

Declarations in Support of Plaintiffs' Ex Parte Application for a Temporary  
Restraining Order

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# **Exhibit 1**

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**Declaration of Chuck Bethel 6441286**

I, Chuck Bethel, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:
2. I have been in IRC since Friday about 6pm. I came from court in Compton after being arrested in LA and spending time in station jail.
3. I am bipolar schizophrenic and have been taking meds since I was a child. I currently take Buspar, Risperdal, Zyprexa, and Abilify for my mental health. But since I have been in IRC I have not gotten psych meds. I am hearing voices and feel like I am falling apart. I saw the psychiatrist who told me I can't get my meds until I am housed. I have been crying on and off since I have been here.
4. It is crowded filthy and inhumane to be here. I have had no shower and no change of clothes as of Monday at 11am.
5. The only food is peanut butter sandwiches, bananas and cookies but I am afraid to eat because voices say to me it is poisoned.
6. My first night I was in a holding cell with about 40-50 other people. It's triangle-shaped and about 15x15x15. It was awfully crowded. Everyone was lying cramped up without blankets or mattresses and it was cold.
7. The last two nights I have laid down in open clinic area on the floor. It is disgusting with food cartons, peanut butter. Some people come in drunk or high and lie down and pee on the floor while they sleep.
8. I was thinking about suicide but don't want to tell anyone because if I do they will chain me to chair. I have seen lots of people chained up who get hit by other inmates because they can't defend themselves.
9. The toilets are overflowing. Water trickles out of the sinks, which are full of dirt and food scraps and people pee in them.
10. Deputies treat us terribly. When I ask for anything they say "this is

1 jail” or tell me to sit down and wait my turn.

2 11. They only started cleaning up when people from the ACLU come.

3

4 I declare under penalty of perjury of the laws of the State of California and  
5 the United States that the foregoing is true and correct. Executed this 22<sup>nd</sup> day of  
6 August, 2022 in Los Angeles, California.

7

8

Chuck Bethel

9

10 I, Peter Eliasberg, interviewed Mr Bethel in the IRC on August 22nd, 2002,  
11 took notes and then wrote up his declaration, which is attached. I read Mr. Howard  
12 the declaration, he approved its contents and signed it. I have reviewed this word  
13 processed version of this declaration and declare that it accurately reflects the  
14 content of the handwritten, signed version.

15 I declare under penalty of perjury of the laws of the State of California and  
16 the United States that the foregoing is true and correct. Executed September 5,  
17 2022 in Los Angeles, California.

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Peter Eliasberg

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1 Declaration of Chuck Bethel 6441286

2 I, CHUCK BETHEL, hereby declare:

3 1. I make this declaration based on my own personal knowledge and if called to  
4 testify I could and would do so competently as follows:

5 2. I have been in IRC since Friday  
6 about 6pm. I came from Court in Compton  
7 after being arrested in LA + spending time  
8 in station jail.

9 3) I am bipolar schizophrenic + have  
10 been taking meds since I was a child  
11 I currently take Buspar, Risperidol / <sup>Cyp</sup> ~~pro~~  
12 + Abilify for my mental health. But since  
13 I have been in IRC I have not  
14 gotten <sup>psych</sup> meds. I am hearing voices +  
15 feel like I am falling apart. I saw  
16 the psychiatrist who told me I can't  
17 get my meds until I am housed  
18 I have been crying on + off since  
19 I have been here.

20 4) It is crowded filthy + inhumane  
21 to be here. I have had no showers  
22 + no change of clothes as of  
23 Monday at 11am.

24 5) The only food is peanut butter sand-  
25 wiches bananas + apples but I am  
26 afraid to eat because voices tell  
27 to me it is poisoned

28 6) My first night I was in a holding  
cell with about 40-50 other people  
It's a rough shed + about 15x15x15



1 It was awfully crowded. Everyone was  
 2 being cramped up without blankets  
 3 or mattresses + it was cold.  
 4 b) The last two night I have ~~laid~~ <sup>laid down</sup> in  
 5 open clinic area on the floor. It  
 6 is disgusting with food crates, pee  
 7 water, some people come in drunk or  
 8 high + lie down + pee on the floor  
 9 while they sleep.

10 # I was thinking about suicide but don't  
 11 want to tell anyone because if I  
 12 do they will chain me to a chair  
 13 I have seen lots of people chained  
 14 up who get hit by other inmates  
 15 because they can't defend themselves

16 c) The toilets are overflowing. Water trickles  
 17 out of the sinks, which are full of  
 18 dirt + food scraps + people pee in them

19 d) Deputies treat us terribly. When I ask  
 20 for anything they say "this is jail" or  
 21 tell me to sit down + wait my turn.

22 I declare under penalty of perjury of the laws of the State of California and the United  
 23 States that the foregoing is true and correct. Executed this 22 day of August 2022 in Los  
 24 Angeles, California.

25 CAUCK BETHEL  
 26 X [Signature]  
 27 [Printed Name]

28 g) They only started cleaning up  
 when people from the ACLU came

# **Exhibit 2**

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**Declaration of Diego Bolton 6440156**

I, Diego Bolton, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. I have been in the inmate reception center since last Tuesday after I turned myself in at the Lancaster courthouse.

3. When I first came in I got the only shower I have had since I came. We also got left in the shower room for 4 hours.

4. Since I came in I have not had a change of clothes and my clothes are filthy.

5. My first night I slept in the cage in the clinic area which is about 25x50 feet. There were about 300 people in the cage trying to sleep on the floor or on metal benches. We had no mattresses, no blankets and it was very very cold.

6. Other nights I have been herded into holding cells.

7. In the holding cells there have been 13-15 people. Again we had no blankets, mattresses and it was very cold.

8. The whole area is filthy with food and food cartons all over the floor. The place smells of urine and excrement because some toilets don't work and people who are chained to chairs sometimes pee on the floor because the deputies won't unchain them.

9. I am allergic to peanut butter but almost the only food they give us is peanut butter sandwiches, 1 or 2 cartons of OJ a day and some cookies, plus a few burrito. I am very hungry.

10. The water fountains don't work. There are 8 phones in the cage and usually 7 or 8 are broken.

11. Everyone is on edge because it is crowded, we can't sleep, deputies treat us like we are subhuman.

12. Everywhere in the area there is blood and pee on the floor and people

1 have to sleep on the floor.

2 13. I am afraid that deputies will punish me for talking to you.

3 I declare under penalty of perjury of the laws of the State of California and  
4 the United States that the foregoing is true and correct. Executed this 22<sup>nd</sup> day of  
5 August, 2022 in Los Angeles, California.

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7

Diego Bolton

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9 I, Peter Eliasberg, interviewed Mr Bolton in the IRC on August 22nd, 2002,  
10 took notes and then wrote up his declaration, which is attached. I read Mr. Howard  
11 the declaration, he approved its contents and signed it. I have reviewed this word  
12 processed version of this declaration and declare that it accurately reflects the  
13 content of the handwritten, signed version.

14 I declare under penalty of perjury of the laws of the State of California and  
15 the United States that the foregoing is true and correct. Executed September 5,  
16 2022 in Los Angeles, California.

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A handwritten signature in black ink, appearing to read 'PE', with a long horizontal flourish extending to the right.

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Peter Eliasberg

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Declaration of Diego Bolton BN 6440156

I, DIEGO BOLTON, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. I have been in the inmate reception center for since last Tuesday ~~when~~ after I turned myself in at the Lancaster courthouse.

3. When I first came in I got the only shower I have had since I came. We also got left in the shower room for 4 hours.

4) since I came in I have not had a change of clothes & my clothes are filthy.

5) my first night I slept in the cage in the clinic area which is about 25 x 50 feet. There were about 300 people in the cage trying to sleep on the floor or on metal benches. We had no mattresses, no blankets & it was very, very cold.

6) other night I have been herded into holding cells.

7) In the holding cells there have been 13-15 people. Again we had no blankets mattresses & it was very cold.

7) The whole area is filthy with food, +  
 food cartons all over the floor  
 The place smells of urine + excrement  
 because some toilets don't work  
 + people who are chained to chairs  
 sometimes pee on the floor because  
 the deputies won't unchain them.  
 8) I am allergic to peanut butter  
 but almost the only food they  
 give us is peanut butter sandwiches  
 1 or 2 cartons of OJ a day +  
 some water. I am very hungry  
 9) The water fountains don't work  
 There are 8 phones in the cage  
 + usually 7 or 8 are broken  
 10) Everyone is on edge because it  
 is crowded, we can't sleep  
 Deputies treat us like we are  
 subhuman  
 11) Everywhen in the area there is  
 blood or pee on the floor + people  
 have to sleep on the floor.

\*

I declare under penalty of perjury of the laws of the State of California and the United States that the foregoing is true and correct. Executed this 22 day of August 2022 in Los Angeles, California.

DIEGO BOLTOW  
Diego Bolton D  
 [Printed Name]

\* plus a few burrito  
 14) I am afraid that deputies will punish me for talking to you

# **Exhibit 3**



1 Declaration of Jerome Dubose 6449211

2 I, Jerome Dubose, hereby declare:

3 1. I make this declaration based on my own personal knowledge and if called to  
4 testify I could and would do so competently as follows:

5 2. I believe I was Arrested on Monday,  
6 August 22, 2022. I was initially kept at a police  
7 station in Downtown Los Angeles where I had a  
8 mattress and 3 hot meals.

9 3. On Wednesday Afternoon, I was taken to  
10 IRC. I believe I Am being held on a  
11 Parole violation.

12 4. I was not provided with a shower when  
13 I came to IRC.

14 5. Since coming to IRC, I have had to  
15 sleep on the floor without a mattress or blanket.

16 6. I have received medical Attention for An  
17 infection in my left leg. Specifically, I  
18 was given Antibiotics and a wheelchair.  
19 However, the ~~you~~ wheelchair was taken  
20 from me on Sunday. I asked to be able  
21 to keep the wheelchair, but was told  
22 I no longer needed it. I still need the  
23 wheelchair. I have pain in both legs  
24 when I walk and intense pain in  
25 the lower portion of my left leg @ the  
26 site of the infection.



1 7. Since entering IRC, I have been given  
2 a peanut butter + Jelly sandwich, cookies  
3 and orange juice for breakfast and  
4 lunch and a burrito for dinner.

5 I Am allergic to peanut butter and  
6 cannot eat the sandwiches. On  
7 occasion the deputies have given me  
8 an extra burrito at dinner. ~~to compensate~~ TD

9 8. In addition to being Allergic to the  
10 peanut butter, I Am concerned about  
11 the harmful health effects from the  
12 food. I was formerly diagnosed with  
13 Diabetes and was insulin dependent.  
14 Through diet control, I have been able  
15 to go off diabetes meds and am now  
16 considered pre-diabetic. I fear that  
17 the food will make me diabetic again.

18 9. On Sunday, I started experiencing sudden  
19 stomach pains and defecated on myself.  
20 I asked to take a shower to clean myself  
21 after the accident. I was not provided  
22 with a shower. I was given a change of  
23 clothes + a towel to clean myself with.

24 10. I have been diagnosed with Depression.  
25 I take zoloff to manage the depression.  
26 I have also been diagnosed with  
27 paranoid schizophrenia. I take trazodone  
28 to manage the paranoid schizophrenia.



I have been feeling

11. ~~11.~~ <sup>JD</sup> very depressed and emotional throughout the day since entering IRC. Throughout the day, I will break out into tears.

12. I have repeatedly asked to speak to a mental health specialist. My requests have all been denied. I have been told that I have to wait until I have housing. When I ask when I will be moved, I have been told that I am "waiting for a bed"

13. I have not received psychiatric medication since my arrival at IRC.

14. On Thursday (8/25) another incarcerated person got upset at me, threw water in my face, and threatened to harm me. Other incarcerated people calmed that individual down.

15. The conditions in IRC are horrible. It is especially difficult for me because I am 61 years old.

16. I was last released from LA Jails about 2 months ago. I was not provided with a release plan.

I declare under penalty of perjury of the laws of the State of California and the United States that the foregoing is true and correct. Executed this 29 day of August 2022 in Los Angeles, California.

Printed name: Jerome Debose  
Jerome Debose

# **Exhibit 4**



1 Declaration of Daniel Gonzalez 64522365

2 I, Daniel Gonzalez, hereby declare:

3 1. I make this declaration based on my own personal knowledge and if called to  
4 testify I could and would do so competently as follows:

5 2. I believe that I was arrested on  
6 Friday, August 26, 2022. I have been in  
7 IRC since Saturday. I came from the  
8 Police station in Lakewood. I have not  
9 been to court.

10 3. I have not been offered housing since  
11 arriving at IRC. I have only slept  
12 5 hours since being brought to  
13 IRC. When I did sleep, I slept on  
14 the floor. I did not have a mattress  
15 nor a blanket to sleep on.

16 4. I believe I was moved to the front  
17 bench on Sunday, August 28<sup>th</sup>. Both  
18 of my hands have been handcuffed  
19 since I was moved to the front bench.  
20 ~~I have a cut on my right wrist~~  
21 ~~from the handcuffs.~~

22 6. I suffer from schizophrenia, I  
23 take Seroquel on the outside. I have  
24 not ~~had~~ my medication since I entered  
25 IRC.

26 7. I have been feeling Anxious.

27 8. I have not slept since ~~the~~ being  
28 moved to the front bench and being  
handcuffed to the chair.

1 9. I was previously released from LA  
2 Jails about one year ago. I do  
3 not know if I was provided with  
4 a release plan at the time of  
5 my release.  
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I declare under penalty of perjury of the laws of the State of California and the United States that the foregoing is true and correct. Executed this 29<sup>th</sup> day of August, 2022 in Los Angeles, California.

Printed name:

  
~~\_\_\_\_\_~~ Gonzalez  
Daniel

# **Exhibit 5**



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**Declaration of Curtis Howard 6450654**

I, Curtis Howard, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. I live in Long Beach. I was arrested in Long Beach for driving a vehicle without the owner’s consent. I spent the night in a Long Beach police station and came to IRC on Thursday about 5 pm. It is now Monday at 5:45 pm so I have been in IRC continuously for 4 days.

3. I have chronic PTSD and severe depression. On the outside I take Trazodone, Abilify, Wellbutrin and one other psych med, but I don’t remember what it is called. When I came to IRC I did talk to a psychiatrist and told him the meds I was taking. But I have not gotten them since I have been here.

4. Since being without meds my anxiety is skyrocketing and I feel like I am on the verge of a panic attack.

5. When I came to IRC they put me in a wheelchair and rushed me up here because I was in terrible stomach pain. But I never got a full medical exam. Because they rushed me up here, I did not get a shower and I have not had one since I have been here.

6. The conditions here are miserable. We have no mattresses beds or blankets. So I have to sleep upright in a chair or on the cold, hard concrete floor. I feel like the concrete is sucking the life out of my body. I ache all over. It is so uncomfortable I only sleep an hour or two at a time.

7. The IRC clinic area is filthy. There is trash all over the floor and I have seen lots of people on the front benches, who are the guys with serious mental illness, urinate on the floor. They yell for the deputies to unchain them so they can go to the bathroom. But the deputies ignore them, so they urinate on the floor. One time I saw someone on the front bench call for the deputies. When they ignored him he stood up and was able to reach the trash can, where he defecated in the

1 trash can. The whole area stank. But no one emptied the trash can for a few hours.  
2 Even though the guy was chained to the bench the chain was long enough for him  
3 to reach the trash can.

4 8. The only time they did a decent cleaning was about an hour before the  
5 ACLU came today.

6 9. They regularly herd everyone in the clinic area into the cage, up to  
7 100 people, where we are packed like sardines. I had to spend at least one night in  
8 that cage. Tensions are high in the cage and there have been multiple fights.

9 10. One night when I was sleeping on the floor a deputy yelled at me to  
10 move so could subdue an inmate. The deputy stepped on my toe hard. I heard it  
11 pop and I got cut. I asked for medical care because I think it's broken. Eventually  
12 they gave me some hydrogen peroxide.

13 11. The sinks are filthy, there are no water fountains and I feel really  
14 dehydrated.

15 12. A deputy told me I am stuck here because I need Moderate  
16 Observation Housing, but none is available.

17 I declare under penalty of perjury of the laws of the State of California and  
18 the United States that the foregoing is true and correct. Executed September 5,  
19 2022 in Los Angeles, California.

20

21

Curtis Howard

22

23 I, Peter Eliasberg, interviewed Mr Howard in the IRC on August 29<sup>th</sup>, 2002,  
24 took notes and then wrote up his declaration, which is attached. I read Mr. Howard  
25 the declaration, he approved its contents and signed it. I have reviewed this word

26

27

28

1 processed version of this declaration and declare that it accurately reflects the  
2 content of the handwritten, signed version.

3 I declare under penalty of perjury of the laws of the State of California and  
4 the United States that the foregoing is true and correct. Executed September 5,  
5 2022 in Los Angeles, California.

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8 Peter Eliasberg

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1 Declaration of CURTIS HOWARD 6450654

2 I, CURTIS HOWARD, hereby declare:

3 1. I make this declaration based on my own personal knowledge and if called to  
4 testify I could and would do so competently as follows:

5 2. I live in Long Beach. I was  
6 arrested in Long Beach for driving  
7 a vehicle without the owner's consent  
8 I spent the night in a Long Beach  
9 police station and came to IJC  
10 on Thursday about 5 pm. It is  
11 now Monday at 5:45 pm so I have  
12 been in IJC continuously for 4 days.

13 3) I have chronic PTSD and severe  
14 depression. On the outside I take  
15 Traxodone, Abilify, Wellbutrin and  
16 one other psych med, but I don't  
17 remember what is called. When  
18 I came to IJC I did talk to  
19 a psychiatrist + told him the meds  
20 I was taking. But I have not  
21 gotten them since I have been here

22 4) Since being without meds my  
23 anxiety is skyrocketing + I feel  
24 like I am on the verge of a  
25 panic attack

26 5) When I came to IJC they put  
27 me in a wheelchair + rushed  
28 me up here because I was  
in terrible stomach pain. But I



1 I never got a full medical  
2 exam. Because they rushed  
3 me up here, I did not get  
4 a shower + I have not had  
5 one since I have been here  
6 6) The conditions here are  
7 miserable. We have no mattresses  
8 beds or blankets. So I have to  
9 sleep upright in a chair or on  
10 the cold, hard concrete floor. I  
11 feel like the concrete is sucking  
12 the life out of my body, I ache  
13 all over. It is so uncomfortable  
14 I only sleep an hour or two  
15 at a time

16 7) The ILC clinic area is filthy.  
17 There is trash all over the floor  
18 I have seen lots of people on  
19 the front benches, who are the  
20 guys with serious mental illness,  
21 urinate on the floor. The yell  
22 for the deputies to unchain them  
23 so they can go to the bathroom.  
24 But the deputies ignore them, so  
25 they urinate on the floor. One  
26 time I saw someone on the front  
27 bench call for the deputies. When  
28 they ignored him he stood up  
and was able to reach the trash  
can, where he defecated in



11) The finks are filthy, there are no water fountains + I feel really dehydrated.

1 the trash can. The whole area stinks.  
2 But no one emptied the trash can  
3 for a few hours. Even though the  
4 guy was chained to the bench the  
5 chain was long enough for him to reach  
6 the trash can.

7 8) The only time they did a decent cleaning  
8 was about an hour before the ACLU  
9 came today

10 9) ~~we~~ They regularly had everyone in the  
11 clinic area into the cage, up to  
12 100 people, where we are packed like  
13 sardines. I had to spend at least one  
14 night in that cage. Tensions are  
15 high in the cage + there have been  
16 multiple fights

17 10) One night when I was sleeping on the  
18 floor a deputy yelled at me to move  
19 so they could subdue an inmate. The  
20 deputy stepped on my toe hard. I  
21 heard it pop + I got out. I asked

22 I declare under penalty of perjury of the laws of the State of California and the United  
23 States that the foregoing is true and correct. Executed this 29 day of August 2022 in Los  
24 Angeles, California.

25   
26 Printed name: CURTIS HOWARD

27 for medical care because I think  
28 it's broken. ~~At~~ Eventually they  
gave me some hydrogen peroxide:  
(over)

(2) A deputy told me I am stuck here because I need Moderate Observation Housing, but none is available.

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(over)



(2) A deputy told me I am stuck here because I need Moderate Observation Housing, but none is available.

Created with Scanner Pro

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# **Exhibit 6**

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**Declaration of Tony Jones 6440197**

I, Tony Jones, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. My name is Tony Jones and my booking number is 6440197. I was brought to IRC on Thursday August 18 from court. After around 3 hours of processing, I was taken to the showers and left in the showers with around 60 people. We stayed in the shower for around 6 hours. It was horrific. I didn't know what was going on. It was stuffy, and I felt like I couldn't breathe.

