. R. Civ. P. 23(b)

172. This action is also maintainable as a class action pursuant to Federal Rule of Civil Procedure 23(b)(2) because Defendants policies, practices, actions, and omissions that form the basis of the claims of the Prisoner Class are common to and apply generally to all members of the Prisoner Class. All of the Jails' policies are centrally promulgated, disseminated, and enforced by Defendants. The injunctive and declaratory relief sought is appropriate and will apply as a whole to all members of the Prisoner Class.

Prisoners with Disabilities Subclass

173. All Plaintiffs bring this action on their own behalf and, pursuant to Rule 23(a), and (b)(2) of the Federal Rules of Civil Procedure, on behalf of a subclass of all qualified individuals with a psychiatric disability, as that term is defined in 42 U.S.C. § 12102, 29 U.S.C. § 705(9)(B), and California Government Code § 12926(j) and (m), and who are now, or will be in the future, incarcerated in the Alameda County Jails ("Disability Subclass").

Numerosity: Fed. R. Civ. P. 23(a)(1)

174. The Disability Subclass is sufficiently numerous that joinder of all members of the subclass is impracticable and unfeasible. The exact number of members of the Prisoners with Disabilities Subclass is unknown. The Sheriff's Office estimates that 20-25% of the more than 2,000 prisoners at Santa Rita have a mental illness and are therefore qualified individuals with disabilities as that term is defined in 42 U.S.C. § 12102, 29 U.S.C. § 705(9)(B), and California Government Code § 12926(j) and (m). In addition, the Disability Subclass is fluid, as new prisoners with psychiatric disabilities enter the Jails and others are released.

175. The Disability Subclass members are identifiable using records maintained in the ordinary course of business by Defendants.

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Commonality: Fed. R. Civ. P. 23(a)(2)

176. There are questions of law and fact common to the Disability Subclass, including, but not limited to:

a. Whether Defendants' policies and practices deny prisoners with psychiatric disabilities meaningful access to the benefits of the services, programs, or activities of a public entity.

b. Whether Defendants' failure to reasonably accommodate prisoners with psychiatric disabilities violates the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and California Government Code § 11135.

c. Whether Defendants' failure to house prisoners with psychiatric disabilities in the most integrated setting appropriate to their needs violates the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and California Government Code § 11135.

d. Whether Defendants' housing policies and practices discriminate against prisoners with psychiatric disabilities in violation of the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and California Government Code § 11135.

177. Defendants are expected to raise common defenses to these claims, including denying that their actions violate the law.

Typicality: Fed. R. Civ. P. 23(a)(3)

178. The claims of the named Plaintiffs BABU, BELL, KEEGAN-HORNSBY, JOHNSON, JONES, NAVARRO, and WASHINGTON are typical of the claims of the members of the proposed class as their claims arise from the same policies, practices, and courses of conduct, and their claims are based on the same theory of law as the Disability Subclass claims.

Adequacy: Fed. R. Civ. P. 23(a)(4)

179. Plaintiffs BABU, BELL, KEEGAN-HORNSBY, JOHNSON, JONES, NAVARRO, and WASHINGTON will fairly and adequately represent and protect the

1 interests of the putative Disability Subclass members and diligently service as
 2 representatives of the proposed subclass. Plaintiffs' interests are co-extensive with those
 3 of the subclass and Plaintiffs have no conflict(s) of interest that would be antagonistic to
 4 those of the other subclass members. Plaintiffs have retained counsel who are competent
 5 and experienced in complex class action litigation and prisoner's rights litigation and who
 6 possess the resources necessary to fairly and adequately represent the Disability Subclass.

7 Fed. R. Civ. P. 23(b)(2)

8 180. This action is also maintainable as a class action pursuant to Fed. R. Civ. P.
 9 23(b)(2) because Defendants policies, practices, actions, and omissions that form the basis
 10 of the claims of the Disability Subclass are common to and apply generally to all members
 11 of the proposed subclass. All of the Jails' policies regarding prisoners with psychiatric
 12 disabilities are centrally promulgated, disseminated, and enforced by Defendants. The
 13 injunctive and declaratory relief sought is appropriate and will apply as a whole to all
 14 members of the Disability Subclass.