3. After the shower area, I was taken with the large group to the IRC clinic. In the clinic I finally got a meal of peanut butter and jelly and 2 juices.

4. On Friday I was frustrated because the phones weren't working. I asked deputies and a supervisor about getting the phones to work. Deputies then put me in handcuffs and chained to the front bench. I was on the front bench, chained in handcuffs until Monday Morning August 22.

5. When I was on the front bench the man chained to the chair next to me pulled his pants down and pooped on the floor. The feces stayed on the floor for two days. No one comes to clean the front bench area. I saw people pee into orange juice boxes. The area stank from the feces and pee.

6. I was allowed back in the clinic area Monday morning. My left wrist is sore and has a mark from the handcuffs. I have no access to fresh water. The sink is disgusting. The toilet is stuffed with feces and makes the place smell.

7. When I first arrived in the clinic on Friday, I was feeling dizzy and nauseous from alcohol withdrawals. I asked deputies for help, but they disregarded me. I had a panic attack on Friday but could not take the Xanax I would normally take.

8. I was supposed to go to court today. I believe I might have been released as a DA reject or to time served. I told the deputies I had court, but no

1 one took me to court.

2 9. The conditions in IRC are inhumane.

3 I declare under penalty of perjury of the laws of the State of California and  
4 the United States that the foregoing is true and correct. Executed this 22<sup>nd</sup> day of  
5 August, 2022 in Los Angeles, California.

6

7

Tony Jones

8

9 I, Melissa L. Camacho-Cheung, interviewed Mr. Jones in the IRC on August  
10 22, 2002, took notes and then wrote up his declaration while in the IRC, which is  
11 attached. I read Mr. Howard the declaration, he approved its contents and signed it.  
12 I have reviewed this word processed version of this declaration and declare that it  
13 accurately reflects the content of the handwritten, signed version.

14 I declare under penalty of perjury of the laws of the State of California and  
15 the United States that the foregoing is true and correct. Executed September 6,  
16 2022 in Culver City, California.

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/s/ Melissa L. Camacho-Cheung

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Melissa L. Camacho-Cheung

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Declaration of Tony Jones

I, Tony Jones, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. My name is Tony Jones and my booking number is 6440197. I was brought to IRC on Thursday August 18 from court. After around 3 hours of processing, I was taken to the showers and left in the showers with around 60 people. We stayed in the shower for around 6 hours. It was horrific ~~the~~ I didn't know what was going on. It was stuffy, and I felt like I couldn't breathe.

After the shower area, I was taken with the large group to the IRC clinic. In the clinic I finally got a meal of peanut butter and jelly and 2 juices.

On Friday I was frustrated because the phones weren't working. I asked deputies and a supervisor about getting the phones to work. Deputies then put me in handcuffs and chained me to the front bench. I was on the front bench, chained in handcuffs until Monday morning August 22.

When I was on the front bench the man chained to the chair next to me pulled his pants down and pooped on the floor. The feces stayed on the floor for two days. No one comes to clean the front bench area. I saw people pee into orange juice boxes. The area stank from the feces and pee.

I was allowed back in the clinic area Monday morning. My left wrist is sore and has a mark from the handcuffs. I have no access to fresh water. The sink is disgusting.

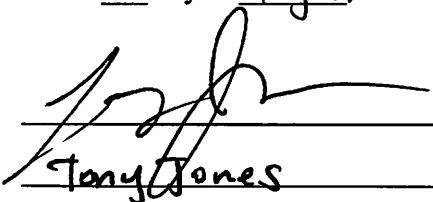
Handwritten notes at the top of the page, possibly including a date or reference number.

Main body of handwritten text, appearing to be a letter or a detailed report. The text is dense and covers most of the page.

1 The toilet is stuffed with feces and makes the place smell.  
 2 When I first arrived in the Clinic on Friday, I was feeling dizzy  
 3 and nauseous from alcohol withdrawal. I asked deputies for  
 4 help, but they disregarded me. I had a panic attack on  
 5 Friday but could not take the Xanax I would normally take.  
 6 I was supposed to go to court today. I believe I might  
 7 have been released as a DA reject or to time served.  
 8 I told the deputies I had court, but no one took me to  
 9 court.

10 The conditions in IRC are inhumane.  
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22 I declare under penalty of perjury of the laws of the State of California and the United  
 23 States that the foregoing is true and correct. Executed this 22 day of August 2022 in Los  
 24 Angeles, California.

25   
 26 Tony Jones  
 27 [Printed Name]  
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# **Exhibit 7**



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**Declaration of Damian Payan 6435838**

I, Damian Payan, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. I have been in IRC for about four days. I came to IRC from the Norwalk courthouse. I am homeless and have been for about five years.

3. On August 10 the prisoner transport I was in stopped short and I slammed my head, chipped a tooth, hurt my shoulder and the waist chain made a bump across my waist where I was already dealing with an infection.

4. Since I have been here I have had to sleep on the floor. It is cold. I have no mattress or blankets and it is incredibly uncomfortable and painful because of my shoulder and stomach pain. I am sleeping only about two hours a night.

5. It is also hard to sleep because the floor is filthy. There are food wrappers and OJ containers. I have seen people pee on the floor. The other day I lay down on the floor and did not see a puddle of liquid and it got all over my shirt. I have asked for clean clothes but the deputies tell me I won't get them till I get housing.

6. The toilets are filthy, I can't get the sinks to work and there is no soap anywhere.

7. The only time the clinic area has been properly cleaned with liquid and some kind of machine to clean the floors was today before the people from the ACLU came.

8. We get the same food every day – peanut butter sandwiches and burritos.

9. At one point, I was locked in the cage in the back. We were packed in like sardines. I only got released because I started vomiting.

10. It is horrible in here. In fact it is worse than being homeless. Even when I sleep on the streets there is some room to stretch out. But in here there are

1 so many people walking by you or sleeping next to you that I'd rather be on the  
2 streets.

3 11. No one tells me when I am going to get out of IRC. They just tell me I  
4 will be going to Twin Towers but there is no housing available.

5  
6 I declare under penalty of perjury of the laws of the State of California and  
7 the United States that the foregoing is true and correct. Executed this 29<sup>th</sup>  
8 day of August, 2022 in Los Angeles, California.

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Damian Payan

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I, Peter Eliasberg, interviewed Mr Payan in the IRC on August 29<sup>th</sup>, 2002,  
took notes and then wrote up his declaration, which is attached. I read Mr. Howard  
the declaration, he approved its contents and signed it. I have reviewed this word  
processed version of this declaration and declare that it accurately reflects the  
content of the handwritten, signed version.

I declare under penalty of perjury of the laws of the State of California and  
the United States that the foregoing is true and correct. Executed September 5,  
2022 in Los Angeles, California.



Peter Eliasberg

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Declaration of Damian Payan 6435838

I, Damian Payan, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. I have been in IRC for about four days. I came to IRC from the Norwalk courthouse. I am homeless and have been for about five years.

3) on August 10 the prisoner transport I was in stopped short + I slammed my head, chipped a tooth, hurt my shoulder + the waist chain made a lump across my waist where I was already dealing with an infection.

4) since I have been here I have had to sleep on the floor. It is cold. I have <sup>NO</sup> mattress or blankets + it is incredibly uncomfortable + painful because of my shoulder + stomach pain. I am sleeping only about two hours a night.

5) It is also hard to sleep because the floor is filthy. There are food wrappers + o.j. containers. I have seen people pee on the floor. The other day I lay down on the floor + did not see a puddle of liquid + it got all over



1 my shirt. I have asked for  
2 clean clothes but the deputies  
3 tell me I won't get them till  
4 I get housing

5 6) The toilets are filthy, I can't  
6 get the sinks to work + there  
7 is no soap anywhere

8 7) The only time the dining area  
9 has been properly cleaned with  
10 liquid + some kind of machine  
11 to clean the floors was today  
12 before the people from the  
13 ACLU came.

14 8) We get the same food every  
15 day - peanut butter sandwiches  
16 + burritos

17  
18 9) At one point, I was locked  
19 in the cage in the back. We were  
20 packed in like sardines. I only  
21 got released because I started  
22 vomiting

23 10) It is horrible in here. In fact  
24 it is worse than being homeless.  
25 Even when I sleep on the streets  
26 there is some room to stretch  
27 out. But in here there are so  
28 many people walking by you or  
sleeping next to you that  
I'd rather be on the streets.



1 (1) No one tells me when I am  
 2 going to get out of IRC.  
 3 They just tell me I will be  
 4 going to Twin Towers but  
 5 there is no housing available.

22 I declare under penalty of perjury of the laws of the State of California and the United  
 23 States that the foregoing is true and correct. Executed this 29 day of August 2022 in Los  
 24 Angeles, California.

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 26 Printed name: X Damiano Payan  
 27 DAMIAN PAYAN  
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# **Exhibit 8**

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**Declaration of Gilberto Perez 6442809**

I, Gilberto Perez, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. My name is Gilberto Perez and my booking number is 6442809. I was remanded to IRC from court on Friday, August 19.

3. I was taken to the IRC booking front and after 8-10 hours of processing arrived in the IRC clinic. In the clinic, I was locked in the back cage with 60-70 other people. The clinic cage was locked until late Sunday.

4. I have a painful rash on my left leg. Medical staff prescribed me antibiotic, which I took Friday and again Sunday. The rash is spreading and is on my chest. My left foot is very swollen and painful. The antibiotics are not working.

5. There is no place to sleep. I have slept a total of 3-4 hours since Friday but not at one time. I sleep on chairs or on the floor, but it is hard to get up because of the be pain in my leg. I have no mattress or blanket.

6. It is a living hell in here. People who are handcuffed to the chair are pooping and peeing on the floor. We are fed peanut butter and jelly and a cookie with 2 juices for 3 meals a day.

7. There is no drinking water. The sinks are disgusting. I wouldn't drink from that ever. Toilets are bad. I have to hover over the bowl. I had a five minute shower on Friday. Since then I have not had a shower. I do not have toothbrush or toothpaste. The deputies treat us like animals and don't give two shits about us.

8. I have asthma. I told the medical staff, but they did not give me medication. I have a prescription albuterol, but I do not have any albuterol. I usually take it 3-4 times a day. The last time I took albuterol was Friday before court. My breathing feels labored. I took a Covid-19 test, but I never was told the result.

9. There is no cleanliness. There are trash bags and juice boxes

1 everywhere. Every other day people will sweep the trash to the corners. No one  
2 cleans.

3 I declare under penalty of perjury of the laws of the State of California and  
4 the United States that the foregoing is true and correct. Executed this 22<sup>nd</sup> day of  
5 August, 2022 in Los Angeles, California.

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Gilberto Perez

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9 I, Melissa L. Camacho-Cheung, interviewed Mr. Perez in the IRC on August  
10 22, 2022, took notes and then wrote up his declaration while in the IRC, which is  
11 attached. I read Mr. Howard the declaration, he approved its contents and signed it.  
12 I have reviewed this word processed version of this declaration and declare that it  
13 accurately reflects the content of the handwritten, signed version.

14

15 I declare under penalty of perjury of the laws of the State of California and  
16 the United States that the foregoing is true and correct. Executed September 6,  
2022 in Culver City, California.

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/s/ Melissa L. Camacho-Cheung

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Melissa L. Camacho-Cheung

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Declaration of Gilberto Perez

I, Gilbert Perez, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. My name is Gilbert Perez, booking number 6442809.

I was remanded to IRC from court on Friday, August 19.

I was taken to the IRC booking front and after 8-10 hours of processing arrived in the IRC Clinic. In the clinic, I was locked in the back cage with 60-70 other people. The clinic cage was locked until late Sunday.

I have a painful rash on my left leg. Medical staff prescribed me antibiotic, which I took Friday and again Sunday. The rash is spreading and is on my chest. My left foot is very swollen and painful. The antibiotics are not working.

There is no place to sleep. I have slept a total of 3-4 hours since Friday but not at one time. I sleep on chairs or on the floor, but it is hard to get up because of the pain in my leg. I have no mattress or blanket.

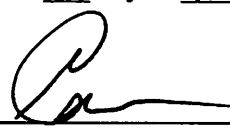
It is a living hell in here. People who are handcuffed to the chair are pooping and peeing on the floor. We are fed peanut butter and jelly with <sup>and a cookie</sup> 2 juices for 3 meals a day. There is no drinking water. The sinks are disgusting. I wouldn't drink from that ever. Toilets are bad. I have to hover over the bowl. I had a five minute shower on Friday. Since then I have not had a shower. I do not have a toothbrush or toothpaste. The deputies treat us like animals and don't give two shits about us.

1 I have asthma. I told the medical staff but they did not  
2 give me medication. I have a prescription for albuterol, but I  
3 do not have any albuterol. I usually take it 3-4 times a  
4 day. The last time I took albuterol was Friday before  
5 Court. My breathing feels labored. I took a COVID-19  
6 test, but I never was told the result.

7 There is no cleanliness. There are trash bags and juice  
8 boxes everywhere. Every other day people will sweep the  
9 trash to the corners. No one cleans

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22 I declare under penalty of perjury of the laws of the State of California and the United  
23 States that the foregoing is true and correct. Executed this 22 day of Aug., 2022 in Los  
24 Angeles, California.



Gilberto Perez

[Printed Name]

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# **Exhibit 9**

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**Declaration of Ira Porter 6440363**

I, Ira Porter, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. My name is Ira Porter and my booking number is 6440363. I was arrested on Tuesday, August 16, 2022 and taken to the Van Nuys station jail. I stayed there for 3 days. I was brought to IRC around Friday morning.

3. I am suffering from deteriorating mental health issues and withdrawal from heroin and crystal meth. I have been diagnosed with extreme depression with psychotic side effects. Since I have been at IRC I have not been evaluated by a mental health professional.

4. Before I was arrested I was taking three prescribed medications: Romeron, Zoloft, and Xiprexa. I take them every day, but I have not received any medication since my arrest. I feel sick, like I'm about to lose it. I feel like I'm about to snap any moment. I am on SSI and disabled due to my mental health issues.

5. I am detoxing. I feel withdrawal symptoms including sweats, shaking, and vomiting. I have vomited in the toilet. At my medical evaluation I was given Motrin but nothing for withdrawals or mental health.

6. Since I have been at IRC I have slept only about 10 hours total, about a couple of hours a day. I try to sleep on the floor or on a chair. It is very cold on the floor and that wakes me up.

7. I do not have a mattress or a blanket. I asked for a blanket, and the deputy said they did not have to give me a blanket because this is not permanent housing. They said it is a loophole.

8. All I eat is peanut butter and jelly, orange juice and cookies. There is no water. The sink is nasty and smells like feces and stuff is floating in the water. The buttons on the sink are dirty. It's like they've never been cleaned. The



1 toilets are disgusting, clogged with feces. The floor is wet from urine and toilet  
2 water.

3 9. People only sweep the dry stuff, but no one cleanse the wet stuff. The  
4 wet stuff stays on the floor. I've seen fights break out very day. I do not have hand  
5 sanitizer or fish kit. I don't have a toothbrush or toothpaste.

6 I declare under penalty of perjury of the laws of the State of California and  
7 the United States that the foregoing is true and correct. Executed this 22<sup>nd</sup> day of  
8 August, 2022 in Los Angeles, California.

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Ira Porter

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/s/ Melissa L. Camacho-Cheung

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Melissa L. Camacho-Cheung

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Declaration of Ira Porter

I, Ira Porter, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. My name is Ira Porter and my booking number is 6440363. I was arrested on ~~Thursday~~ <sup>Tuesday</sup> August 16, 2022 and taken to the Van Nuys station jail. I stayed there for 3 days. I was brought to IRC around Friday morning.

I am suffering from deteriorating mental health issues and withdrawal from heroin and crystal meth. I have been diagnosed with extreme depression with psychotic side effects. Since I have been at IRC I have not been evaluated by a mental health professional.

Before I was arrested I was taking three prescribed medications: Remeron, Zoloft, and Kiprexa. I take them every day, but I have not received any medication since my arrest. I feel sick, like I'm about to lose it. I feel like I'm about to snap at any moment. I am on SSI and disabled due to my mental health issues.

I am detoxing. I feel withdrawal symptoms including sweats, shaking, and vomiting. I have vomited in the toilet. At my medical evaluation I was given Motrin but nothing for withdrawals or mental health.

Since I have been at IRC I have slept only about 10 hours total, about a couple hours a day. I try to sleep on the floor or on a chair. It is very cold on the floor and that wakes me up.

I do not have a mattress or a blanket. I asked for a

1 P

1 blanket, and the deputy said they did not have to give ~~me~~ <sup>me</sup> a blanket  
2 because this is not permanent housing. They said it is a loophole.

3 All I eat is peanut butter and jelly, orange juice and cookies.  
4 There is no water. The sink is nasty and smells like urine and feces  
5 and stuff's floating in the water. The buttons on the sink are dirty.  
6 It's like they've never been cleaned. The toilets are disgusting,  
7 clogged with feces. The floor is wet from urine and toilet water.


8 People only sweep the dry stuff, but no one cleans the  
9 wet stuff. The wet stuff stays on the floor.

10 I've seen fights break out every day.

11 I do not have hand sanitizer or a fish kit. I don't have a  
12 toothbrush or toothpaste.

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22 I declare under penalty of perjury of the laws of the State of California and the United  
23 States that the foregoing is true and correct. Executed this 22 day of August 2022 in Los  
24 Angeles, California.

25   
26 Ira Porter

27 [Printed Name]

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# **Exhibit 10**

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**Declaration of Giovanni Reese 6441248**

I, Giovanni Reese, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. I have been in IRC since Friday about 6pm. I came from court in Long Beach for a probation violation. I work in LA for a shelter run by Chrysalis.

3. When I arrived I was processed and got a shower where we were locked in for about 2-3 hours. I have not had another shower or change of clothes since, and it is Monday about noon.

4. My first night about 40 or 50 of us were herded into a holding cell which is triangle shaped and 12-15 feet on each side. There were about 40 or 50 of us like sardines for about 15 or more hours. We had no blankets or mattresses. It was hell. We only got out when we started screaming, kicking the windows and threatening not to eat.

5. I suffer from depression, take Paxil on the outside. I have not had my meds since I came in. I finally saw a psychiatrist on Sunday night about 11 pm after I begged a nurse for help. But he said I cannot get my meds till I am permanently housed. I ask but no one will tell me when I will be housed.

6. I have had no mattress, no clothing change, soap, toothbrush or toothpaste since I came here.

7. I feel deep despair being off my Paxil.

8. The last two night I have slept on the floor in the clinic area. It is filthy with food, food cartons on the floor. Lots of people pee on the floor including people with mental problems, who are chained to chairs and pee on the floor because they can't go to the toilets.

9. The phones don't work and when the inmates rig them to work I can't use them because they won't give me a pin.

10. The deputies yell at us every time we ask for things like fish kits or to

1 have the phones fixed.

2 11. This is cruel and inhumane. No human should be treated this way.

3

4 I declare under penalty of perjury of the laws of the State of California and  
5 the United States that the foregoing is true and correct. Executed this 22<sup>nd</sup> day of  
6 August, 2022 in Los Angeles, California.

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Giovanni Reese

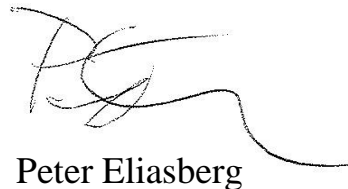
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10 I, Peter Eliasberg, interviewed Mr Howard in the IRC on August 22nd,  
11 2002, took notes and then wrote up his declaration, which is attached. I read Mr.  
12 Howard the declaration, he approved its contents and signed it. I have reviewed  
13 this word processed version of this declaration and declare that it accurately  
14 reflects the content of the handwritten, signed version.

15 I declare under penalty of perjury of the laws of the State of California and  
16 the United States that the foregoing is true and correct. Executed September 5,  
17 2022 in Los Angeles, California.

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Peter Eliasberg

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Declaration of Giovanni Reese 6441248

I, GIOVANNI REESE, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. I have been in IRC since Friday about 6pm. I came from Court in Long Beach for a probation violation. I work in LA for a shelter run by Chrysalis

3) when I arrived I was processed + got a shower where we were locked in for about 2-3 hours. I have not had another shower or change of clothes since, + it is Monday chon Mon.

4) My first night ~~was~~ about 40 or 50 of us were herded into a holding cell which is triangle shaped and 12-15 feet on each side. There were about ~~40~~ or 50 of us like sardines for about 15 or more hours. We had no blankets or mattresses. It was hell. We only got out when we started screaming kicking the windows + threaten-  
ing not to eat.

5) I suffer from depression, take Paxil on the outside. I have not had my meds since I came in. I finally saw a psychiatrist on Sunday night about 11pm after I begged



11. This is cruel + inhuman. No human should be treated this way.

1 a nurse for help. But he said I cannot  
2 get my meds till I am permanently  
3 housed. I ask but no one will tell  
4 me when I will be housed

5 6) I have had no mattress, no clothing  
6 change, soap, toothbrush or toothpaste  
7 since I came here.

8 7) I feel deep despair being off my  
9 Paxil.

10 8) The last two night I have slept on  
11 the floor in the clinic area. It is  
12 filthy with food, food cartons on the  
13 floor. Lots of people pee on the  
14 floor including people with mental  
15 problems who are chained to chairs  
16 + pee on the floor because they  
17 cannot go to the toilets.

18 9) The phones don't work + when they  
19 inmates rig them to work I can't  
20 use them. because they won't give  
21 me a pin

22 I declare under penalty of perjury of the laws of the State of California and the United  
23 States that the foregoing is true and correct. Executed this 22 day of August 2022 in Los  
24 Angeles, California.

25 X *Giovanni Reese*  
26 GIOVANNI REESE

27 [Printed Name]

28 10) The deputies yell at us every time  
we ask for things, like fresh kitz or  
to have the phones fixed

# **Exhibit 11**

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**Declaration of George Ruiz 6449491**

I, George Ruiz, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. I came to IRC from Patton State Hospital. I was in Patton because I was found incompetent to stand trial about 3.5 months ago. They sent me back here to have the court determine if I am now competent. I got to IRC last Tuesday. I have been here almost a week.

3. Since I have been here I have been stuck in a holding cell with no bed, no mattress, no sheets or blankets. I have no choice but to sleep on the cold hard floor. It is hell to live like this.

4. I have been here almost a week and have not had a shower or a change of clothing.

5. I have asked for a mattress and blanket but they won't give me one. No one here has a blanket or mattress. So people sleep on the floor or on the metal benches.

6. The only food we get is peanut butter sandwiches and burritos plus containers of orange juice. We have nowhere to put the empty containers and wrappers so we have to throw them on the floor of our cell.

7. I keep asking staff when I am going to get housing and a bed. But no one can answer me. The other day a sergeant told me I was stuck here because I need to be in Moderate Observation Housing and there is none available.



1           8.     I really want to get out of here and into housing so I can get a bed, a  
2 mattress, and some blankets.

3           I declare under penalty of perjury of the laws of the State of California and  
4 the United States that the foregoing is true and correct. Executed this 23<sup>rd</sup> day of  
5 August, 2022 in Los Angeles, California.

6

7

George Ruiz

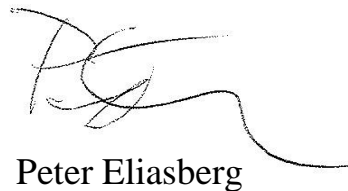
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9           I, Peter Eliasberg, interviewed Mr Howard in the IRC on August 29<sup>th</sup>, 2002,  
10 took notes and then wrote up his declaration, which is attached. I read Mr. Howard  
11 the declaration, he approved its contents and signed it. I have reviewed this word  
12 processed version of this declaration and declare that it accurately reflects the  
13 content of the handwritten, signed version.

14           I declare under penalty of perjury of the laws of the State of California and  
15 the United States that the foregoing is true and correct. Executed September 5,  
16 2022 in Los Angeles, California.

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18

A handwritten signature in black ink, appearing to read "PE", with a long horizontal flourish extending to the right.

19

Peter Eliasberg

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1 Declaration of George Ruiz 6449491

2 I, George Ruiz, hereby declare:

3 1. I make this declaration based on my own personal knowledge and if called to  
4 testify I could and would do so competently as follows:

5 2. I came to IRC from Patton  
6 State Hospital I was in  
7 Patton because I was found  
8 incompetent to stand trial about  
9 3.5 months ago. They sent me back  
10 here to have the court determine  
11 if I am now competent. ~~By~~  
12 ~~that~~ I got to IRC last Tuesday  
13 I have been here almost a week.

14 1) Since I have been here I  
15 have been stuck in a holding cell  
16 with no bed, no mattress, no sheets  
17 or blankets. I have no choice  
18 but to sleep on the cold hard  
19 floor. It is hell to live like this.

20 2) I have been here almost a  
21 week and have not had a  
22 shower or a change of clothing

23 3) I have asked for a mattress  
24 + blanket but they won't give me one.  
25 No one here has a blanket or  
26 mattress. So people sleep on the floor  
27 or on the metal benches.

28 4) The only food we get is  
peanut butter sandwiches



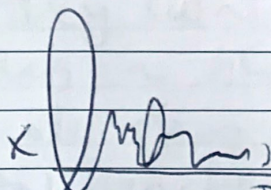
1 and burritos. plus containers of  
2 'orange juice. We have no  
3 where to put the empty containers  
4 + wrappers so ~~they~~ we have to  
5 throw them on the floor of our  
6 cell

7 5) I keep asking staff when I am  
8 going to get housing + a bed.

9 But no one can answer me  
10 The other day a sergeant told me  
11 I was stuck here because I  
12 need to be in moderate observation  
13 housing + there is none avail-  
14 able.

15 6) I really want to get out of  
16 here and into housing so I  
17 can get a bed, a mattress +  
18 some blankets

19  
20 I declare under penalty of  
21 perjury of the laws of the State  
22 of California that the foregoing  
23 is true + correct, Executed August  
24 23, 2022

25  
26   
27 George Ruiz  
28

# **Exhibit 12**



1 Declaration of Bryan Salinas 6434820

2 I, Bryan Salinas, hereby declare:

3 1. I make this declaration based on my own personal knowledge and if called to  
4 testify I could and would do so competently as follows:

5 2. I believe that I was arrested 3  
6 days ago. I came from court.

7 3. I was taken to IRC and later  
8 placed at the front bench.

9 My hands were handcuffed when I  
10 was placed at the front bench.

11 4. I have had to sleep in a chair  
12 at the front bench with both of  
13 my wrists handcuffed.

14 5. I have not been given a mattress  
15 or blanket.

16 6. I have not seen a nurse or  
17 medical staff.

18 7. I suffer from schizophrenia. I  
19 put a piece of paper in my ear  
20 to help me focus

21 8. I have slept about 5 hours since  
22 entering IRC.

23 9. I have not been given medication  
24 since entering IRC.

25 10. I would rather be moved to a room with  
26 a bed than continue to be handcuffed to  
27 a chair.



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I declare under penalty of perjury of the laws of the State of California and the United States that the foregoing is true and correct. Executed this 29<sup>th</sup> day of August, 2022 in Los Angeles, California.

Printed name:

  
Bryan Salinas

# **Exhibit 13**

**Declaration of Peter J Eliasberg**

I, Peter J Eliasberg, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. I am Chief Counsel at the ACLU Foundation of Southern California and am admitted to practice law in the State of California. I am one of the lawyers who represent the plaintiff class in this action.

3. The purpose of this declaration is to set forth what I observed when I visited the Inmate Reception Center (IRC) at the Los Angeles County Jails downtown on Monday August 22, 2022 between about 9:30 am and noon. While I was there I spent substantial time in the so-called clinic area, where I spoke with numerous incarcerated people as well as walking down the hallway upstairs and viewing the custody line holding cells and talking to people in a number of those cells.

4. The conditions I observed in the “clinic” were appalling. It was filthy, there was trash all over the floor – primarily empty orange juice containers, plastic bags and paper wrapping used for the peanut butter sandwiches I observed being given to the people in the clinic. I do not remember seeing any available garbage cans, so it appeared that people had no choice but to leave their empty containers and bags on the floor. There were so many separate piles of garbage scattered throughout the clinic I could not count them all. When I walked around the area, I saw the toilets were filthy and smeared with feces. I saw puddles on the floor, including puddles that I knew were from people I observed urinating on the floor. I did not observe the puddles being mopped up in the time I was in the clinic area.

5. After my colleague, Melissa Camacho-Cheung had been there for about 20 minutes, I saw trustees come in with brooms and start to sweep up. When they did a bunch of the people housed in the area yelled out “they never come when you are not around, they only came to clean up because the ACLU is here.”

1           6.     The area smelled strongly of urine. While I was there I saw people  
2 who were chained to the benches in the front area, whom I understand have serious  
3 mental illness, stand up attempt to pee into the orange juice containers but missing  
4 with some of the pee ending up on the floor. I saw one man who was chained to a  
5 bench attempt to attract the attention of a deputy on the floor by yelling  
6 “bathroom.” But when the deputy either ignored him or did not see him he stood  
7 up and peed on the floor.

8           7.     While I was in the clinic area, I did not observe a single nurse or  
9 doctor. I saw no medical equipment. Nor did I observe anything that looked like  
10 medical care occurring in the area. The only medical care I am aware of is in  
11 offices that are at the back of the clinic area behind the deputies desk (depicted in  
12 the diagram attached hereto as Exhibit A)

13           8.     The clinic area consists of a raised desk where deputies and custody  
14 assistants are stationed. Behind the desk are a number of medical offices, which  
15 are walled off from the rest of the area. In front of the desk is an area called the  
16 front bench, which seems to have room for about 15-20 people. When I first  
17 arrived there were about 12 people on the front bench, all of whom were chained to  
18 the bench. It is my understanding that the people on the front bench have all been  
19 identified as having serious mental illness and may be at risk of harming  
20 themselves or others. Behind the front bench is a wall with plexiglass of some  
21 other kind of windows across the upper part. Behind that wall are three or four  
22 long rows of chairs right next to each other. There are about 20-30 chairs in each  
23 row. Behind those rows of benches is an open area with two toilets with a wall  
24 around each of them that are only about 3 feet high. Behind the open area is  
25 “cage” that is consists of wire walls. The cage looks to be about 20 feet by 30 feet  
26 with two rows of metal benches in it. Also, to the right of deputies’ desk are a  
27 couple of metal benches, about five or six windows. I saw a few incarcerated  
28 people sitting on one side of the window, with county personnel on the other side



1 conducting what I understand to be screening interviews of some kind.

2 9. It was difficult to count the total number of people in the clinic area in  
3 part because some people were moving around. But I would estimate that there  
4 were about 12 people chained to the front benches. Some other people, whom I  
5 assume had serious mental illness were chained to other benches. I estimate there  
6 were 40-50 people in the chairs behind the partial wall that separates the front  
7 benches from the three rows of chairs. Then were there at least 30 or so people  
8 lying on the floor either behind or in between the rows of chairs. None of them had  
9 mattresses, blankets or other bedding. Many of the people in the chairs had their  
10 shirts pulled over their heads, apparently in an attempt to sleep despite the glaring  
11 fluorescent lights. There were about 15-20 people in the area to the right of the  
12 deputies desk on the metal benches or milling around. One or two incarcerated  
13 people were being screened, and at least one person was curled up around one of  
14 the stools that people sit on when they are having their screening interview, trying  
15 to sleep.

16 10. I estimate that there were about 20-30 people in the cage area when I  
17 was there with about 3-5 more people directly outside the cage lying on the floor  
18 trying to sleep.

19 11. When people became aware that we were from the ACLU they  
20 crowded around us telling us that they had been in IRC for days at a time without  
21 mattresses, bedding, change of clothing, or a shower except on the day they were  
22 admitted. They complained about how cold it was, how filthy it was, and how the  
23 phones did not work. Others said that they were allergic to peanuts but that the  
24 principal food they were given daily was peanut butter sandwiches.

25 12. The level of despair and desperation was palpable. It felt very tense to  
26 have large numbers of people crowded together in filthy conditions with no decent  
27 place to sleep. Not surprisingly after I had been there about 1.5 hours, I heard loud  
28 shouting and what sounded like a physical fight. But I was unable to see exactly

1 what was going on.

2 13. After spending about two hours in the clinic area Melissa and I went  
3 upstairs and walked down the hallway of the custody line holding cells. There  
4 were varying numbers of people in the holding cells. There were only one or two  
5 in some, seven or eight in others. The ones that had more than a few people were  
6 all filthy with juice cartons, paper wrappers and plastic bags scattered on the floor  
7 or on the metal benches. Some people were stretched out on the benches, other  
8 people were sleeping on the floor. There were no mattresses or bedding in any of  
9 the holding cells.

10 14. When we stopped to look into the windows of some of the cells  
11 people inside would crowd to the window and start asking for help, telling us they  
12 had been stuck in IRC for multiple days without mattresses, bedding, change of  
13 clothing or decent food.

14  
15 15. I stopped outside one holding cell, #217, and spoke with and obtained  
16 booking numbers for some of the people in the cell. I subsequently checked their  
17 names and booking numbers against the IRC reports that the Sheriff's Department  
18 provides us, which list among other things the names, booking numbers and  
19 number of hours people have spent at IRC.

Booking Number	Name	Hours Spent in IRC as of 8/22/22 at 9:29 AM
6440137	Jose Pena	113.7 (4 days 19.7 hours)
6440667	Peter Tunstall	65.5 (2 days 17.5 hours)
6440809	David Madrid	54.5 (2 days 6.5 hours)
6429708	Juan Diego	54.5 (2 days 6.5 hours)

25 IRC Processing Reports for August 22, 2002 attached hereto as Exhibit B.

26 16. Attached hereto as Exhibit C is a true and correct copy of a Motion  
27 introduced by Supervisor Holly Mitchell on the agenda for the June 14, 2022  
28

1 meeting of the Los Angeles County Board of Supervisors entitled “Expanding  
2 Office of Diversion and Reentry Housing.”

3 17. Attached hereto as Exhibit D is a true and correct copy of a Motion  
4 introduced by Supervisor Holly Mitchell on the agenda for the June 28, 2022  
5 meeting of the Los Angeles County Board of Supervisors entitled “Expanding  
6 Office of Diversion and Reentry Housing.”

7 18. Attached hereto as Exhibit E is a true and correct copy of an  
8 Amendment by Supervisor Sheila Kuehl to the Motion introduced by Supervisor  
9 Holly Mitchell on the agenda for the June 28, 2022 meeting of the Los Angeles  
10 County Board of Supervisors entitled “Amendment by Supervisor Kuehl to the  
11 Motion by Supervisor Holly J. Mitchell: Expanding Office of Diversion and  
12 Reentry Housing.”

13 19. Attached hereto as Exhibit F is a true and correct copy of a  
14 memorandum dated November 17, 2020 from the Los Angeles County CEO, Feisa  
15 Davenport to the Los Angeles County Board of Supervisors.

16

17 I declare under penalty of perjury of the laws of the State of California and  
18 the United States that the foregoing is true and correct. Executed September 5,  
19 2022 in Los Angeles, California.

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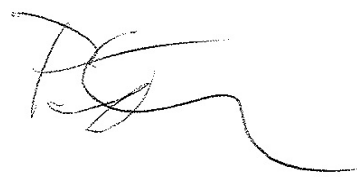
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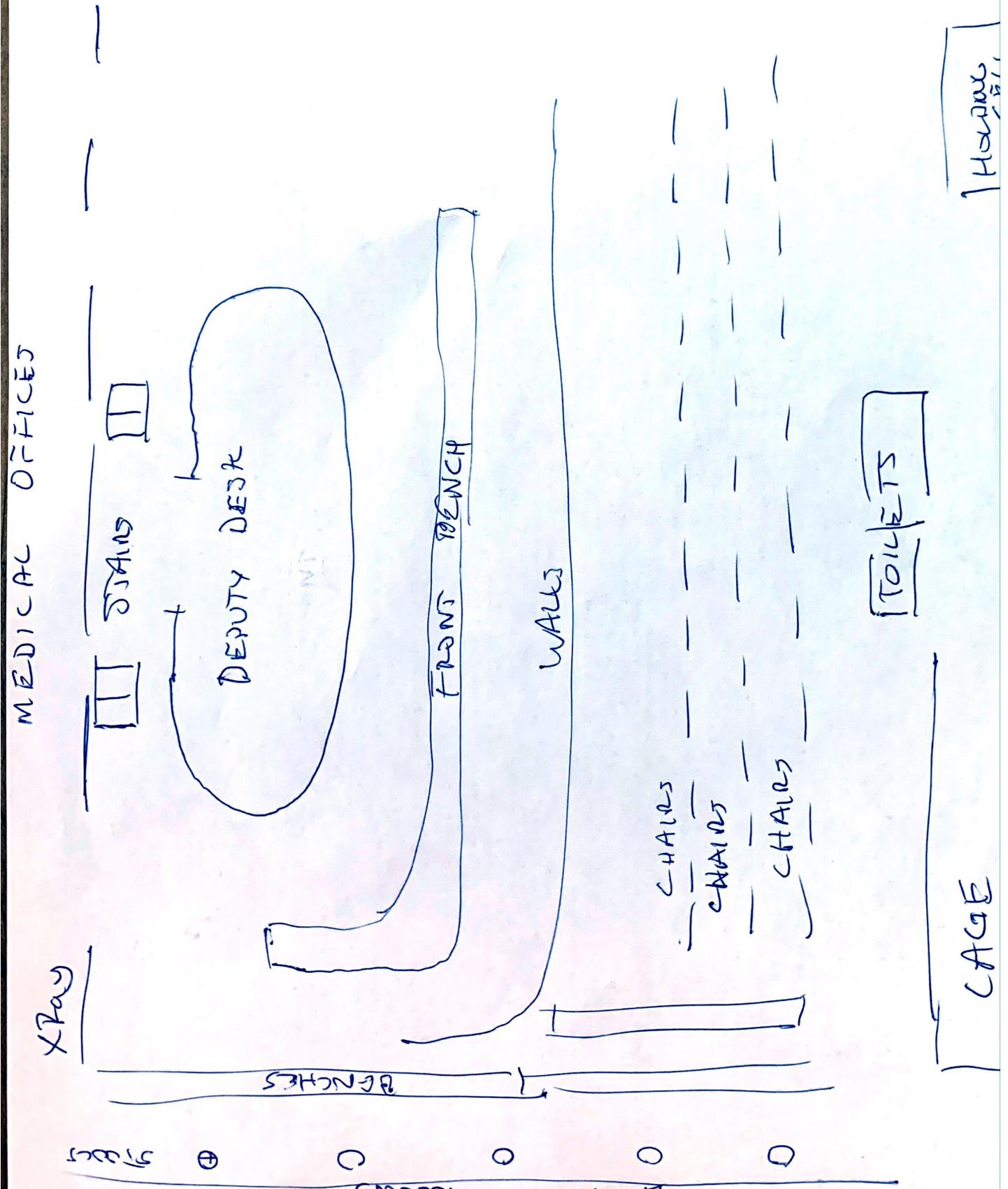
Peter J Eliasberg

# **Sub-Exhibit A**

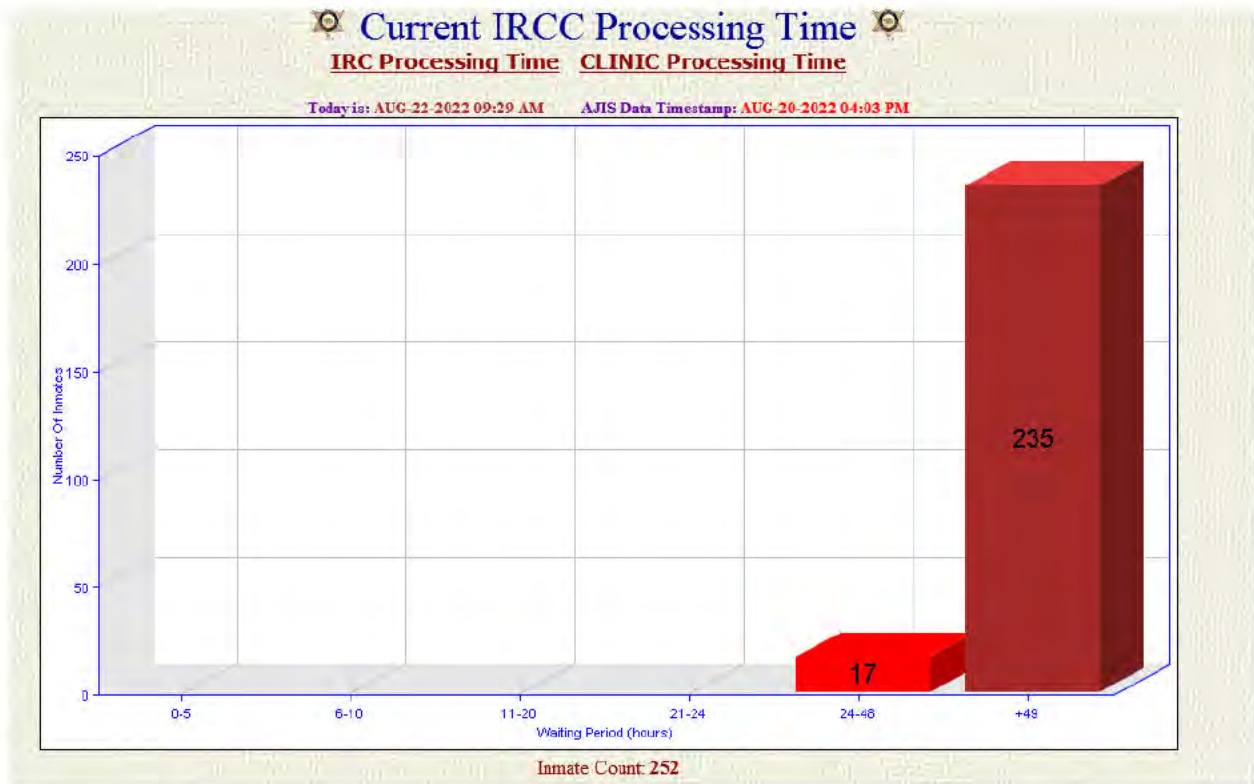


Exh. A

IRC "CLINIC" AREA



# **Sub-Exhibit B**




There are 252 inmates in IRC Clinic Processing over 24 hours

### Inmates In IRCC Between 24 and 48 Hours

Booking Number	INMATE NAME	MODULE	HOURS	TEMP LOC	AGE	Sec Lvl	Spec Hndl	Keep Away	Details
<a href="#">6429762</a>	COLE , ODDIS	IRCC	47.6	-	66	■			
<a href="#">6443028</a>	MEZA , DANIEL	IRCC	47.1	-	38	■		■	
<a href="#">6442905</a>	TALAVERA , FELIPE	IRCC	47.1	250	58	■			
<a href="#">6429602</a>	SIMMONS , TRAVIS	IRCC	45.1	-	35	■			
<a href="#">6443239</a>	AVALOS , GABRIEL	IRCC	45.1	-	51	■			

