15 **FIRST CAUSE OF ACTION**
 16 **(Eighth Amendment to the United States Constitution, 42 U.S.C. § 1983)**
 17 **(ALL PLAINTIFFS and the Prisoner Class**
Against ALL DEFENDANTS)

18 181. Plaintiffs re-allege and incorporate by reference herein all allegations
 19 previously made above.

20 182. By their policies and practices described above, Defendants subject Plaintiffs
 21 and the Prisoner Class they represent, to a substantial risk of serious harm and injury from
 22 the harmful and inhumane effects of prolonged isolation, the denial of due process in
 23 relationship to classification and housing decisions, inadequate mental health care and
 24 inadequate protection from the serious health consequences of exposure to COVID-19.
 25 Defendants further subject Plaintiffs and the Prisoner Class to a substantial risk of serious
 26 harm and injury from the way Defendants use safety cells and isolation, including harm
 27 caused by the conditions of confinement which provide for inadequate physical exercise
 28 and programming, inadequate mental health treatment, and extreme social isolation and

1 environmental deprivation. These policies and practices have been, and continue to be,
 2 implemented by Defendants and their agents, officials, employees and all persons acting in
 3 concert with them under color of state law, in their official capacities, and are the
 4 proximate cause of Plaintiffs' and the Prisoner Class' ongoing deprivation of rights
 5 secured by the United States Constitution under the Eighth Amendment.

6 183. By their policies and practices and the inconsistent implementation and
 7 oversight of same, Defendants subject Plaintiffs and the Prisoner Class they represent, to a
 8 substantial risk of serious harm from the provision of inadequate mental health care and
 9 expose Plaintiffs and the Class and Subclass to significant risk of harm from exposure to
 10 COVID-19. These policies and practices have been, and continue to be, implemented by
 11 Defendants AHERN and TRIBBLE and their agents, officials, employees and all persons
 12 acting in concert with them under color of state law, in their official capacities, and are the
 13 proximate cause of Plaintiffs' and the Prisoner Class' ongoing deprivation of rights
 14 secured by the United States Constitution under the Eighth Amendment.

15 184. The policies, practices and customs described above are the official policies,
 16 practices and customs of Defendant COUNTY OF ALAMEDA, and are the direct and
 17 proximate cause of Plaintiffs being subjected to known risks of serious harms in violation
 18 of the Eighth Amendment. The policies, practices and customs described above include
 19 Defendant COUNTY OF ALAMEDA's failure to train its staff in the face of an obvious
 20 need for training to prevent the violations described above.

21 185. Defendants have been and are aware of all of the deprivations complained of
 22 herein, and have condoned or been deliberately indifferent to such conduct.

23 WHEREFORE, Plaintiffs and the Prisoner Class they represent request relief as
 24 outlined below.

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SECOND CAUSE OF ACTION

(Fourteenth Amendment to the United States Constitution, 42 U.S.C. § 1983)

(ALL PLAINTIFFS and the Prisoner Class Against ALL DEFENDANTS)

186. Plaintiffs re-allege and incorporate by reference herein all allegations previously made above.

187. Placement in isolation imposes an atypical, substantial, and different hardship on the prisoner in relation to the ordinary incidents of incarcerated life, so as to create a liberty interest protected by due process. By their policies and practices described above, Defendants subject Plaintiffs and the Prisoner Class they represent, to a substantial risk of harm due to the denial of due process in relationship to classification and housing decisions, including placement in isolation and the use of safety cells, and inadequate protection from the serious health consequences of exposure to COVID-19. These policies and practices have been, and continue to be, implemented by Defendants and their agents or employees in their official capacities, and are the proximate cause of Plaintiffs' and the Prisoner Class's ongoing deprivation of rights secured by the United States Constitution under the Fourteenth Amendment.