<a href="#">6443208</a>	RAMIREZ , JULIO	IRCC	45.1	-	61	■			
<a href="#">6443120</a>	JOHNSON , LAVELL	IRCC	45.1	12A	30	■			
<a href="#">6443097</a>	CABRERADIAZ , JOSE	IRCC	45.1	12B	32	■			
<a href="#">6443037</a>	JACKSON , FRANK	IRCC	45.1	-	38	■			
<a href="#">6442970</a>	TORRES , PETER	IRCC	45.1	-	38	■		■	
<a href="#">6429715</a>	HERNANDEZ , FRANCISCO	IRCC	45.1	-	31	■			
<a href="#">6438716</a>	SALCIDA , THOMAS	IRCC	44.9	-	35	■	■		
<a href="#">6441067</a>	VAUGH , RONNIE	IRCC	44.9	25	57	■			
<a href="#">6429632</a>	YAYMADZHYAN , TIGRAN	IRCC	44.6	-	35	■		■	
<a href="#">6443227</a>	CARDENAS , DAVID	IRCC	42.3	-	47	■			
<a href="#">6430520</a>	CORTESHERNANDEZ, HECTOR	IRCC	42	12A	39	■			
<a href="#">6436544</a>	VILLEDA , FELIX	IRCC	41.5	-	61	■			

Inmates: 17



**Inmates In IRCC Between  
49 and 10000 Hours**











Booking Number	INMATE NAME	MODULE	HOURS	TEMP LOC	AGE	Sec Lvl	Spec Hndl	Keep Away	Details
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<a href="#">6434140</a>	SHI , YUANXIONG	IRFB	166.2	12G	28	■	■		
<a href="#">6426434</a>	WILLS SHABAZZ , ANTHONY	IRFB	159.8	12G	61	■	■		
<a href="#">6437999</a>	ROUSHDI , ROGER	IRCC	157.2	12H	65	■	■	■	
<a href="#">6426270</a>	BROWN , ERIC	IRCC	137.7	12H	55	■	■		
<a href="#">6438623</a>	LIBRIZZI , CARL	IRCC	134.3	12H	45	■	■	■	
<a href="#">6427513</a>	GONZALEZ SEBAST, LUIS	IRCC	133.6	12H	20	■	■		
<a href="#">6201462</a>	HELOU , FADI	IRCC	131.2	12D	41	■	■	■	
<a href="#">6440156</a>	BOLTON , DIEGO	IRCC	130.4	12H	28	■	■		
<a href="#">6201457</a>	FRANCIS , BLEIZE	IRFB	130.4	12G	36	■	■		
<a href="#">6423185</a>	DOE , JOHN	IRFB	130.4	-	37	■	■		
<a href="#">6440026</a>	JONES , LAVAL	IRCC	127.8	12M	40	■	■	■	
<a href="#">6427662</a>	VARGAS , JACOB	IRCC	125.2	12H	31	■	■	■	
<a href="#">6440409</a>	INIGUEZ , JESUS	IRFB	121.3	12G	39	■	■	■	
<a href="#">6440182</a>	ADAMS , JAVON	IRFB	118.4	12H	27	■	■		
<a href="#">6440764</a>	BRANDON , ANTHONY	IRFB	115.7	12G	22	■	■	■	
<a href="#">6440137</a>	PENA , JOSE	IRCC	113.7	12A	57	■	■	■	
<a href="#">6440848</a>	ROBINSON , JOSHUA	IRCC	113.1	12H	39	■	■	■	
<a href="#">6439957</a>	MYERS , ROBERT	IRCC	110.2	12H	42	■	■	■	


<a href="#">6439683</a>	SILVAS , PAUL	IRFB	109.6	-	33	■	■	■	♠
<a href="#">6201540</a>	RANGEL , ANTHONY	IRCC	109.6	12D	25	■	■	■	♠
<a href="#">6427663</a>	CARTER , DAJEE	IRFB	109.3	-	24	■	■		♠
<a href="#">6440715</a>	REYES , REGINALD	IRCC	109.2	12H	40	■	■		♠
<a href="#">6199710</a>	STEWART , DEON	IRFB	106.1	-	36	■	■		♠
<a href="#">6440705</a>	MEZA , ARNULFO	IRCC	106	12E	31	■		■	♠
<a href="#">6440601</a>	VELEZ , EDDIE	IRCC	105.9	12H	35	■	■	■	♠
<a href="#">6439983</a>	GALACIA , SILVESTRE	IRCC	105.9	12B	34	■	■	■	♠
<a href="#">6440728</a>	ALLEN , KEVIN	IRFB	105.7	12G	25	■	■		♠
<a href="#">6440114</a>	SANDOVAL , KEVIN	IRCC	105.7	12H	33	■	■		♠
<a href="#">6439883</a>	DOE , JOHN	IRFB	105.5	12G	32	■	■		♠
<a href="#">6440730</a>	HOLMAN , JESSE	IRCC	103.9	-	51	■	■	■	♠
<a href="#">6440727</a>	POLK , DAVION	IRFB	103.9	-	33	■	■		♠
<a href="#">6428670</a>	SLAIGHT , ERIC	IRCC	102.6	-	31	■			♠
<a href="#">6428731</a>	MENGISTEAB , MERON	IRFB	102.6	12G	41	■	■		♠
<a href="#">6438834</a>	LOPEZ , ALFONSO	IRCC	101	12K	35	■		■	♠
<a href="#">6428691</a>	ASENCIO , DANIEL	IRFB	95.8	12G	22	■	■		♠
<a href="#">6428696</a>	WILLIAMS , MARCUS	IRCC	88.8	-	40	■	■		♠

<a href="#">6440873</a>	NEWMAN , JAMAL	IRCC	88.6	12H	33	■	■	■	
<a href="#">6441349</a>	COLEMAN , TIWAN	IRCC	88.3	12H	21	■	■	■	
<a href="#">6441348</a>	COOPER , STEVEN	IRCC	88.3	12H	41	■	■		
<a href="#">6441347</a>	TELLOR , VANESSA	IRCC	88.3	12H	28	■	■	■	
<a href="#">6441352</a>	RENTERIA , JOSEPH	IRCC	88.2	12H	30	■	■		
<a href="#">6441357</a>	PEREZCRUZ , CARLOS	IRCC	88.2	-	36	■	■	■	
<a href="#">6441346</a>	WEATHERSPOON , KALYNN	IRCC	88.2	12H	27	■	■	■	
<a href="#">6441324</a>	ARMENDARIZ , PETER	IRCC	87.9	12H	27	■	■	■	
<a href="#">6441042</a>	PURYEAR , KORY	IRCC	86.4	12B	24	■	■		
<a href="#">6441350</a>	GARCIA VARGAS , GUILLERMO	IRCC	86.4	12H	19	■			
<a href="#">6428718</a>	BARNES , MICHAEL	IRCC	86.3	114	62	■	■	■	
<a href="#">6442171</a>	HAWKINS , MARCEO	IRFB	86.3	12G	44	■	■		
<a href="#">6428773</a>	SANDOVAL , CARLOS	IRCC	85.1	12E	32	■	■	■	
<a href="#">6440159</a>	VALDEZ , PEDRO	IRFB	84.6	12G	26	■	■		
<a href="#">6428722</a>	GOMEZ , LEONARDO	IRCC	84.6	12E	32	■			
<a href="#">6440321</a>	BOOZE , BRIAN	IRFB	84.6	12G	47	■	■		
<a href="#">6441411</a>	HAIRSTON , JOHN	IRCC	84.6	12E	27	■	■		
<a href="#">6428791</a>	CISNEROS , BRIAN	IRCC	84.6	12E	19	■			


<a href="#">6441342</a>	TRUEBA , RYAN	IRCC	84.6	12E	34	■	■		
<a href="#">6427646</a>	FANACH , ALI	IRCC	84.6	12H	30	■	■		
<a href="#">6428751</a>	HORNE , HAYWOOD	IRCC	84.5	-	43	■	■		
<a href="#">6417999</a>	REYES , ANDREW	IRFB	82.4	12G	32	■	■		
<a href="#">6417010</a>	GARCIA , MAURICIO	IRFB	82.2	-	25	■		■	
<a href="#">6442210</a>	BULLOCK , BUDDY	IRFB	81.9	12G	22	■	■		
<a href="#">6440102</a>	SEGURA , SAMUEL	IRCC	81.9	12E	22	■			
<a href="#">6440683</a>	PHAMA , DAVID	IRCC	81.9	12A	38	■			
<a href="#">6440469</a>	VIZCAINO , FABIAN	IRCC	81.9	12E	37	■		■	
<a href="#">6440363</a>	PORTER , IRA	IRCC	81.9	12E	44	■			
<a href="#">6440323</a>	LIZARRAGA , ANDRES	IRCC	81.9	12A	30	■			
<a href="#">6440310</a>	SOSA , JULIAN	IRCC	81.9	12E	18	■			
<a href="#">6440197</a>	JONES , TONY	IRFB	81.9	12G	30	■			
<a href="#">6440238</a>	KNOWLES , PHILIP	IRCC	81.9	12E	54	■			
<a href="#">6441422</a>	SPENCER , AUBREY	IRCC	81.9	12E	49	■			
<a href="#">6427629</a>	CAMPOS , MIGUEL	IRCC	81.8	12B	27	■		■	
<a href="#">6440753</a>	HILL , CAMERON	IRCC	81.8	12E	26	■			
<a href="#">6440341</a>	HANCOX , ISSAC	IRCC	81.8	12E	20	■			
















<a href="#">6439961</a>	CHAVEZ , CHRISTOPHER	IRCC	79.3	12A	35	■	■	■	
<a href="#">6440579</a>	CRUZLOPEZ , RICARDO	IRCC	79.1	12B	35	■		■	
<a href="#">6441025</a>	SCHLEUTER , ALEXANDER	IRCC	79.1	—	33	■	■	■	
<a href="#">6439260</a>	SYKES , DAVONTE	IRCC	78.5	12A	29	■	■	■	
<a href="#">6440935</a>	RILEY , CHRISTOPHER	IRCC	76.7	12E	42	■			
<a href="#">6442182</a>	TORREZ , EDUARDO	IRCC	76.6	12A	26	■		■	
<a href="#">6440455</a>	BLEICHNER , CODY	IRCC	76.6	—	34	■			
<a href="#">6426302</a>	VANCE , KENNETH	IRCC	71.3	12H	37	■	■		
<a href="#">6441122</a>	LEONGOMEZ , JAIRO	IRCC	71	12B	31	■			
<a href="#">6441343</a>	MONTIEL , EMILIO	IRCC	70.3	12B	49	■			
<a href="#">6442360</a>	CORONA , DANIEL	IRCC	70.3	12B	48	■			
<a href="#">6442451</a>	SOTO , DOUGLAS	IRCC	70.3	12B	41	■			
<a href="#">6441285</a>	GASTELUM , BRIAN	IRCC	70.2	—	18	■			
<a href="#">6441451</a>	BONILLA , LEONARDO	IRCC	70.2	—	36	■			
<a href="#">6441039</a>	BAIRD , JOSHUA	IRCC	70.2	12B	28	■			
<a href="#">6441503</a>	HERNANDEZ , JUAN	IRCC	70.1	12B	25	■			
<a href="#">6441265</a>	BAEZ , ALEX	IRCC	69.4	12C	53	■		■	
<a href="#">6441136</a>	ALVAREZ , RUBEN	IRCC	69.4	12E	37	■	■	■	

<a href="#">6441366</a>	BROWN , CORY	IRFB	68.1	12A	43	■	■	■	
<a href="#">6441257</a>	CHASE , BRIAN	IRCC	66.6	12E	53	■		■	
<a href="#">6440667</a>	TUNSTALL , PETER	IRCC	65.5	12A	59	■	■	■	
<a href="#">6429638</a>	TAYLOR , ANTHONY	IRFB	64.8	—	38	■	■	■	
<a href="#">6442521</a>	THOMAS , VONTE	IRCC	64.7	114	43	■			
<a href="#">6442819</a>	MATHEWS , IVAN	IRCC	64.5	12E	33	■		■	
<a href="#">6428798</a>	BAILON , ARTEMIO	IRCC	64.3	—	33	■			
<a href="#">6442424</a>	DURAN GARCIA , ALEXANDER	IRCC	64.3	—	29	■			
<a href="#">6442520</a>	MARTIN , AARON	IRCC	64.3	—	35	■			
<a href="#">6441419</a>	MORALES , RUDY	IRCC	64.3	—	40	■			
<a href="#">6441402</a>	MIRANDA , LUIS	IRCC	64.3	—	38	■			
<a href="#">6441246</a>	DAVISHAMILTON , ANTHONY	IRCC	64.3	12E	35	■			
<a href="#">6442256</a>	WINGFIELD , ROBERT	IRCC	64.3	12E	26	■			
<a href="#">6442800</a>	SAVTALYAN , HAIG	IRCC	64.3	114	24	■			
<a href="#">6440933</a>	PRICE , PETER	IRFB	64.2	12G	60	■	■		
<a href="#">6442822</a>	SPARKS , JESSE	IRCC	63.5	—	19	■			
<a href="#">6428724</a>	PITTS , KEVIN	IRFB	63.5	12G	33	■	■		
<a href="#">6421852</a>	CARAVEO , GERALDO	IRCC	63.4	12B	61	■			

<a href="#">6442284</a>	RIVERA , CHARLES	IRCC	63.4	12B	35	■			
<a href="#">6442522</a>	JENKINS , KENDYL	IRCC	63.4	12E	27	■			
<a href="#">6429641</a>	MARCIANO , ANGELO	IRCC	63.3	-	31	■			
<a href="#">6441951</a>	COCHARAN , BRANDON	IRCC	63.3	12E	37	■			
<a href="#">6440818</a>	SALAMANCA , RIGOBERTO	IRCC	63.3	12B	42	■			
<a href="#">6442237</a>	MUNOZ , MICHAEL	IRCC	63.3	-	28	■			
<a href="#">6429689</a>	FRYE , JUSTIN	IRCC	63.3	-	28	■			
<a href="#">6442537</a>	BELL , WILLIE	IRCC	63.1	12B	59	■			
<a href="#">6439577</a>	VALDEZ , MAURICE	IRCC	63	12A	33	■			
<a href="#">6442488</a>	JOHNSON , ROBERT	IRCC	62.9	12E	34	■			
<a href="#">6442275</a>	ZORAN , ROSINI	IRCC	62.9	12A	66	■			
<a href="#">6441071</a>	MUNOZ , FRANK	IRCC	62.8	-	40	■	■	■	
<a href="#">6442805</a>	WENTWORTH , DANIEL	IRCC	62.5	25	26	■	■		
<a href="#">6442552</a>	ESPINOZA , FREDI	IRCC	62.5	12G	34	■	██████	■	
<a href="#">6442564</a>	LOA , CHRISTOPHER	IRCC	62.5	12B	43	■		■	
<a href="#">6440996</a>	GONZALEZ , HERBERT	IRCC	61.9	12D	37	■	■	■	
<a href="#">6429647</a>	WINTON , KYLE	IRCC	61.9	12C	42	■	■	■	
<a href="#">6441135</a>	CUCA , JULIO	IRFB	61.7	12G	26	■	██████		

<a href="#">6441079</a>	LINDEROTH , CHRISTOPHER	IRCC	61.4	-	39	■			
<a href="#">6441286</a>	BETHEL , CHUCK	IRCC	61.4	12D	39	■			
<a href="#">6441939</a>	HENDERSON , MARK	IRCC	61.4	25	57	■		■	
<a href="#">6442909</a>	ENRIQUEVASQUEZ , JOSE	IRCC	61.4	-	52	■			
<a href="#">6429646</a>	SELLAHENNADIGE , SAMEERAMENUK	IRCC	61.4	12B	32	■			
<a href="#">6442495</a>	GRAHAM , NICHOLAS	IRCC	61.4	-	40	■			
<a href="#">6442502</a>	RIOS , CHRISTOPHER	IRCC	61.4	-	29	■		■	
<a href="#">6442514</a>	LOPEZ , JONATHAN	IRCC	61.4	-	29	■	■		
<a href="#">6442532</a>	ESTRADA , SONNY	IRCC	61.4	-	49	■			
<a href="#">6442874</a>	GARCIA , JOSE	IRCC	61.4	12A	46	■			
<a href="#">6441078</a>	SANTOS , EDWARD	IRCC	61.4	12D	29	■			
<a href="#">6441045</a>	BATTLE , ANDRE	IRCC	61.4	12B	55	■			
<a href="#">6428650</a>	MARSHALL , AARON	IRCC	61.4	-	27	■			
<a href="#">6442252</a>	AVANISIAN , ASHOT	IRCC	61.4	12A	27	■			
<a href="#">6440840</a>	TRIANA , ISAIAH	IRCC	60.8	12A	20	■			
<a href="#">6440858</a>	PALMA , RALPH	IRCC	60.8	12B	61	■			
<a href="#">6441119</a>	HOPKINS , ANTONIO	IRCC	60.4	-	36	■	■	■	
<a href="#">6428633</a>	DELGADO , LORENZO	IRCC	60.4	-	31	■		■	



<a href="#">6440619</a>	MARBUERY , JERMAINE	IRCC	60.4	-	44	■		■	
<a href="#">6440745</a>	SOLIS , JASON	IRCC	60.4	-	50	■	■	■	
<a href="#">6440950</a>	FLORES , DAVID	IRCC	60.4	-	37	■		■	
<a href="#">6439944</a>	FERNANDEZ , HASSAN	IRFB	60.3	12G	29	■	■	■	
<a href="#">6440696</a>	CAMPBELL , TYSON	IRCC	60.3	12D	45	■		■	
<a href="#">6428705</a>	ALEXANDER , BILLY	IRCC	59.9	12H	36	■	■		
<a href="#">6441024</a>	HUGHES , HORACE	IRCC	59.9	-	30	■			
<a href="#">6442878</a>	MOREIRA , JONATHAN	IRCC	59.2	-	39	■			
<a href="#">6442814</a>	OROZCO , RAUL	IRCC	59.2	-	40	■			
<a href="#">6442823</a>	JARAMILLO , FABIAN	IRCC	59.2	-	41	■			
<a href="#">6440866</a>	RAMOS , ATANACIO	IRCC	59.2	-	33	■			
<a href="#">6442368</a>	CALDERON , EDWIN	IRCC	59.2	-	38	■	■	■	
<a href="#">6442240</a>	TORRES , WILLIAM	IRCC	59.2	-	34	■			
<a href="#">6440426</a>	HARRIS , DEWAYNE	IRCC	59.2	-	49	■			
<a href="#">6441455</a>	NUNEZ , EDWARD	IRCC	59.2	12B	67	■			
<a href="#">6440972</a>	SKIDMORE , AARON	IRCC	59.2	12B	35	■			
<a href="#">6440713</a>	RIVERA , HORACIO	IRCC	59.2	-	44	■			
<a href="#">6441275</a>	URIBE , BRANDON	IRCC	59.2	12B	25	■			