188. The policies, practices and customs described above are the official policies, practices and customs of Defendant COUNTY OF ALAMEDA, and are the direct and proximate cause of Plaintiffs being subjected to known risks of serious harms in violation of the Eighth Amendment. The policies, practices and customs described above include Defendant COUNTY OF ALAMEDA's failure to train its staff in the face of an obvious need for training to prevent the violations described above.

189. Defendants have been and are aware of all of the deprivations complained of herein, and have condoned or been deliberately indifferent to such conduct.

WHEREFORE, Plaintiffs and the Prisoner Class they represent request relief as outlined below.

THIRD CAUSE OF ACTION

(Article I, Section 7 of the California Constitution)

(ALL PLAINTIFFS and the Prisoner Class Against ALL DEFENDANTS)

190. Plaintiffs re-allege and incorporate by reference herein all allegations previously made above.

191. Placement in isolation imposes an atypical, substantial, and different hardship on the prisoner in relation to the ordinary incidents of incarcerated life, so as to create a liberty interest protected by due process. By their policies and practices described above, Defendants subject Plaintiffs and the Prisoner Class they represent, to a substantial risk of harm due to the denial of due process in relationship to classification and housing decisions, including placement in isolation and the use of safety cells, and inadequate protection from the serious health consequences of exposure to COVID-19. These policies and practices have been, and continue to be, implemented by Defendants and their agents or employees in their official capacities, and are the proximate cause of Plaintiffs' and the Prisoner Class' ongoing deprivation of rights secured by the California Constitution, Article I, Section 7.

192. Defendants have been and are aware of all of the deprivations complained of herein, and have condoned or been deliberately indifferent to such conduct.

WHEREFORE, Plaintiffs and the Prisoner Class they represent request relief as outlined below.

FOURTH CAUSE OF ACTION

(Article I, Section 17 of the California Constitution)

(ALL PLAINTIFFS and the Prisoner Class Against ALL DEFENDANTS)

193. Plaintiffs re-allege and incorporate by reference herein all allegations previously made above.

194. By their policies and practices described above, Defendants subject Plaintiffs and the Prisoner Class they represent, to a substantial risk of serious harm and injury from the harmful and inhumane effects of prolonged isolation, the denial of due process in relationship to classification and housing decisions, inadequate mental health care and inadequate protection from the serious health consequences of exposure to COVID-19. Defendants further subject Plaintiffs and the Prisoner Class to a substantial risk of serious harm and injury from the way Defendants use safety cells and isolation, including harm caused by the conditions of confinement which provide for inadequate physical exercise and programming, inadequate mental health treatment, and extreme social isolation and environmental deprivation. These policies and practices have been, and continue to be, implemented by Defendants and their agents or employees in their official capacities, and are the proximate cause of Plaintiffs' and the Prisoner Class's ongoing deprivation of rights secured by the California Constitution, Article I, Section 17.

195. Defendants have been and are aware of all of the deprivations complained of herein, and have condoned or been deliberately indifferent to such conduct.

WHEREFORE, Plaintiffs and the Prisoner Class they represent request relief as outlined below.

FIFTH CAUSE OF ACTION

(Americans with Disabilities Act, 42 U.S.C. § 12132)

(Plaintiffs BABU, BELL, KEEGAN-HORNSBY, JOHNSON, JONES, NAVARRO,
and WASHINGTON and the Disability Subclass Against ALL DEFENDANTS)

196. Plaintiffs re-allege and incorporate by reference herein all allegations previously made above.

197. The Americans with Disabilities Act ("ADA") prohibits public entities, including Defendants from denying "a qualified individual with a disability ... the benefits of the services, programs, or activities of [the] public entity" because of the individual's disability. 42 U.S.C. § 12132. Defendants are legally responsible for all violations of the ADA committed by County staff and contractors who provide programs, services, or

1 activities, including but not limited to mental health care to prisoners in the Jails.