<a href="#">6441262</a>	PEREZ , EDDIE	IRCC	59.2	-	41	■			
<a href="#">6440831</a>	ROS , DETH	IRCC	59.2	-	41	■			
<a href="#">6441223</a>	BARBER , WILLIERAY	IRCC	59.2	-	23	■			
<a href="#">6440896</a>	LEYVA , JOSHUA	IRCC	59.2	12B	20	■			
<a href="#">6442887</a>	AGUILAR , JOSE	IRCC	59.2	-	36	■			
<a href="#">6442824</a>	NORRIS , JEWELL	IRCC	59.2	-	45	■			
<a href="#">6441115</a>	ORDONEZ , CHRISTOPHER	IRCC	59.2	12D	32	■			
<a href="#">6442812</a>	AVANT , DARRYL	IRCC	59.2	12B	21	■			
<a href="#">6442809</a>	PEREZ , GILBERTO	IRCC	59.2	-	36	■			
<a href="#">6442587</a>	BALLESTEROS , JOSE	IRCC	59.1	-	40	■			
<a href="#">6442475</a>	VILLA , DAVID	IRCC	59.1	-	38	■			
<a href="#">6442179</a>	SLAUGHTER , ALLEN	IRFB	59.1	12G	34	■	■		
<a href="#">6441961</a>	SCHMERBER , JONATHAN	IRCC	59.1	25	28	■			
<a href="#">6441404</a>	HARRISON , LARRY	IRCC	59.1	12B	20	■			
<a href="#">6441301</a>	NISANI , RYAN	IRCC	59.1	-	21	■			
<a href="#">6441289</a>	KLINCKE , DILLON	IRCC	59.1	-	31	■			
<a href="#">6441248</a>	REESE , GIOVANNI	IRCC	59.1	12B	41	■			
<a href="#">6441202</a>	NEVIASER , NATHAN	IRCC	59.1	12E	28	■			

<a href="#">6441195</a>	VILLALPANDO , JOSE	IRCC	59.1	-	34	■			
<a href="#">6441086</a>	VERVER , JOSE	IRCC	59.1	-	28	■			
<a href="#">6441073</a>	JOHN , STEPHEN	IRCC	59.1	-	44	■			
<a href="#">6441036</a>	CEJA , JOAQUIN	IRCC	59.1	-	44	■			
<a href="#">6440969</a>	LAWLER , NICHOLAS	IRCC	59.1	-	29	■			
<a href="#">6440939</a>	AVELLONE , DEVIN	IRCC	59.1	-	42	■			
<a href="#">6440893</a>	ZALDANATERAUDS , IAN	IRCC	59.1	-	28	■			
<a href="#">6440854</a>	MORENO , MIGUEL	IRCC	59.1	-	20	■			
<a href="#">6440841</a>	HENDRICKS , CODY	IRCC	59.1	-	30	■			
<a href="#">6440817</a>	ANDRADE , VICTOR	IRCC	59.1	-	25	■			
<a href="#">6440802</a>	CONTRERASRAYAS , HECTOR	IRCC	59.1	-	35	■	■		
<a href="#">6440770</a>	SMITH , WALTER	IRCC	59.1	12B	35	■			
<a href="#">6429722</a>	MUNOZ-FUENTES , MARGARITO	IRCC	59.1	12B	40	■			
<a href="#">6440679</a>	DIAZ , NESTOR	IRCC	59.1	12B	24	■			
<a href="#">6442515</a>	HUERTA , LOUIS	IRCC	59	12B	28	■			
<a href="#">6441143</a>	WOODARD , JERRY	IRCC	59	-	62	■			
<a href="#">6429702</a>	GONZALEZ , JOSE	IRCC	59	12A	30	■			
<a href="#">6440882</a>	AYALA , NICHOLAS	IRCC	59	-	32	■			

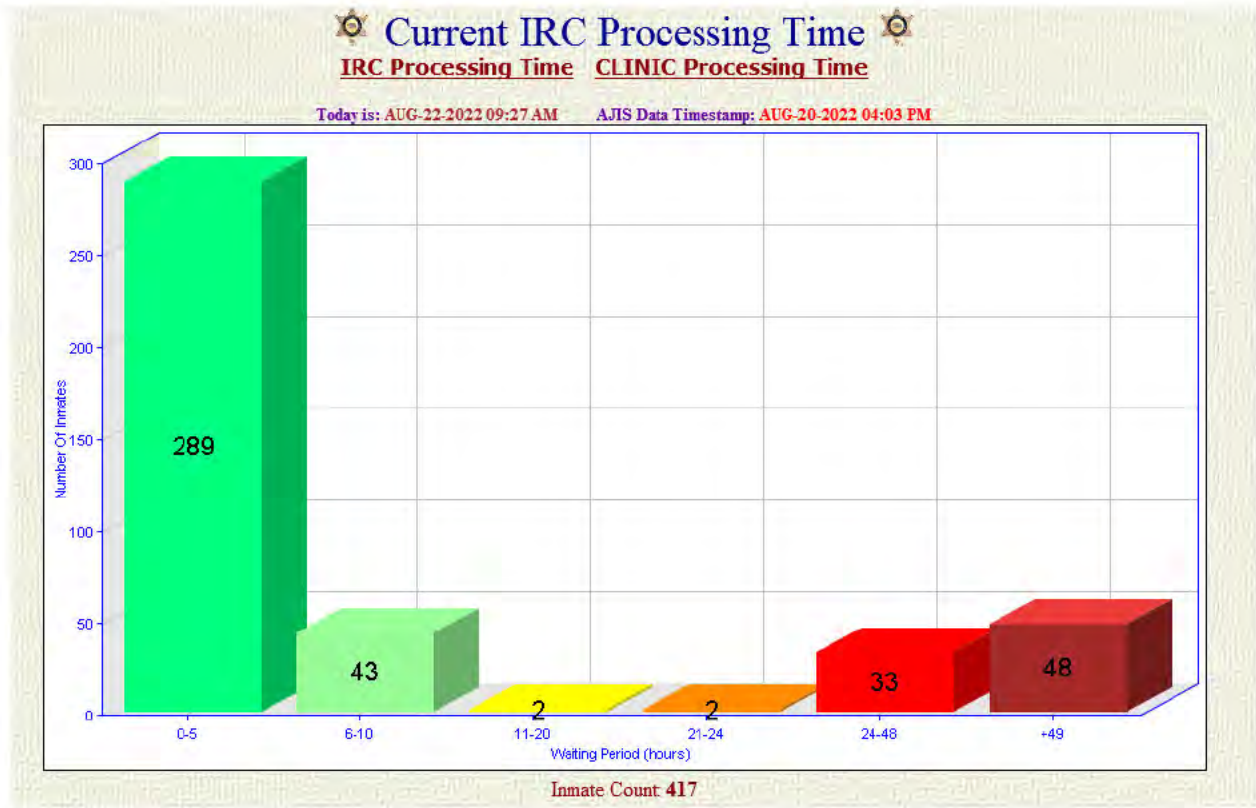
<a href="#">6429710</a>	MORALES , STEVEN	IRCC	59	12B	38	■			
<a href="#">6428667</a>	CUMBERLAND , DJUAN	IRCC	59	12E	33	■			
<a href="#">6429688</a>	BROWN , DAYVON	IRCC	59	-	26	■			
<a href="#">6440911</a>	ATKINS , FRANK	IRCC	58.5	-	70	■			
<a href="#">6442513</a>	MONTOYA , RUDY	IRCC	58.3	-	46	■	■	■	
<a href="#">6428810</a>	ESTEVEZ , HENRY	IRCC	58.1	-	45	■			
<a href="#">6441159</a>	FLORES , ANTHONY	IRCC	58.1	-	19	■			
<a href="#">6441258</a>	FLORES , ANTONIO	IRCC	58.1	-	49	■			
<a href="#">6442825</a>	MARSH , CHARLES	IRCC	57.8	-	57	■			
<a href="#">6442968</a>	ARGUELLO , GERARDO	IRCC	57.2	-	29	■	■		
<a href="#">6443112</a>	JIMENEZ REYES , DENNIS	IRCC	56.9	-	34	■		■	
<a href="#">6440442</a>	REYES , SILVESTER	IRCC	56.5	-	41	■			
<a href="#">6441127</a>	HATTEN , LEE	IRCC	56.5	-	65	■			
<a href="#">6442967</a>	DIAZ , ALEX	IRCC	55.6	-	50	■			
<a href="#">6440260</a>	ZUNIGA , ABEL	IRCC	55.6	25	30	■			
<a href="#">6440247</a>	HERNANDEZ , ANDERSON	IRCC	55.6	12A	35	■			
<a href="#">6440267</a>	ALVARADO , LOUIE	IRCC	55.6	12A	29	■			
<a href="#">6440269</a>	HERNANDEZ , ALVARO	IRCC	55.6	-	38	■			

<a href="#">6440274</a>	YOUNG , MICHAEL	IRCC	55.6	-	67	■	■		
<a href="#">6440899</a>	VALDEZ , KEVIN	IRCC	55.6	25	25	■			
<a href="#">6440246</a>	GOMEZ , ANDRES	IRCC	55.6	25	38	■			
<a href="#">6442913</a>	VELA , CARLOS	IRCC	55.5	-	44	■			
<a href="#">6442590</a>	MOORE , SHEFNER	IRCC	55.5	-	28	■			
<a href="#">6443060</a>	CARDENAS , JUAN	IRCC	55.5	12B	46	■			
<a href="#">6429673</a>	MARTINEZ , MARIO	IRCC	55.5	12D	36	■			
<a href="#">6442979</a>	GUZMAN , ADAN	IRCC	55.5	12A	28	■			
<a href="#">6429760</a>	BELCHER , DOUGLAS	IRCC	55.5	-	47	■			
<a href="#">6429726</a>	LEWIS , RYAN	IRCC	55.1	-	33	■			
<a href="#">6440837</a>	ESCOBEDO , DANIEL	IRCC	54.5	12M	40	■	■	■	
<a href="#">6438587</a>	CARR , RONALD	IRCC	54	12K	56	■			
<a href="#">6429755</a>	GUTIERREZ , JOVANNY	IRCC	53.9	12B	34	■			
<a href="#">6443132</a>	CRUZ , GARY	IRCC	50.2	-	60	■			
<a href="#">6442454</a>	WARD , MITCHELL	IRCC	50.2	-	35	■			
<a href="#">6443193</a>	PINEDAROBLEDO , ABEL	IRCC	50.2	-	26	■			
<a href="#">6443182</a>	BANOS , JHEAN	IRCC	50.2	-	28	■			
<a href="#">6429783</a>	ROMAN , JOSE	IRCC	50.2	12C	28	■			



<a href="#">6201466</a>	FOREMAN , MICHAEL	IRCC	50.1	-	43	■	■		
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Inmates: **235**



















There are 83 inmates in IRC Processing over 24 hours

**Inmates In IRC Between  
20 and 24 Hours**

Booking Number	INMATE NAME	MODULE	HOURS	TEMP LOC	AGE	Sec Lvl	Spec Hndl	Keep Away	Details
<a href="#">6440188</a>	DOWELL , CHARLES	I231	21.7	114	50	■	■	■	
<a href="#">6438716</a>	SALCIDA , THOMAS	IRCC	20.2		35	■	■		

Inmates: 2








**Inmates In IRC Between  
24 and 48 Hours**

Booking Number	INMATE NAME	MODULE	HOURS	TEMP LOC	AGE	Sec Lvl	Spec Hndl	Keep Away	Details
<a href="#">6429631</a>	MATTHEWS , JAMAL	IRCL	47.7		35	■			
<a href="#">6443319</a>	DEMIRCHYAN , GRIGOR	IRCA	47.4		64	■	■	■	
<a href="#">6442226</a>	MACHUCA , ALAN	IRCL	47.2		26	■		■	
<a href="#">6442512</a>	ADDLEMAN , CLAYTON	IRCL	47.1		31	■	■	■	
<a href="#">6438271</a>	PULIDO , CESAR	IRCL	46.7		39	■			
<a href="#">6182075</a>	REYNOLDS , NICHALOUS	IRCL	46.7		34	■		■	
<a href="#">6417187</a>	FLEMING , WILLIAM	IRCL	46.5		62	■			
<a href="#">6441168</a>	ROCHA , CHRISTOPHER	IRCL	45.9		38	■			
<a href="#">6439833</a>	BUHL , JACOB	IRCL	45.8		30	■			
<a href="#">6442877</a>	SIMONYAN , VANIK	IRCL	45.2		36	■			
<a href="#">5922187</a>	RESPERT , CALVIN	IRCL	45.1		43	■	■		
<a href="#">6283402</a>	JONES , MARCUS	IRCL	45.1		29	■		■	
<a href="#">6278117</a>	MORGAN , KEVIN	IRCL	45.1		25	■			
<a href="#">6441055</a>	MARTINEZ , MANUEL	IRCL	45.1		25	■			
<a href="#">6382473</a>	HARRIS , CHARLY	IRCL	45.1		42	■	■		
<a href="#">6428941</a>	DIAZ , RAUL	IRCL	45		33	■			


<a href="#">6208388</a>	STEWART , KENDALL	IRCL	45		19	■	■	■	♠
<a href="#">6441368</a>	ARAGON , RICHARD	IRCL	44.7		33	■		■	♠
<a href="#">6443048</a>	LOPEZ , ANDRES	IRCL	43.9		42	■		■	♠
<a href="#">6441427</a>	ROBBINS , DANIEL	IRCL	43.9		27	■			♠
<a href="#">6308853</a>	GONZALEZ , ERIC	IRRA	43.8		48	■	■		♠
<a href="#">6427637</a>	OROZCO , MICHAEL	IRCL	43.7		27	■			♠
<a href="#">6443342</a>	BREE , WILLIAM	IRBF	43.2		42	■			♠
<a href="#">6359275</a>	MENDEZ , JONATHAN	IRCL	43.1		20	■			♠
<a href="#">6400477</a>	WHITE , CHRISTOPHER	IRCL	43		26	■		■	♠
<a href="#">6197830</a>	MARTINEZ , CRISTOPHER	IRCL	43		29	■	■	■	♠
<a href="#">6388360</a>	GARCIA , CRESCENCIO	IRRA	42.8		45	■	■		♠
<a href="#">6436482</a>	HERNANDEZ , FRANCISCO	IRCL	42.7		36	■			♠
<a href="#">6417770</a>	KATES , TYRONE	IRRA	42.3		66	■	■		♠
<a href="#">6273035</a>	LAMB , RUSSELL	IRCL	42.2		55	■	■		♠
<a href="#">6393853</a>	MUNSTARMAN , MICHAEL	IRRA	42.2		40	■	■		♠
<a href="#">6443387</a>	ARRIOLA , ANTHONY	IRCA	41.7		28	■			♠
<a href="#">6413734</a>	COOPER , KASUN	IRCL	41.6		27	■	■		♠











Inmates: 33

**Inmates In IRC Between  
49 and 10000 Hours**

Booking Number	INMATE NAME	MODULE	HOURS	TEMP LOC	AGE	Sec Lvl	Spec Hndl	Keep Away	Details
<a href="#">6433677</a>	MONTOYA , JEREMY	IRIC	167.3		32	■	■	■	
<a href="#">6273313</a>	SORCHINI , GIOVANNI	IRIC	104.7		39	■			
<a href="#">6178318</a>	WILSON , DAVID	IRIC	104.7		30	■	■	■	
<a href="#">6442564</a>	LOA , CHRISTOPHER	IRCC	64.2	12B	43	■		■	
<a href="#">6422363</a>	WOLFORD , MICHAEL	IRCL	59.4		34	■	■	■	
<a href="#">6428658</a>	DURAN , ANGEL	IRCL	59		26	■	■	■	
<a href="#">6442376</a>	DELATORRE , ANTHONY	IRCL	59		37	■	■	■	
<a href="#">6442559</a>	GILLESPIE , WILLIAM	IRCA	58.6		60	■			
<a href="#">6290452</a>	ORTIZ , GERMAN	IRCL	58.2		23	■	■	■	
<a href="#">6442339</a>	OKYERE , FRANCIS	IRCL	57.7		70	■			
<a href="#">6427703</a>	PYPER , DEREK	IRCL	56.9		52	■	■	■	
<a href="#">6440874</a>	BROCK , RONALD	IRCL	55.8		66	■	■	■	
<a href="#">6440687</a>	EREMAN , THOMAS	IRCL	55.6		59	■			
<a href="#">6439970</a>	DYMOND , DAVID	IRCL	55.2		46	■			
<a href="#">6438330</a>	CASH , DANA	IRCL	55.1		26	■			



<a href="#">6384588</a>	JOVEL , ROSA	IRCL	54.8		31	■	■		
<a href="#">6442472</a>	MEDINA , MISAEL	IRCL	54.8		27	■			
<a href="#">6429708</a>	DIEGO JUAN , JUANDIEGO	IRCL	54.5		25	■	■	■	
<a href="#">6440809</a>	MADRID , DAVID	IRCL	54.5		57	■	■	■	
<a href="#">6439298</a>	PINEDA , EDIC	IRCL	53.8		44	■			
<a href="#">6441477</a>	SALAZAR , MAGDALENO	IRCL	53.5		44	■			
<a href="#">6440308</a>	QUIJAS , FRANCISCO	IRCL	53.4		32	■	■	■	
<a href="#">6440268</a>	COBO , KENNY	IRCL	53.2		37	■			
<a href="#">6441175</a>	DOMIO , GEORGE	IRCL	52.6		65	■			
<a href="#">6426328</a>	SCHROEDER , SCOTT	IROH	52.3		41	■	■		
<a href="#">6442903</a>	AVILA , ULISES	IRCL	52.3		36	■			
<a href="#">6442173</a>	RUIZ , CHRISTOPHER	IRCL	52.2		22	■			
<a href="#">6441191</a>	VARGAS , JOVAN	IRCL	52		36	■			
<a href="#">6441216</a>	LOZANO , JOSE	IRCL	52		33	■			
<a href="#">6437946</a>	ROBERSON , PRESTON	IRCL	51.9		27	■			
<a href="#">6441276</a>	ROBINSON , SHANE	IRCL	51.8		19	■			
<a href="#">6442975</a>	MCCORD , SHAWN	IRCL	51.2		19	■			
<a href="#">6442844</a>	BUSTOS , ABRAHAM	IRCL	51.2		18	■			

<a href="#">6442575</a>	ALEY , GERARDO	IRCL	51.2		21	■			
<a href="#">6440838</a>	GARZA , JOHNNY	IRCL	50.9		26	■			
<a href="#">6440632</a>	SALCEDO , ANDREW	IRCL	50.7		28	■			
<a href="#">6440741</a>	NAVARRO , JAVIER	IRCL	50.7		36	■	■		
<a href="#">6442242</a>	MERCADO , JOSE	IRCL	50.7		21	■			
<a href="#">6441214</a>	ESTRADA , MICHAEL	IRCL	50.4		31	■			
<a href="#">6440957</a>	HERNANDEZ , JIMMY	IRCL	50.2		31	■			
<a href="#">6441198</a>	JIMENEZ , JESUS	IRCL	49.8		48	■			
<a href="#">6440697</a>	ZAVALA , FIDEL	IRCL	49.6		37	■	■		
<a href="#">6442285</a>	COLBERT , ROBERT	IRCL	49.4		33	■			
<a href="#">6429714</a>	AVILA-MARRUFO , RICHARD	IRCL	49.1		26	■			
<a href="#">6429705</a>	RODRIGUEZ , SERGIO	IRCL	49.1		39	■			
<a href="#">6440945</a>	MANUEL , DARIUS	IRCL	49.1		24	■	■		
<a href="#">6429709</a>	AKINYEMI , BABATUNDE	IRCL	49.1		43	■			
<a href="#">6440943</a>	MARQUEZLARREYNA, ANDY	IRCL	49.1		25	■			

Inmates: 48

# **Sub-Exhibit C**

AGN. NO.

**MOTION BY SUPERVISOR HOLLY J. MITCHELL**

June 14, 2022

**Expanding Office of Diversion and Reentry Housing**

There are nearly 13,000 people in the Los Angeles County (County) jail system. Nearly forty-three percent of the jail’s population is suffering due to mental health needs, a 21 percent increase since 2020. Incredibly, six out of ten women in County jails have serious mental illnesses and there are significant racial disparities in who is incarcerated, with mostly Black and Latinx/Hispanic people languishing in jails.

As the County continues to embrace a “Care First” vision, it is essential that we properly address the mental health needs of this population rather than expose them to turbulent and violent conditions that exacerbate their conditions. Urgent action is also necessary to relieve the constant pressure on County jail staff.

The County Department of Health Services’ Office of Diversion and Reentry (ODR) has demonstrated success in addressing this crisis, but it’s housing program has not been able to expand services beyond its 2,200-bed capacity because of financial constraints. In 2015, the Board of Supervisors created ODR to reduce the number of people incarcerated in County jails with mental health and/or substance use disorders who are at risk of homelessness, to reduce recidivism, and to improve the health outcomes of justice-involved populations who have the most serious underlying health needs.

Since its creation, the County courts have released 7,414 persons from jail and

- MORE -

MOTION

SOLIS \_\_\_\_\_

KUEHL \_\_\_\_\_

HAHN \_\_\_\_\_

BARGER \_\_\_\_\_

MITCHELL \_\_\_\_\_

## MOTION BY SUPERVISOR HOLLY J. MITCHELL

June 14, 2022

Page 2

into ODR's care where they have received community-based treatment and various types of supportive housing programs. (See Attachment A). A 2020 RAND study determined that 61 percent of individuals in County jails – more than 3,600 people – are candidates for diversion. Another RAND Corporation study of ODR's Supportive Housing Program found that 91 percent of its clients had stable housing after six months; 74 percent had stable housing after twelve months; and 86 percent had no new felony convictions after a year.

Numerous studies have confirmed that ODR's programming is successful at stabilizing persons with serious mental illness so that they can safely live in the community. In turn, by stabilizing people with serious mental illness who so often cycle between jails and homelessness, ODR's housing model provides targeted resources to reduce housing instability for this high needs population. In addition, preliminary results of a study by UCLA of 962 ODR clients show that their medical and mental health hospitalization and emergency department visit rates decreased dramatically after they enrolled in ODR programs (See below).

**Table 2. Medical Health Utilization Rate (per 100,000 clients) in pre and post 12 Months of Enrollment**

<i>Variable</i>	<i>In pre 12 months</i>	<i>In post 12 months</i>
<b>Number of hospitalizations (per 100,000 clients)</b>	156,128	63,454
<b>Number of ED visits (per 100,000 clients)</b>	313,092	116,896
<b>Number of primary care visits (per 100,000 clients)</b>	92,200	199,249
<b>Number of specialty visits (per 100,000 clients)</b>	59,888	92,490

**Table 3. Mental Health Utilization Rate (per 100,000 clients) in pre and post 12 Months of Enrollment**

<i>Variable</i>	<i>In pre 12 months</i>	<i>In post 12 months</i>
<b>Number of hospitalizations (per 100,000 clients)</b>	71,587	20,775
<b>Number of ED visits (per 100,000 clients)</b>	56,546	17,271



June 14, 2022

Page 3

ODR recently demonstrated its ability to quickly scale up its programs and services in response to the COVID-19 pandemic. ODR and its community-based partners, with the support of one-time federal COVID-19 response funding, quickly diverted and housed 211 individuals who were released from County jails and provided thousands of individuals with wraparound reentry services. As a result, many vulnerable residents were diverted from homelessness and removed from an environment where they were at high risk of becoming infected with the COVID-19 virus.

Despite the demonstrated efficacy of the ODR model and numerous efforts to develop a funding road map, including motions in [May 2019](#), in [July 2020](#), and in [June 2021](#), sufficient funding has not been identified to scale up diversion efforts to keep pace with the growing need. On April 28, 2022, the Mental Health Commission voted to strongly recommend that the Department of Mental Health (DMH) allocate \$25 million a year in Mental Health Services Act (MHSA) funds to support ODR services to MHSA-eligible clients. DMH Program and Finance staff are still evaluating this proposal.

The Chief Executive Officer (CEO) has previously been tasked with providing recommendations to secure ongoing funding to maintain ODR's work for existing clients and to address the impending "fiscal cliff" it faces when current one-time funds are fully expended. Although the \$30 million of funding the CEO recommended for the 2022-23 fiscal year is a great step, it does not address ODR's \$29 million deficit and allow ODR to further expand its services.

**I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:**

1. Instruct the Chief Executive Officer (CEO) to report back in writing during the Fiscal Year (FY) 2022-23 Supplemental Budget to recommend a process for identifying ongoing funding sufficient to expand the County-funded Office of Diversion and Reentry (ODR) Housing program by at least 500 additional beds, increasing the number of ODR Housing program beds to 2,700 (above what is currently feasible with existing ODR resources) by July 1, 2023, with consideration for funding sources including, but not limited to, AB 109 and Net County Cost.
2. Instruct the CEO, in collaboration with the Interim Director of ODR and other

June 14, 2022

Page 4

relevant stakeholders, to report back in writing during FY 2023-24 Recommended Budget with funding recommendations for expanding ODR Housing and expanding community based mental health care, including a discussion of what funding sources are available. This report should:

- a. Include funding recommendations for expanding ODR Housing by 1,000 additional beds in FY 2023-24, increasing the total number of ODR Housing program beds to 3,700.
- b. Include funding recommendations for increasing capacity by at least 3,600 beds for community-based mental healthcare, increasing the total number of ODR Housing program beds to 5,800; and 400 beds for individuals with serious medical, substance use disorder and/or other housing needs.

# # #

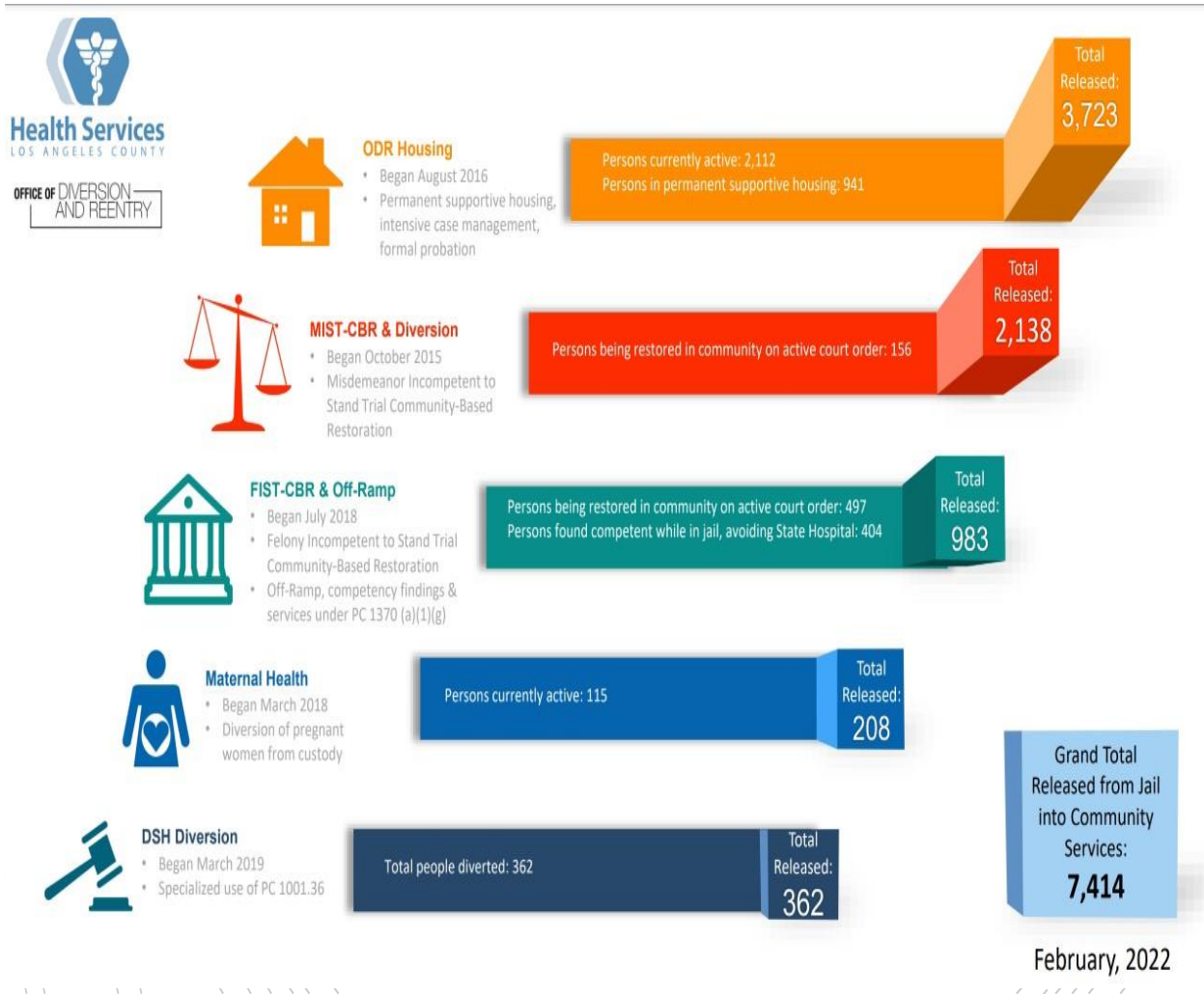
(JM/YV/CAS)

MOTION BY SUPERVISOR HOLLY J. MITCHELL

June 14, 2022

Page 5

Attachment A:



# **Sub-Exhibit D**

AGN. NO.

MOTION BY SUPERVISOR HOLLY J. MITCHELL

June 28, 2022

**Expanding Office of Diversion and Reentry Housing**

There are nearly 13,000 people in the Los Angeles County (County) jail system. Nearly 43 percent of the jail’s population is suffering due to mental health needs, a 21 percent increase since 2020. Incredibly, six out of ten women in County jails have serious mental illnesses and there are significant racial disparities in who is incarcerated, with mostly Black and Latinx/Hispanic people languishing in jails.

As the County continues to embrace a “Care First” vision, it is essential that we properly address the mental health needs of this population rather than expose them to turbulent and violent conditions that exacerbate their conditions. Urgent action is also necessary to relieve the constant pressure on County jail staff.

The County Department of Health Services’ Office of Diversion and Reentry (ODR) has demonstrated success in addressing this crisis, but it’s housing program has not been able to expand services beyond its 2,200-bed capacity because of financial constraints. In 2015, the Board of Supervisors created ODR to reduce the number of people incarcerated in County jails with mental health and/or substance use disorders who are at risk of homelessness, to reduce recidivism, and to improve the health outcomes of justice-involved populations who have the most serious underlying health needs.

Since its creation, the County courts have released 7,414 persons from jail and

- MORE -

MOTION

SOLIS	_____
KUEHL	_____
HAHN	_____
BARGER	_____
MITCHELL	_____



MOTION BY SUPERVISOR HOLLY J. MITCHELL

June 28, 2022

Page 2

into ODR’s care where they have received community-based treatment and various types of supportive housing programs. (See Attachment A). A 2020 RAND Corporation study determined that 61 percent of individuals in County jails – more than 3,600 people – are candidates for diversion. Another RAND Corporation study of ODR’s Supportive Housing Program found that 91 percent of its clients had stable housing after six months; 74 percent had stable housing after twelve months; and 86 percent had no new felony convictions after a year.

Numerous studies have confirmed that ODR’s programming is successful at stabilizing persons with serious mental illness so that they can safely live in the community. In turn, by stabilizing people with serious mental illness who so often cycle between jails and homelessness, ODR’s housing model provides targeted resources to reduce housing instability for this high need population. In addition, preliminary results of a study by UCLA of 962 ODR clients show that their medical and mental health hospitalization and emergency department visit rates decreased dramatically after they enrolled in ODR programs (See below).

**Table 2. Medical Health Utilization Rate (per 100,000 clients) in pre and post 12 Months of Enrollment**

<i>Variable</i>	<i>In pre 12 months</i>	<i>In post 12 months</i>
<b>Number of hospitalizations (per 100,000 clients)</b>	156,128	63,454
<b>Number of ED visits (per 100,000 clients)</b>	313,092	116,896
<b>Number of primary care visits (per 100,000 clients)</b>	92,200	199,249
<b>Number of specialty visits (per 100,000 clients)</b>	59,888	92,490

**Table 3. Mental Health Utilization Rate (per 100,000 clients) in pre and post 12 Months of Enrollment**

<i>Variable</i>	<i>In pre 12 months</i>	<i>In post 12 months</i>
<b>Number of hospitalizations (per 100,000 clients)</b>	71,587	20,775
<b>Number of ED visits (per 100,000 clients)</b>	56,546	17,271

June 28, 2022

Page 3

ODR recently demonstrated its ability to quickly scale up its programs and services in response to the COVID-19 pandemic. ODR and its community-based partners, with the support of one-time federal COVID-19 response funding, quickly diverted and housed 211 individuals who were released from County jails and provided thousands of individuals with wraparound reentry services. As a result, many vulnerable residents were diverted from homelessness and removed from an environment where they were at high risk of becoming infected with the COVID-19 virus.

Despite the demonstrated efficacy of the ODR model and numerous efforts to develop a funding road map, including motions in [May 2019](#), in [July 2020](#), and in [June 2021](#), sufficient funding has not been identified to scale up diversion efforts to keep pace with the growing need. On April 28, 2022, the County's Mental Health Commission voted to strongly recommend that the Department of Mental Health (DMH) allocate \$25 million a year in Mental Health Services Act (MHSA) funds to support ODR services for MHSA-eligible clients. DMH Program and Finance staff are still evaluating this proposal.

The Chief Executive Officer (CEO) has previously been tasked with providing recommendations to secure ongoing funding to maintain ODR's work for existing clients and to address the impending "fiscal cliff" it faces when current one-time funds are fully expended. Although the \$30 million of funding the CEO recommended for the 2022-23 fiscal year is a great step, it does not address ODR's \$29 million deficit and allow ODR to further expand its services.

**I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:**

1. Instruct the Chief Executive Officer (CEO) to report back in writing during the Fiscal Year (FY) 2022-23 Supplemental Budget with an update on the structural deficit of the Office of Diversion and Reentry (ODR), an analysis of the cost required for expansion, and a plan to identify ongoing funding to expand the ODR Housing program by 500 additional beds, increasing the number of ODR Housing program beds to 2,700 (above what is currently feasible with existing ODR resources) by July 1, 2023, and recommendations of potential funding sources, including, AB 109, Net County Cost, and State Medi-Cal funds.
  - a. The report should include an update on the status of the Memorandum of

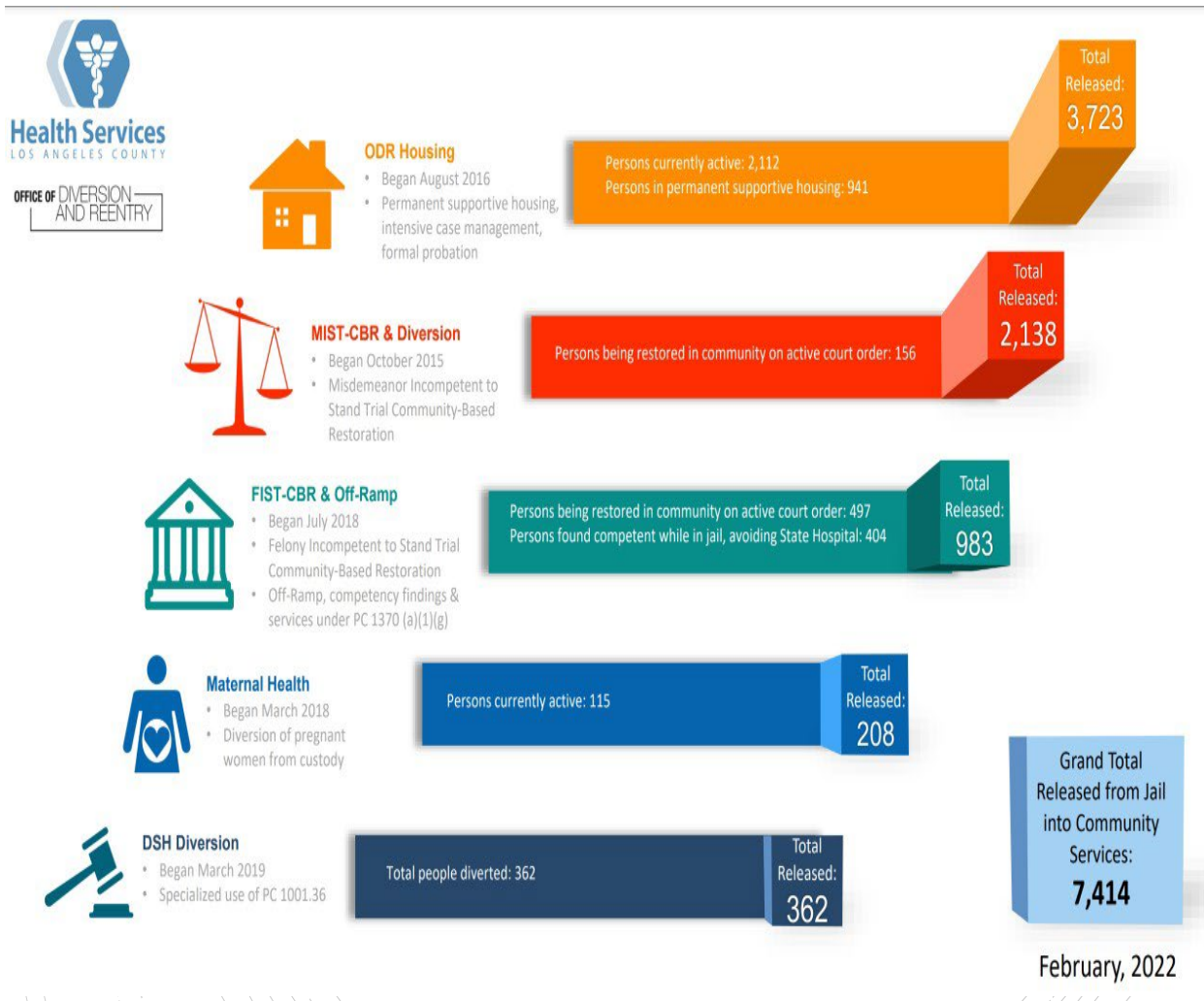
Agreement (MOA) between the Department of Health Services and Department of Mental Health (DMH), an analysis of funding that is made available through the MOA, and plans to use those funds to expand ODR Housing program beds and services.

- b. The report should also include recommendations from the CEO-Chief Information Officer to formalize a data and outcomes analysis plan for ODR to include, at minimum, the following data points:
  - i. The number of clients referred (including those not accepted);
  - ii. The number of clients referred to the DMH Intensive Care Division, Lanterman-Petris-Short conservatorship, and Full Service Partnership;
  - iii. The number of clients who elope;
  - iv. Recidivism rates and rates of refusals to participate (including time of stay between leaving jail and leaving/refusing to participate);
  - v. The number of clients who fail due to non-compliance or are engaged in violence, substance use, or other behaviors for which they must be moved to higher levels of care;
  - vi. Number of clients who transition into non-ODR long-term housing.

# # #

(JM/YV/CAS)

Attachment A:



# **Sub-Exhibit E**



AGN. NO.

AMENDMENT BY SUPERVISOR KUEHL

June 28, 2022

MOTION BY SUPERVISOR HOLLY J. MITCHELL

**Expanding Office of Diversion and Re-Entry Housing**

**I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:**

1. Instruct the Chief Executive Officer (CEO) to report back in writing during the Fiscal Year (FY) 2022-23 Supplemental Budget with an update on the structural deficit of the Office of Diversion and Reentry (ODR), an analysis of the cost and timeline required for expansion with consideration of other “Care-First Jails Last” Board priorities,, and a plan to identify ongoing funding to expand the ODR Housing program by 500 additional slots ~~beds~~, increasing the number of ODR Housing program slots ~~beds~~ to 2,700 (above what is currently feasible with existing ODR resources) ~~by July 1, 2023~~, and recommendations of potential funding sources, including AB109, Net County Cost, and State Medi-Cal funds.

a. The report should include an update on the status of the Memorandum of Agreement (MOA) between the Department of Health Services and the Department of Mental Health (DMH), an analysis of funding that is made available through the MOA, and plans to use those funds to expand ODR Housing program beds and services.

b. The report should also include recommendations from the CEO-Chief Information Officer to formalize a data and outcomes analysis plan for ODR to include, at a minimum, the following data points:

**MOTION**

Solis	_____
Kuehl	_____
Hahn	_____
Barger	_____
Mitchell	_____

- i. The number of clients referred (including those not accepted);
- ii. The number of clients referred to the DMH Intensive Care Division, Lanterman-Petris-Short conservatorship, and Full Service Partnership;
- iii. The number of clients who elope;
- iv. Recidivism rates and rates of refusals to participate (including time of stay between leaving jail and leaving/refusing to participate);
- v. The number of clients who fail due to non-compliance or are engaged in violence, substance use, or other behaviors for which they must be moved to higher levels of care;
- vi. Number of clients who transition into non-ODR long-term housing.

# **Sub-Exhibit F**



# County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration  
500 West Temple Street, Room 713, Los Angeles, California 90012  
(213) 974-1101  
<http://ceo.lacounty.gov>

FESIA A. DAVENPORT  
Acting Chief Executive Officer

Board of Supervisors  
HILDA L. SOLIS  
First District

MARK RIDLEY-THOMAS  
Second District

SHEILA KUEHL  
Third District

JANICE HAHN  
Fourth District

KATHRYN BARGER  
Fifth District

November 17, 2020

To: Supervisor Kathryn Barger, Chair  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn

From: Fesia A. Davenport  
Acting Chief Executive Officer

## ADDRESSING THE OFFICE OF DIVERSION AND RE-ENTRY BUDGET

On September 29, 2020, the Chief Executive Office (CEO) presented the Board of Supervisors (Board) with its Fiscal Year (FY) 2020-21 Supplemental Budget request. As part of that request, we recommended \$30.0 million in one-time funding to sustain existing services for the Office of Diversion and Re-entry (ODR) to be made available in FY 2020-21. We also committed to report back in 45 days with additional information to help address ODR's ongoing budget deficit and possible options for service expansion.