2 198. The ADA defines “a qualified individual with a disability” as a person who
3 suffers from a “physical or mental impairment that substantially limits one or more major
4 life activities,” including, but not limited to, “caring for oneself, performing manual tasks,
5 seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing,
6 learning, reading, concentrating, thinking, communicating, and working.” 42 U.S.C.
7 § 12102(1)(A), (2)(A). Plaintiffs BABU, BELL, KEEGAN-HORNSBY, JOHNSON,
8 JONES, NAVARRO, and WASHINGTON and members of the Disability Subclass are
9 individuals with disabilities as defined in the ADA, as they have mental impairments that
10 substantially limit one or more major life activities. Plaintiffs BABU, BELL, KEEGAN-
11 HORNSBY, JOHNSON, JONES, NAVARRO, and WASHINGTON are qualified – with
12 or without reasonable modifications – to participate in the programs, services, and
13 activities offered by Defendants and are therefore qualified individuals with disabilities
14 within the meaning of 42 U.S.C. §§ 12102, 12131, and 28 C.F.R. § 35.104.

15 199. The programs, services, and activities that Defendants provide to prisoners
16 include, but are not limited to, sleeping, eating, showering, toileting, communicating with
17 those outside the Jail by mail and telephone, exercising, entertainment, safety and security,
18 the Jail’s administrative, disciplinary, and classification proceedings, medical, mental
19 health, and dental services, library, educational, vocational, substance abuse treatment,
20 parenting classes, and anger management classes, and discharge services. Defendants’
21 programs, services, and activities are covered by the ADA.

22 200. Under the ADA, Defendants must provide prisoners with disabilities
23 reasonable accommodations and modifications to policies and procedures so that they can
24 avail themselves of and participate in all programs and activities offered by Defendants.

25 201. Congress directed the United States Department of Justice (“DOJ”) to write
26 regulations implementing Title II’s prohibition against discrimination. 42 U.S.C. § 12134.
27 Pursuant to this mandate, the DOJ has issued regulations defining the forms of
28 discrimination prohibited by Title II of the ADA. 28 C.F.R. § 35.101 *et seq.* These

1 regulations include regulations specific to adult detention and correctional facilities. 28
2 C.F.R. § 35.152.

3 202. A public entity must “administer services, programs, and activities in the
4 most integrated setting appropriate to” an individual’s needs and is therefore prohibited
5 from unnecessarily segregating or isolating the individual. 28 C.F.R. § 35.130(d). Public
6 entities responsible for the operation or management of adult detention and correctional
7 facilities “shall ensure that [prisoners] or detainees with disabilities are housed in the most
8 integrated setting appropriate to the needs of the individuals. Unless it is appropriate to
9 make an exception, a public entity—(i) Shall not place [prisoners] or detainees with
10 disabilities in inappropriate security classifications because no accessible cells or beds are
11 available; (ii) Shall not place [prisoners] or detainees with disabilities in designated
12 medical areas unless they are actually receiving medical care or treatment; (iii) Shall not
13 place [prisoners] or detainees with disabilities in facilities that do not offer the same
14 programs as the facilities where they would otherwise be housed; and (iv) Shall not
15 deprive [prisoners] or detainees with disabilities of visitation with family members by
16 placing them in distant facilities where they would not otherwise be housed.” 28 C.F.R. §
17 35.152(b)(2). Furthermore, a public entity may not “deny a qualified individual with a
18 disability the opportunity to participate in services, programs, or activities that are not
19 separate or different, despite the existence of permissibly separate or different programs or
20 activities.” 28 C.F.R. § 35.130(b)(2).