ODR provides services to clients via: 1) the ODR Housing Program (currently budgeted for 2,200 slots) primarily funded by net County cost (NCC); and 2) various community-based treatment and re-entry services and additional housing programs, both funded through a variety of funding sources, including various grants. The majority of ODR clients, whether serviced by NCC or grant-funded programs, generally receive physical and mental health services, as well as housing<sup>1</sup>, that includes Intensive Case Management Services (ICMS).

Given the mental health acuity level of the clients served by ODR via the Housing Program, the services and housing are typically expected to continue in perpetuity, this model limits ODR's ability to turnover existing slots and thereby serve additional clients. Based on anticipated program expenditures, ODR has an annual structural imbalance between ongoing costs and ongoing funding of approximately \$80.0 million.

<sup>1</sup> The goal for ODR is placement of clients in permanent supportive housing; however, given the needs of clients served, clients are often placed in interim housing, which is more costly, until a permanent supportive housing slot is deemed appropriate and found. The 2,200 housing program slots are comprised of costs to support a combination of permanent and interim housing slots, and the mix of these slots fluctuates over time depending on the needs.

Each Supervisor  
November 17, 2020  
Page 2

On November 3, 2020, Los Angeles County (County) voters approved Measure J by nearly 60 percent, signaling a desire by County voters to invest in social services and jail diversion programs. Measure J amended the County's charter (Charter Amendment) and requires that no less than 10 percent of locally generated unrestricted revenue be earmarked for a variety of services, including social services, housing, mental health treatment, as well as direct community investments. Further, Measure J prohibits the use of these funds for carceral systems and law enforcement agencies. The Charter Amendment becomes effective on July 1, 2021, and allows for implementation of the 10 percent allocation over three years, with the full set-aside in effect by June 30, 2024.

On November 10, 2020, the Board approved a motion by Supervisors Kuehl and Solis to establish a transparent process to allocate Measure J funding. The motion directs the establishment of a 17-member Re-Imagine LA Advisory Committee (Advisory Committee). The motion identifies two distinct investment areas: 1) Direct Community Investments; and 2) investments in Alternatives to Incarceration. Many of the programs and services provided by ODR fall squarely within the investment areas identified in the motion making ODR services a priority for funding in any Board adopted spending plan developed by the Advisory Committee. Additionally, the Board has put forward several other motions over the last three years, directing the identification of funding for additional expansion of ODR's services. Although \$20.0 million in ongoing funding was added in FY 2019-20 and \$30.0 million in one-time funding is included in FY 2020-21, we have been unable to identify an ongoing funding source to fully address the structural imbalance.

ODR currently has one-time funding which will sustain current operations through FY 2021-22, and be exhausted during FY 2022-23. The options below assume that the Advisory Committee will recommend funding for ODR. However, it is unclear how much funding will be made available until after the Board adopts the Advisory Committee's recommended spending plan. Given the foregoing, the CEO is pursuing additional funding options to complement potential ODR funding recommendations presented by the Advisory Committee. These funding options are summarized below:

- 1) We are working with County Counsel and ODR to develop a new funding approach that uses State and federal revenues, to either match or fund certain mental health services provided by ODR. These ongoing discussions will likely result in a formal recommendation to the Board for approval in the coming months. While a funding amount has not been determined for this effort, we expect funding to partially mitigate the structural imbalance and ensure that ODR is able to maximize the use of State and federal funding.
- 2) The Department of Health Services (DHS) is working with the State to identify additional options that may offset ODR costs. These options include, but are not limited to, pursuing funding via the State-led *California Advancing and Innovating Medi-Cal* (CalAIM) Project. Although CalAIM has been delayed due to the



Each Supervisor  
November 17, 2020  
Page 3

pandemic, it still presents an opportunity to partially offset certain costs, such as those related to ICMS. The State is currently targeting January 2022 to bring CalAIM online. CEO will work closely with DHS and the State to track the roll-out of CalAIM and will advocate to maximize the available funding to offset ODR program costs.

- 3) Our office continues to explore and pursue additional ongoing funding options for the variety of services provided by the different programs within ODR. This funding may be comprised of a variety of sources, including, but not limited to, Assembly Bill 109, Senate Bill 678, Proposition 47, Mental Health Services Act, Measure H, and/or State Realignment. Depending on the source of funding identified in any given fiscal year, and whether any additional funding from these sources becomes available, this approach may necessitate sunseting certain programs/services currently funded with these sources. Any recommendations in this area will be vetted with your Board.
- 4) ODR is working closely with CEO Homeless Initiative leadership to identify whether \$2.0 billion in Statewide housing and rental subsidy funding may be available to the County for housing. Although this reflects one-time funding, it could help provide short-term funding relief while other ongoing funding strategies are being explored; and
- 5) The CEO's Legislative Affairs and Intergovernmental Relations Branch will also continue to advocate for additional support that may offset some housing-related ODR costs. Although federal housing vouchers are in short supply, ODR will continue to include their clients on wait lists for these limited slots.

Due to unavailability of a new ongoing funding source, this report does not include a recommendation for service expansion; however, within the various options described above, CEO can sustain ODR's existing operations and evaluate opportunities for expansion through the Measure J spending plan recommendations. For some of the options described above, additional time is needed to assess and provide formal recommendations. CEO will provide updates to these funding recommendations in the next 90 days and provide further recommendations on a long-term funding plan in future budget phases.

Should you have any questions concerning this matter, please contact me or Mason Matthews at (213) 974-2395 or [mmatthews@ceo.lacounty.gov](mailto:mmatthews@ceo.lacounty.gov).

FAD:JMN:MM  
MM:EB:bjs

c: Executive Office, Board of Supervisors  
County Counsel

# **Exhibit 14**

**Declaration of Summer Lacey**

I, Summer Lacey, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

2. I am the Criminal Justice Director and a Senior Staff Attorney at the ACLU Foundation of Southern California. I am admitted to practice law in the State of California and before this Court. I make this declaration in support of Plaintiff's Application for a Temporary Restraining Order and Preliminary Injunction.

3. The purpose of this declaration is to set forth what I observed when I visited the Inmate Reception Center (IRC) at the Los Angeles County Jails downtown on Monday, August 29, 2022, between about 3:00 pm and 6:30 pm. On that date, I was accompanied by my colleagues Melissa Camacho-Cheung and Peter Eliasberg, attorneys of record for Plaintiff class in this matter.

4. I initially toured the IRC clinic area. Following the tour, I spent the majority of my time speaking with individuals handcuffed to chairs on the "front bench." I also spoke with multiple individuals in the general waiting area outside of the front bench. These individuals were eager to speak to me about the conditions in IRC and their respective experiences.

5. The conditions I observed in the IRC clinic were disturbing. When my colleagues and I first entered the area, multiple individuals immediately approached us to discuss their experiences in IRC and began forming a line. During the initial tour, I saw individuals lying face down on the ground next to piles of trash and pieces of old food. Some individuals lying on the ground had blankets, but most did not. Some individuals had their shirts pulled over their heads to presumably protect their faces from the ground. No one in the IRC clinic had a mattress. One individual, who was lying on the ground, had what appeared to be fresh bandages along his arm. The clinic area smelled like a mix of old food, urine, and body odor.

6. The IRC clinic area felt crowded. Most of the chairs within the open area beyond the front bench appeared to be occupied and many people were standing up. There was the distinct feeling of restlessness combined with desperation and frustration within the environment.

1 There was trash in between the chairs in the general seating area. Individuals were also lying on  
2 the ground in between the chairs and along the walls of the facility.

3 7. During the tour, an individual named Jerome Dubose approached my colleague  
4 Melissa Camacho-Cheung and stated that he recognized her from her visit the prior Friday. Mr.  
5 Dubose indicated his desire to speak with us about his experience.

6 8. Following the tour, I began speaking with individuals on the front bench. It is my  
7 understanding that the people on the front bench have all been identified as having serious  
8 mental illness and may be at risk of harming themselves or others. I believe there were about 8  
9 people on the front bench when I first arrived. Each person on the front bench had both arms  
10 handcuffed to their respective chairs. One individual's clothes appeared to be falling off of his  
11 body. Despite being handcuffed, one individual was lying with his face on the ground in front of  
12 his chair.

13 9. I did not observe a single nurse or doctor within the general IRC clinic area or the  
14 front bench. I saw no medical equipment, nor did I see anyone receive medication. Though  
15 multiple people appeared incoherent on the front bench, I did not observe the administration of  
16 medical or psychiatric care.

17 10. I spoke with Jerome Dubose before leaving IRC. Mr. Dubose was very emotional  
18 during our discussion of his experience. Mr. Dubose cried when describing what he had endured  
19 since entering IRC. He expressed fear that his physical and mental health were being  
20 jeopardized by his lengthy placement in IRC.

21 I declare under penalty of perjury of the laws of the State of California and the United  
22 States that the foregoing is true and correct. Executed this 2nd day of September 2022 in Los  
23 Angeles, California.

24  
25 

26 Summer Lacey  
27  
28

# **Exhibit 15**



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peliasberg@aclu-sc.org  
2 MELISSA CAMACHO (264024)  
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3 **ACLU FOUNDATION OF**  
4 **SOUTHERN CALIFORNIA**  
1313 W. 8th Street  
5 Los Angeles, CA 90017  
Phone: (213) 977-9500  
6 Fax: (213) 977-5299

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12 Fax: (202) 393-4931

13 *Attorneys for Plaintiffs*

14 **UNITED STATES DISTRICT COURT**

15 **CENTRAL DISTRICT OF CALIFORNIA, WESTERN DIVISION**

16 DENNIS RUTHERFORD, *et al.*,

17 Plaintiffs,

18 vs.

19 ALEX VILLANUEVA, Sheriff of Los  
20 Angeles County, in his official capacity,  
21 and COUNTY OF LOS ANGELES,

22 Defendants.

Case No. CV 75-04111 DDP

**DECLARATION OF CORENE T. KENDRICK**

Assigned to Hon. Dean D. Pregerson

1 I, Corene T. Kendrick, hereby declare:

2 1. I am Deputy Director of the American Civil Liberties Union’s National  
3 Prison Project (NPP), and counsel of record for Plaintiff class in this matter. I am  
4 admitted to the State Bar of California and to practice before this Court. I make this  
5 declaration in support of Plaintiffs’ Application for a Temporary Restraining Order  
6 and Preliminary Injunction. The matters set forth herein are true and correct of my  
7 own personal knowledge, and, if called as a witness, I could and would testify  
8 competently thereto.

9 2. On the morning of June 14, 2022, I visited the Inmate Reception Center  
10 (IRC) with my colleague Melissa Camacho-Cheung from the ACLU of Southern  
11 California and the *Rosas* monitors, and observed the conditions and spoke to class  
12 member detainees. I took contemporaneous notes recording my impressions and the  
13 substance of my interviews, which I referenced in drafting this declaration. This is my  
14 usual practice when visiting carceral settings; I have almost 20 years’ experience in  
15 multiple states and two countries of documenting visits to state prisons and juvenile  
16 prisons, youth detention facilities, halfway houses and group homes, county jails and  
17 county juvenile halls, and immigration detention centers.

18 3. According to relevant documentation and the reports of jail staff, that  
19 morning more than 100 people were in the IRC medical clinic space that morning.

20 4. We went to the area of the IRC referred to as “the Front Bench,” which  
21 is the front row of the clinical space, closest to the correctional and health care staff.  
22 I counted 12 chairs / spots for seating on the bench, and counted nine people chained  
23 to those chairs. Several of the men were sitting on the concrete floor adjacent to their  
24 chair, or had attempted to stretch out on the floor. There were several people chained  
25 to the chairs who appeared to be in the process of detoxing from drugs or alcohol, as  
26 they were involuntarily jerking around, sweating, and appeared incoherent. There  
27 were at least two people who appeared to be floridly psychotic or dissociating,  
28 speaking to themselves or to others only they could see.

1           5.       Beyond the Front Bench, there were several rows of chairs on the left  
2 and right sides of the Front Bench for other people awaiting mental health and medical  
3 screening. I counted approximately 32 people sitting in chairs or on metal benches to  
4 the left of the front bench. It was hard to count accurately because people were  
5 wandering around. There were about another ten men in that area spread out laying  
6 head-to-foot on the ground. The paths of travel were blocked by people sitting and  
7 laying on the ground, and we had to pick our way around them. There were food  
8 wrappers, and juice cartons on the floor throughout the area. There were two large  
9 garbage cans in the general area, one of which was full and the other that looked as if  
10 it had just been emptied and a new trash bag put in it a few minutes before our arrival.

11           6.       The clinic itself was quite loud, with televisions blaring, detainees  
12 yelling, and announcements being made by staff. It was brightly lit with overhead  
13 fluorescent lights, with no windows or natural light. Some detainees had their shirts  
14 wrapped around their heads, apparently in an attempt to shield their eyes or muffle  
15 the sounds. There was a palpable tension and desperation, especially when the  
16 detainees heard us introduce ourselves as attorneys from the ACLU, they started to  
17 shout out concerns and gathered around us.

18           7.       I was wearing a KN-95 mask for COVID-19 protection, but despite the  
19 mask I could smell a mixture of body odor, urine, and bleach. It was warm, stuffy,  
20 and stale, and I did not feel much air circulation. When some of the detainees learned  
21 that I was with the ACLU, they said that there had been an attempt to clean the space  
22 in the short time prior to our visit.

23           8.       Beyond these rows of chairs, there was a large holding cell, numbered  
24 119/120. It was very crowded; I stood at the main window and counted at least 35  
25 people in this holding cell. Several men started banging on the door when I  
26 approached it, begging to be let out.

27           9.       I started speaking to a group of people crowded at the door. They said  
28 that the door had been locked since the prior morning, and had only been opened to

1 hand out peanut butter and jelly sandwiches and cartons of orange juice. They also  
2 said that only one toilet was working in the holding cell, and the other one was  
3 overflowing. They said that their only source of water in the cell was a sink that was  
4 trickling out water, and that some men were urinating in the sink.

5 10. Despite my KN-95 mask, I could smell a mixture of feces, urine, and  
6 body odor in Cell 119/120 that was so strong that I had to start chewing gum to prevent  
7 myself from vomiting.

8 11. The crowd said that there were several older men who needed immediate  
9 medical attention and we asked that those men come forward to speak to me and/or  
10 Ms. Camacho-Cheung.

11 12. I spoke to a man who said he was an insulin-dependent diabetic and had  
12 not received insulin for 36 hours, and that the PB&J sandwich and orange juice was  
13 making his blood sugar spike and crash. I immediately asked Commander Plunkett to  
14 open the door and have that man taken to see medical staff at the clinic.

15 13. Ms. Camacho and I also spoke to a man with a fist-sized hernia who was  
16 doubled over in obvious pain. We also asked Commander Plunkett and nursing staff  
17 to remove him from the cell for medical attention.

18 14. I walked by a smaller holding cell, cell 122, which held seven men. When  
19 they learned I was from the ACLU they yelled “get us out of here.”

20 15. I entered the area where mental health screenings are conducted, with  
21 Ms. Camacho. There were five booths side by side with low separating walls between  
22 them, providing no privacy for one-on-one mental health screening. There were five  
23 mental health staff sitting in the area, but there were no detainees being screened when  
24 I walked into the area.

25 16. As this case was filed in 1975, many of the orders and briefs are not  
26 available on the Central District of California’s Electronic Case Filing (ECF) system.  
27 As part of NPP’s case management system, we have maintained scans of the paper  
28 copies of many of the key orders and filings that predate the ECF system.





# **Sub-Exhibit A**

#5886

ENTERED

FILED

FEB 16 1979

FEB 15 1979

CLERK, U. S. DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA  
DEPT  
*OM*

CLERK, U. S. DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA  
DEPUTY  
BY *m*

UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA

DENNIS RUTHERFORD,  
HAROLD TAYLOR, and  
RICHARD ORR, et al.,

CASE NO. CV 75-4111-WPG

Plaintiffs,

v.

PETER J. PITCHESS,  
et al.,

JUDGMENT

Defendants.

In this action, the plaintiffs, on behalf of inmates of the Los Angeles County Central Jail, challenge certain policies and practices of the defendant administrators of the jail and the living conditions under which the inmates are maintained. The matter has been tried and briefed, and the court has made findings of fact and conclusions of law in the form of a Memorandum of Decision filed on July 25, 1978, and a Supplemental Memorandum of Decision that is being filed contemporaneously herewith. In accordance with such findings, the court renders this judgment.

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FEB 15 1979

- Docketed
- Mld copy Ptys
- Mld Notice Ptys
- JS-6

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MICROFILMED

FEB 22 1979

1 IT IS ORDERED AS FOLLOWS:

2 1. Beds. Every prisoner kept overnight in the jail  
3 will be accorded a mattress and a bed or bunk upon which to sleep.

4 This order shall not preclude the defendants  
5 from permitting inmates to be housed with full bedding but without  
6 a bunk, for one night only, if, in the defendants' judgment, such  
7 inmate or inmates require more secure housing than is provided  
8 in the available areas and the appropriate housing does not have  
9 a sufficient number of bunks. Further, this order shall not  
10 apply in the event of an emergency causing a sudden and unusual  
11 intake of prisoners, in which case full bedding shall be provided  
12 and the defendants will exercise their best efforts to provide  
13 bunks for all inmates as soon as possible.

14 2. Visitation.

15 (a) Visits By Children Of Prisoners. Upon prior  
16 request from a prisoner, his minor children over the age of  
17 twelve (12) years shall be permitted to visit him unaccompanied  
18 by an adult.

19 (b) Contact Visits. Commencing not more than  
20 ninety days following the date of this order, the defendants will  
21 make available a contact visit once each week to each pre-trial  
22 detainee that has been held in the jail for one month or more,  
23 and concerning whom there is no indication of drug or escape  
24 propensities; provided, however, that no more than fifteen  
25 hundred such visits need be allowed in any one week. In the  
26 event that the number of requested visits in any week exceeds  
27 fifteen hundred, or such higher number as the Sheriff voluntarily  
28 undertakes to accommodate, a reasonable system of rotation or

1 other priorities may be maintained. The lengths of such visits  
2 shall remain in the discretion of the Sheriff.

3 3. Outdoor Recreation. All prisoners except those  
4 that are hospitalized, in disciplinary segregation, those under  
5 the jurisdiction of the medical staff of the Forensic Mental  
6 Health Unit who such medical staff determine are inappropriate  
7 for roof recreation, and except for those high security inmates  
8 who the Sheriff believes cannot safely be permitted roof recrea-  
9 tion shall be allowed not less than two and one-half hours of  
10 outdoor exercise or other recreation per week. Within sixty  
11 days following the date of this order, the Sheriff shall report  
12 to the court the number of inmates under the jurisdiction of the  
13 Forensic Mental Health Unit and the number of high security  
14 inmates included in the roof recreation program and the nature  
15 of alternative recreation provided for high security inmates not  
16 allowed roof recreation.

17 4. Indoor Recreation. Television receiving sets  
18 shall be installed and reasonably maintained in each day room.

19 5. Restoration Of Windows. Within ninety days  
20 following the filing of this order, transparent windows shall be  
21 restored in each portion of the jail from which they previously  
22 have been removed.

23 6. Processing For Court. As soon as practical, but  
24 not more than four months from the date of this order,

25 (a) each detainee placed in a holding cell will be  
26 given a chair or a bench upon which to sit;

27 (b) on each day of trial after the first day a  
28 detainee will not be required to leave his bed earlier than

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1 6:00 A.M., and will not be confined in a holding cell for longer  
2 than thirty minutes, either before leaving for court or following  
3 his return; and his waiting time on a bus at the jail will not  
4 exceed thirty minutes; and he will be returned to his cell not  
5 later than 8:00 P.M.

6 Within four months from the date of this order,  
7 the Sheriff shall report his progress in this regard to the court  
8 and the reasons, if any, for his inability to comply in all  
9 respects. At that time, the court will review this portion of  
10 this order as to whether there is any justification for modifi-  
11 cation thereof.

12 7. Telephones. On January 5, 1979, a separate order  
13 was filed approving and directing implementation of a plan for  
14 the improvement of telephone facilities in the jail. Accordingly,  
15 no further order is indicated on this subject at this time.