21 203. In providing any aid, benefit, or service, a public entity “may not . . . [d]eny
22 a qualified individual with a disability the opportunity to participate in or benefit from the
23 aid, benefit, or service,” “[a]fford a qualified individual with a disability an opportunity to
24 participate in or benefit from the aid, benefit, or service that is not equal to that afforded
25 others,” “[p]rovide a qualified individual with a disability with an aid, benefit, or service
26 that is not as effective in affording equal opportunity . . . as that provided to others,”
27 “[o]therwise limit a qualified individual with a disability in the enjoyment of any right,
28 privilege, advantage, or opportunity enjoyed by others,” or “provide different or separate

1 aids, benefits, or services to individuals with disabilities or to any class of individuals with
2 disabilities than is provided to others unless such action is necessary to provide qualified
3 individuals with disabilities with aids, benefits, or services that are as effective as those
4 provided to others.” 28 C.F.R. § 35.130(b)(1)(i)-(iv).

5 204. When Defendants house individuals with disabilities in isolation due to their
6 disabilities, Defendants deny Plaintiffs and the Disability Subclass the opportunity to
7 participate in services, programs, or activities that are in the most integrated setting
8 appropriate to their needs, that are as effective in affording equal opportunity as those
9 provided to others, and that are not separate or different from those offered to their
10 nondisabled peers.

11 205. A public entity may not (1) “impose or apply eligibility criteria that screen
12 out or tend to screen out an individual with a disability or any class of individuals with
13 disabilities from fully and equally enjoying any service, program, or activity, unless such
14 criteria can be shown to be necessary[.]” 28 C.F.R. § 35.130(b)(8); or (2) “utilize criteria
15 or methods of administration . . . that have the effect of subjecting qualified individuals
16 with disabilities to discrimination on the basis of disability . . . or the purpose or effect of
17 defeating or substantially impairing accomplishment of the objectives of the public entity’s
18 program with respect to individuals with disabilities[.]” 28 C.F.R. §35.130(b)(3)(i)(ii).

19 206. Defendants have imposed eligibility criteria and methods of administration
20 that screen out persons with disabilities and subject them to discrimination by housing
21 prisoners with disabilities in isolation due to their disabilities and disability-related
22 behaviors. Defendants have not shown that such criteria are necessary for the provision of
23 the service, program, or activity being offered or that such requirements are based on
24 actual risks, not on mere speculation, stereotypes, or generalizations about individuals with
25 disabilities, as required by 28 C.F.R. § 35.130(h).

26 207. A public entity “shall make reasonable modifications in policies, practices,
27 or procedure when the modifications are necessary to avoid discrimination on the basis of
28 disability[.]” 28 C.F.R. § 35.130(b)(7). Defendants fail to make reasonable modifications

1 to avoid discrimination, including but not limited to: (1) implementing an
 2 identification/tracking system to track prisoners with psychiatric disabilities and their
 3 disability-related needs; (2) modifying policies and procedures to provide prisoners with
 4 disabilities with meaningful access to programs and services; and modifying policies and
 5 procedures to prohibit prisoners with psychiatric disabilities from being placed in isolation.

6 208. Defendants have failed to make available information to the Disability
 7 Subclass about their rights under the ADA while detained in the Jails. *See* 28 C.F.R. §
 8 35.106.

9 209. As a result of Defendants' policy and practice of discriminating against and
 10 failing to provide reasonable accommodations to prisoners with disabilities, Plaintiffs and
 11 the Prisoners with Disabilities Subclass they represent do not have equal access to Jail
 12 activities, programs, and services for which they are otherwise qualified.

13 WHEREFORE, Plaintiffs and the Prisoners with Disabilities Subclass they
 14 represent request relief as outlined below.

15 **SIXTH CAUSE OF ACTION**

16 **(Rehabilitation Act, 29 U.S.C. § 794)**

17 **(Plaintiffs BABU, BELL, KEEGAN-HORNSBY, JOHNSON, JONES, NAVARRO,**
 18 **and WASHINGTON and the Prisoner Class Against ALL DEFENDANTS)**

19 210. Plaintiffs re-allege and incorporate by reference herein all allegations
 20 previously made above.

21 211. Section 504 of the Rehabilitation Act provides, in pertinent part that “[n]o
 22 otherwise qualified individual with a disability in the United States . . . shall, solely by
 23 reason of his or her disability, be excluded from the participation in, be denied the benefits
 24 of, or be subjected to discrimination under any program or activity receiving federal
 25 financial assistance[.]” 29 U.S.C. § 794(a).

26 212. At all times relevant to this action, Defendants are and have been recipients
 27 of federal financial assistance within the meaning of the Rehabilitation Act including for
 28 programs or activities offered at the Jails.

1 213. Plaintiffs BABU, BELL, KEEGAN-HORNSBY, JOHNSON, JONES,
 2 NAVARRO, and WASHINGTON and the Disability Subclass they represent are qualified
 3 individuals with disabilities as defined in the Rehabilitation Act as they all have
 4 impairments that substantially limit a major life activity, and they were and/or are all
 5 residents of the Jails qualified—with or without reasonable accommodation—to participate
 6 in the programs, services, and activities offered by Defendants. 29 U.S.C. § 705(20)(B);
 7 28 C.F.R. § 41.32.

8 214. By their policy and practice of discriminating against and failing to
 9 reasonably accommodate prisoners with disabilities, Defendants violate Section 504 of the
 10 Rehabilitation Act, 29 U.S.C. § 794.

11 215. The DOJ is charged under Executive Order 12250 with coordinating the
 12 implementation of Section 504 of the Rehabilitation Act of 1973. 28 C.F.R. § 41.1.

13 216. In providing any aid, benefit, or service, a recipient of federal financial
 14 assistance “may not . . . [d]eny a qualified handicapped person the opportunity to
 15 participate in or benefit from the aid, benefit or service,” “[a]fford a qualified handicapped
 16 person an opportunity to participate in or benefit from the aid, benefit, or service that is not
 17 equal to that afforded others,” “[p]rovide a qualified handicapped person with an aid,
 18 benefit, or service that is not as effective in affording equal opportunity . . . as that
 19 provided to others,” “[o]therwise limit a qualified handicapped person in the enjoyment of
 20 any right, privilege, advantage, or opportunity enjoyed by others,” or “provide different or
 21 separate aids, benefits, or services to individuals with disabilities or to any class of
 22 individuals with disabilities than is provided to others unless such action is necessary to
 23 provide qualified individuals with disabilities with aids, benefits, or services that are as
 24 effective as those provided to others.” 45 C.F.R. § 84.4(b)(i)(iv), (vii). A public entity also
 25 may not “deny a qualified individual with a disability the opportunity to participate in
 26 services, programs, or activities that are not separate or different, despite the existence of
 27 permissibly separate or different programs or activities.” 45 C.F.R. § 84.4(b)(3).

217. By housing Plaintiffs and members of the Disability Subclass in more restrictive housing, Defendants exclude them from participating in and deny them the benefits of Defendants' education and rehabilitative programs, services, and activities solely by reason of their disabilities.

218. As a result of Defendants' discriminating against and failing to provide a grievance procedure and reasonable accommodations, Plaintiffs and the Prisoners with Disabilities Subclass they represent do not have equal access to the Jails' activities, programs, and services for which they are otherwise qualified.

219. Because Defendants' discriminatory conduct is ongoing, declaratory relief and injunctive relief are appropriate remedies. Further, as a direct result of Defendants' actions, Plaintiffs and members of the Plaintiff Class are suffering irreparable harm, including lost education and rehabilitative opportunities. Therefore, speedy and immediate relief is appropriate.

220. Pursuant to 29 U.S.C. § 794a, Plaintiffs are entitled to declaratory and injunctive relief and to recover from Defendants the reasonable attorneys' fees and costs incurred in bringing this action.

WHEREFORE, Plaintiffs and the Prisoners with Disabilities Subclass they represent request relief as outlined below.

SEVENTH CAUSE OF ACTION

(Cal. Gov't Code § 11135)

By Plaintiffs BABU, BELL, KEEGAN-HORNSBY, JOHNSON, JONES, NAVARRO, and WASHINGTON and the Disability Subclass Against ALL DEFENDANTS)

221. Plaintiffs re-allege and incorporate by reference herein all allegations previously made above.

222. Upon information and belief, each Defendant was, at all times relevant to this action, and is currently operating or administering a program or activity that receives state financial assistance within the meaning of section 11135, including educational and rehabilitative programs and activities offered in the Jails.

223. Plaintiffs BABU, BELL, KEEGAN-HORNSBY, JOHNSON, JONES, NAVARRO, and WASHINGTON, and the Disability Subclass were, at all times relevant to this action, and are currently “persons in the State of California” within the meaning of California Government Code section 11135. Plaintiffs BABU, BELL, KEEGAN-HORNSBY, JOHNSON, JONES, NAVARRO, and WASHINGTON, and the Disability Subclass all have disabilities as defined by California Government Code section 12926, and they were and/or are all residents of the County Jails qualified to participate in the programs, services and activities of the County Jails.

224. Defendants have violated the rights of Plaintiffs and members of the Plaintiff Class secured by Section 11135 *et seq.* and the regulations promulgated thereunder, 22 Cal. Code Regs. § 98100, *et seq.*

WHEREFORE, Plaintiffs and the Prisoners with Disabilities Subclass they represent request relief as outlined below.

PRAYER FOR RELIEF

Plaintiffs and the class and subclass they represent have no adequate remedy at law to redress the wrongs suffered as set forth in this Complaint. Plaintiffs have suffered and will continue to suffer irreparable injury as a result of the unlawful acts, omissions, policies, and practices of the Defendants as alleged herein, unless Plaintiffs are granted the relief they request. Plaintiffs and Defendants have an actual controversy and opposing legal positions as to Defendants’ violations of the constitutions and laws of the United States and the State of California. The need for relief is critical because the rights at issue are paramount under the constitutions and laws of the United States and the State of California.

WHEREFORE, Plaintiffs, on behalf of themselves, the proposed class and subclass, and all others similarly situated, pray for judgment and the following specific relief against Defendants as follows:

225. An order certifying that this action may be maintained as a class action pursuant to Federal Rule of Civil Procedure 23(a) and 23(b)(2);

1 226. A finding that the conditions, acts, omissions, policies, and practices
 2 described above are in violation of the rights of Plaintiffs and the class and subclass they
 3 represent under the Eighth and Fourteenth Amendments to the United States Constitution,
 4 the ADA, the Rehabilitation Act, Article I, Sections 7 and 17 of the California
 5 Constitution, and California Government Code § 11135;

6 227. An order requiring Defendants, their agents, officials, employees, and all
 7 persons acting in concert with them under color of state law or otherwise to cease
 8 inhumane use of prolonged isolation, to cease indefinitely placing prisoners with
 9 psychiatric disabilities in isolation, to establish a constitutionally adequate process for
 10 determination of prisoner classification and housing placement, to cease violating the due
 11 process rights of prisoners; to provide minimally adequate mental health care to prisoners ,
 12 to cease discriminating against and failing to provide accommodations to prisoners with
 13 psychiatric disabilities, and to properly develop, implement, and monitor policies and
 14 procedures to protect inmates from the serious health consequences of exposure to
 15 COVID-19;

16 228. An order enjoining Defendants, their agents, officials, employees, and all
 17 persons acting in concert with them under color of state law or otherwise, from continuing
 18 the unlawful acts, conditions, and practices described in this Complaint;

19 229. An award to Plaintiffs, pursuant to 29 U.S.C. § 794a, 42 U.S.C. §§ 1988,
 20 12205, and California Code of Civil Procedure § 1021.5, of the costs of this suit and
 21 reasonable attorneys' fees and litigation expenses;

22 230. An order retaining jurisdiction of this case until Defendants have fully
 23 complied with the orders of this Court, and there is a reasonable assurance that Defendants
 24 will continue to comply in the future absent continuing jurisdiction; and

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26 ///

27 ///

28 ///

Respectfully submitted,

ROSEN BIEN GALVAN & GRUNFELD LLP

By: /s/ Jeffrey L. Bornstein
Jeffrey L. Bornstein