16 8. Cell Searches. Inmates that are in the general  
17 area when a "shakedown" inspection of their cells is undertaken  
18 shall be permitted to be sufficiently proximate to their respec-  
19 tive cells that they may observe the process and respond to such  
20 questions or make such requests as circumstances may indicate.

21 9. Time For Meals. An inmate shall be allowed not  
22 less than fifteen minutes within which time to complete each meal.

23 10. Change Of Clothing. Effective not more than sixty  
24 days following the filing of this order, each inmate shall receive  
25 at least twice each week clean outer garments, undergarments,  
26 socks and a towel in exchange for those that he has been using.

27 11. Injunctive Relief. When any inmate has information  
28 that he believes to disclose a violation of this order, he may

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1 set forth that information in writing to the Commander of the  
2 jail who shall cause an investigation thereof to be made as soon  
3 as reasonably practicable, and in any event within ten days  
4 following receipt of such written statement. Promptly following  
5 the completion of the investigation the Commander shall deliver  
6 a written reply to the inmate indicating the results thereof and  
7 what, if any, action has been taken concerning the inmate's  
8 complaint and what, if any, action has been taken to prevent  
9 violations of this judgment. Absent unusual circumstances  
10 indicating compelling reasons why following this procedure would  
11 result in substantial prejudice to the inmate, no petition for  
12 a judgment of contempt for violation of this order shall be  
13 entertained by the court until the inmate first complies with  
14 this administrative procedure. In considering any petition for  
15 contempt for violation of this order, the court shall take into  
16 account the appropriateness of any action taken by the jail  
17 Commander in response to information provided him in accordance  
18 with this procedure.

19 12. Emergencies. In the event that the Sheriff or  
20 his authorized representatives have reasonable cause to believe  
21 that there exist facts showing a serious imminent threat to the  
22 security of the jail or the safety of any persons therein that  
23 would occur if any of the provisions of this decision were  
24 enforced and there is insufficient time to seek a formal modifi-  
25 cation or exception to such provisions, the Sheriff may temporarily  
26 suspend such of the provisions of this decision as may be  
27 necessary to overcome or reduce such threat for a period not  
28 exceeding five court days, provided he submits a statement in

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1 writing to this court setting forth what he has done and why he  
2 has done it.

3 13. Posting Of This Judgment. The defendants and  
4 their successors in interest shall cause this judgment to be  
5 posted permanently and conspicuously in each prisoner housing  
6 area in the jail for the period of one year; thereafter, the  
7 defendants and their successors in interest shall permanently  
8 and conspicuously post this judgment in each of the jail's law  
9 libraries.

10 14. Counsel for the plaintiffs shall recover his costs  
11 incurred in this action.

12

13 DATED: February 15, 1979.

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WILLIAM P. GRAY  
United States District Judge

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# **Sub-Exhibit B**

1 PAUL L. HOFFMAN  
LISE ANDERSON  
2 ACLU Foundation of Southern California  
1616 Beverly Boulevard  
3 Los Angeles, CA 90026

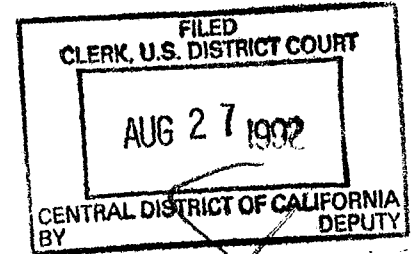
4 (213) 977-9500

5 Attorneys for Plaintiffs

6 DE WITT W. CLINTON  
County Counsel  
7 FREDERICK R. BENNETT  
Assistant County Counsel  
8 648 Hall of Administration  
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9 Los Angeles, CA 90012

10 (213) 974-1903  
FAX (213) 626-2105

11 Attorneys for Defendants



12  
13 UNITED STATES DISTRICT COURT  
14 FOR THE CENTRAL DISTRICT OF CALIFORNIA

16 DENNIS RUTHERFORD, et al.,  
17 Plaintiffs,  
18 v.  
19 SHERMAN BLOCK, et al.,  
20 Defendants

CASE NO. CV-75-4111 WPG  
Joint Status Report and  
Proposed Order

21  
22 The present action was filed by the American Civil Liberties  
23 Union Foundation of Southern California (ACLU) in 1975 invoking  
24 jurisdiction under 28 U.S.C. §1343 for a claim under 42 U.S.C.  
25 §§1983, 1985, and for injunctive and declaratory relief pursuant  
26 to 28 U.S.C. §§2201, 2202, as a class action on behalf of all  
27

1 present and future inmates challenging a wide range of conditions  
2 of confinement at the Los Angeles County Men's Central Jail.

3  
4 The class was certified and the matter proceeded to trial.  
5 After trial, the United States District Court Judge William P.  
6 Gray, filed a reported decision, *Rutherford v. Pitchess* (C.D. Cal.  
7 1978) 457 F.Supp. 104 (Attachment 1<sup>1</sup>), and in an unreported  
8 supplemental memorandum opinion filed February 15, 1981  
9 (Attachment 2), and a Judgment dated February 15, 1979  
10 (Attachment 3), imposing nine (9) orders at Mens' Central Jail  
11 concerning (1) beds, (2) visitation, (3) outdoor recreation, (4)  
12 indoor recreation, (5) restoration of windows, (6) processing for  
13 court, (7) cell search procedures, (8) time for meals, and (9)  
14 changes of clothing. By order filed January 5, 1979, a separate  
15 tenth (10th) order was filed approving and directing  
16 implementation of a plan for the improvement of telephone  
17 facilities in the jail.

18  
19 Three of these orders, visitation, restoration of windows,  
20 and search procedures, were appealed to the Ninth Circuit, which  
21 reversed the order concerning restoration of windows (*Rutherford v.*  
22 *Pitchess* (9th Cir. 1983) 710 F.2d 572) [Attachment 4]), and to the  
23 United States Supreme Court, which reversed the visitation order  
24

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25 <sup>1</sup> Referenced opinions are reproduced from the published  
26 reports or from the Joint Appendix filed with the United  
27 States Supreme Court in *Block v. Rutherford* (1984) 468 U.S. 576,  
104 S.Ct. 3227, 82 L.Ed.2d 438.

1 insofar as it required contact visitation, and the search  
2 procedures order (*Block v. Rutherford* (1984) 468 U.S. 576, 104 S.Ct.  
3 3227, 82 L.Ed.2d 438 [Attachment 5]).  
4

5 The Sheriff has never been able to fully comply with one of  
6 these orders concerning processing for court, and that provision  
7 has been the subject of many motions for modification and  
8 enforcement, and on December 16, 1987, District Court Judge Gray  
9 approved a plan which ultimately lead to a jail population  
10 management order discussed below, which suspended for at least  
11 six months the orders concerning processing for court. The court  
12 processing orders remain suspended.  
13

14 An unreported memorandum of understanding in other  
15 litigation initiated by the ACLU, *ACLU v. Pitchess*, the Sheriff  
16 agreed to work toward obtaining state licensure of the jails  
17 health care delivery system, which has not yet been accomplished.  
18 In 1984 and in 1991 the medical facilities at Men's Central Jail,  
19 Sybil Brand Institute, and the Forensic Outpatient Unit (#7200)  
20 in Central Jail were inspected by the state licensing agency. In  
21 May 1992 this agency issued reports detailing many areas in need  
22 of improvement before licensing could occur.  
23

24 Through 1985, none of the orders technically affected any  
25 jails in the multi-facility Los Angeles County jail system except  
26 Mens' Central Jail, although orders had been issued concerning  
27 other jails in the system in litigation brought by the same  
28

1 attorneys representing the class in the Central Jail litigation.  
2 Orders concerning the main Women's jail, Sybil Brand Institute,  
3 were obtained in a state court proceeding, *Inmates of Sybil Brand v.*  
4 *Pitchess* (1982) 130 Cal.App.3d 89, and concerning the Mens Hall of  
5 Justice Jail in *Dillard v. Pitchess* (C.D. Cal. 1975) 399 F.Supp. 1225,  
6 and by subsequent stipulated agreements approved by District  
7 Court Judge William P. Gray. However, it was the Sheriff's  
8 practice to attempt to implement orders directed at any one  
9 facility system-wide, and discussions between the parties  
10 generally focused on the system rather than on any particular  
11 facility.

12  
13 Beginning in 1985, the Sheriff began experiencing difficulty  
14 in complying with the various jail orders in the context of  
15 unprecedented and unexpected increases in the jail population.  
16 During the 1980's the jail system population almost tripled from  
17 about 8,000 to over 23,000. As alternatives to contempt  
18 proceedings, the parties entered a number of memorandums of  
19 understanding, which are summarized in a letter to Los Angeles  
20 Municipal Court Judge Richard A. Paez, dated June 15, 1988  
21 (attachment 5), and which ultimately lead to United States  
22 District Court Judge William P. Gray approved stipulated  
23 population limits at each of the jail facilities in the jail  
24 system (except the newest facility, the North County Correctional  
25 Facility, as to which there is only an understanding of the  
26 parties), and a Court imposed jail population management order  
27 which directs the Sheriff to "manage the jail system within those



1 capacities by discharging or citing inmates to court upon a  
2 written promise to appear, according to priorities that he shall  
3 establish." (See Attachment 6). Using this authority, the  
4 Sheriff has generally managed the jail system within the  
5 stipulated jail facility capacities by using a variety of  
6 criteria for releasing or citing inmates to court as needed.  
7

8 Since 1985, the ACLU has continued to monitor the Sheriff's  
9 compliance with the various orders, and the parties have met  
10 regularly since 1985. During this time, the parties have been  
11 able to agree to appropriate attorneys' fees for such monitoring  
12 efforts which are periodically submitted to the District Court to  
13 be ordered without hearing or objection, and to various plans for  
14 dealing with periodic difficulties of compliance which have been  
15 either reported to United States District Court Judge William P.  
16 Gray orally in periodic status conferences, in periodic written  
17 status reports, or submitted to him for modification orders.  
18

19 Current meetings and discussions have largely centered on  
20 the jail's health care delivery system.  
21

22 This cooperative process has worked well for almost a  
23 decade, with the parties meeting regularly, providing the court  
24 with periodic status reports, and seeking United States District  
25 Court intervention or approval as necessary.  
26  
27  
28

1 To assist the District Court, the basic framework of  
2 existing court orders and modifications is as follows:  
3

4 1. **Beds.** Every prisoner kept overnight in the jail  
5 will be accorded a mattress and a bed or bunk upon which to  
6 sleep. This order shall not preclude the defendants from  
7 permitting inmates to be housed with full bedding but  
8 without a bunk, for one night only, if, in the defendants'  
9 judgment, such inmate or inmates require more secure housing  
10 than is provided in the available areas and the appropriate  
11 housing does not have a sufficient number of bunks.  
12 Further, this order shall not apply in the event of an  
13 emergency causing a sudden and unusual intake of prisoners,  
14 in which case full bedding shall be provided and the  
15 defendants will exercise their best efforts to provide bunks  
16 for all inmates as soon as possible. (Attachment 2,  
17 2/15/79 Judgement, para. 1).  
18

19 2. **Visitation by Children of Prisoners.** Upon prior  
20 request from a prisoner, his minor children ~~under the age~~  
21 over the age of twelve (12) years shall be permitted to  
22 visit him unaccompanied by an adult. (*Id.*, para. 2).  
23

24 3. **Outdoor Recreation.** All prisoners except those  
25 that are hospitalized, in disciplinary segregation, those  
26 under the jurisdiction of medical staff of the Forensic  
27 Mental Health Unit who such medical staff determine are  
28

1 appropriate for roof recreation, and except for those high  
2 security inmates who the Sheriff believes cannot safely be  
3 permitted roof recreation shall be allowed not less than two  
4 and one-half hours of outdoor exercise or other recreation  
5 per week. (*Id.*, para. 3).

6  
7 **4. Indoor Recreation.** Television sets shall be  
8 installed and reasonably maintained in each day room. (*Id.*,  
9 para. 4).

10  
11 **5. Telephones.** Primarily collect and some pay  
12 telephones shall be installed in each jail facility to  
13 permit all inmates reasonable access to telephones. (*Id.*,  
14 para. 7, as modified).

15  
16 **6. Time for Meals.** An inmate shall be allowed not  
17 less than fifteen minutes within which time to complete each  
18 meal. (*Id.*, para 9).

19  
20 **7. Change of Clothing.** Each inmate shall receive at  
21 least twice each week clean outer garments, undergarments,  
22 socks and a towel in exchange for those that he has been  
23 using.

24  
25 **8. Jail Population Management.** The maximum inmate  
26 population at each of the listed facilities, subject to  
27 modification upon addition of new facilities, is set forth  
28

below and the Sheriff shall "manage the jail system within those capacities by discharging or citing inmates to court upon a written promise to appear, according to priorities that he shall establish" (Attachment 5):

Jail Facility	Court Approved Capacity
Mens' Central Jail Permanent housing	6,800 Normal - 7500 Emergency <sup>2</sup>
Inmate Reception Center	700 Inmates <sup>3</sup>
Los Angeles Medical Center	50 Inmates
Hall of Justice Jail	1,800 Normal - 2100 Emergency
Biscailuz Center	1,470 Inmates
North County Correctional Facility	3,120 Normal - 3600 Emergency <sup>4</sup>
PHR-East	1,786 Normal - 1800 Emergency
PHR-North	1,600 Normal - 1650 Emergency
PHR-South	1,900 Normal - 1950 Emergency
PHR-Ranch	2,366 Inmates
Mira Loma Male Facility	1,089 Inmates
Mira Loma Female Facility	854 Inmates

<sup>2</sup> The normal agreed population limit is 6800 inmates. However, the parties and the Court have approved permitting this jail's population to temporarily exceed 6800 to as much as 7500 on occasion for short periods of time when necessary. Similar normal and emergency capacities are identified for certain other facilities.

<sup>3</sup> There is no prior court order concerning this capacity. However, this number reflects the average number of inmates being processed in the Inmate Reception Center at any one time, and the number of inmates in the Inmate Reception Center are reported on the daily count sheets used by the parties to monitor the jail population.

<sup>4</sup> Since this facility was built after the original inmate population capacity agreements were adopted, there has been no prior formal approval of these limits.

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Sybil Brand Institute for Women	2,064 Normal - 2300 Emergency
<b>Total</b>	<b>25,599 Normal - 27,429 Emergency</b>



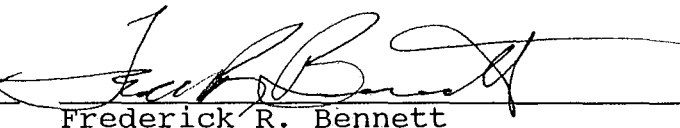


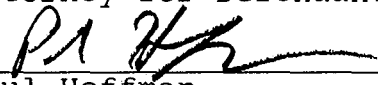
1                   10. **Administrative Remedy.** When any inmate has  
2 information that he believes to disclose a violation of a  
3 jail condition orders order, he may set forth that  
4 information in writing to the Commander of the jail who  
5 shall cause an investigation thereof to be made as soon as  
6 reasonably practicable, and in any event within ten days  
7 following receipt of such written statement. Promptly  
8 following the completion of the investigation the Commander  
9 shall deliver a written reply to the inmate indicating what,  
10 if any, action, has been taken concerning the inmate's  
11 complaint and what, if any, action has been taken to prevent  
12 violations of this judgment. Absent unusual circumstances  
13 indicating compelling reasons why following this procedure  
14 would result in substantial prejudice to the inmate, no  
15 petition for a judgment of contempt for violation of this  
16 order shall be entertained by the court until the inmate  
17 first complies with this administrative procedure. In  
18 considering any petition for contempt for violation of jail  
19 condition orders order, the court shall take into account  
20 the appropriateness of any action taken by the jail  
21 Commander in response to information provided him in  
22 accordance with this procedure. (*Id.*, para 11).

23  
24                   11. **Emergencies.** In the event the Sheriff or his  
25 authorized representatives have reasonable cause to believe  
26 there exists facts showing a serious imminent threat to the  
27 security of the jail or the safety of any persons therein  
28


that would occur if any of the provisions of the *Rutherford* orders were enforced and there is insufficient time to seek a formal modification or exception to such provisions, the Sheriff may temporarily suspend such jail condition orders as may be necessary to overcome or reduce such threat for a period not exceeding five court days, provided he submits a statement in writing to this court setting forth what he has done and why he has done it. (*Id.*, para. 12).

IT IS SO STIPULATED:

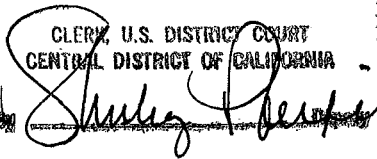
Date: August 13, 1992   
Frederick R. Bennett  
Assistant County Counsel  
Attorney for Defendants

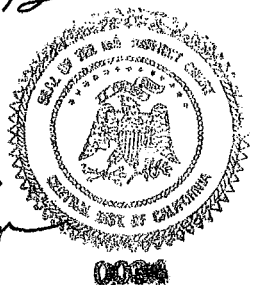
Date: AUGUST 13, 1992   
Paul Hoffman  
Legal Director  
ACLU Foundation of Southern Calif.  
Attorney for the Plaintiff Class

IT IS SO APPROVED AND ORDERED:

Date: August 27, 1992   
United States District Court Judge

I am the clerk of the court and certify that the foregoing document is a true and correct copy of the original on file in my office, and in my legal custody.

CLERK, U.S. DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA  




# **Exhibit 16**

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**Declaration of Terry A. Kupers, M.D., M.S.P.**

I, Terry A. Kupers, hereby declare:

1. I make this declaration based on my own personal knowledge and if called to testify I could and would do so competently as follows:

**I. Background and Qualifications**

2. I am a board-certified psychiatrist, Institute Professor Emeritus at the Wright Institute, Distinguished Life Fellow of the American Psychiatric Association, and an expert on the psychiatric effects of prison conditions and correctional mental health issues. I have testified more than thirty times in state and federal courts about the psychiatric effects of jail and prison conditions, the quality of correctional management and mental health treatment, and prison sexual assaults. I have served as a consultant to the U.S. Department of Justice, Disability Rights California, and Human Rights Watch. I am author of Solitary: The Inside Story of Supermax Isolation and How We Can Abolish It (University of California Press, 2017) and Prison Madness: The Mental Health Crisis Behind Bars and What We Must Do About It (Jossey-Bass/Wiley, 1998), co-editor of Prison Masculinities (Temple University Press, 2001), and a Contributing Editor of Correctional Mental Health Report. I have authored and co-authored dozens of professional articles and book chapters, including “Posttraumatic Stress Disorder (PTSD) in Prisoners” & “Schizophrenia, its Treatment and Prison Adjustment,” both articles in Managing Special Populations in Jails and Prisons, ed. Stan Stojkovic, Kingston, NJ: Civic Research Institute, 2005; "Prison and the Decimation of Pro-Social Life Skills," in The Trauma of Psychological Torture, Editor Almerindo E. Ojeda, Vol 5 of Disaster and Trauma Psychology Series, Westport, Connecticut: Praeger, 2008; "Violence in Prisons, Revisited," (with Hans Toch), Journal of Offender Rehabilitation, 45,3/4, 49-54, 2007; “A Community Mental Health Model in Corrections,” Stanford Law & Policy Review, 26, 119-158, Spring, 2015; and two entries, “Posttraumatic Stress Disorder in Incarcerated Offenders” and

1 “Imprisonment and Stress,” in the *Sage Encyclopedia of Criminal Psychology*,  
2 Sage Publications, 2019.

3 3. I testified in *Rutherford v. Pitchess* in 1978 regarding conditions of  
4 confinement and mental health services in the Los Angeles County Jail.<sup>1</sup> I  
5 submitted a follow-up Report in *Rutherford* in 2008,<sup>2</sup> and toured the jail again on  
6 July 5 & 6, 2017 as part of my investigation preparatory to submitting an Expert  
7 Report in *Stiavetti vs. Ahlin* (*Stiavetti v. Ahlin*, Case No. RG15779731) (case  
8 challenging constitutionality of lengthy delays between times people charged with  
9 felonies are found incompetent to stand trial and when they begin receiving  
10 competency restoration treatment).

11 4. I served as consultant to the Connections Program in San Francisco,  
12 California, a collaboration between San Francisco Court Case Managers, San  
13 Francisco Jail Mental Health Services and Community Mental Health agencies  
14 designed to provide alternatives to jail for mentally ill and substance-abusing  
15 offenders. I was a member of the California Department of Health Task Force to  
16 write “Health Standards for Local Detention Facilities” in 1976-77. I served as  
17 monitor of the *Presley v. Epps* consent decree in Mississippi, involving prisoners  
18 with mental illness in isolated confinement at Mississippi State Penitentiary.<sup>3</sup> I  
19 was the recipient of the 2005 Exemplary Psychiatrist Award and the 2020 Gloria  
20 Huntley Award from the National Alliance on Mental Illness (NAMI), and the  
21 William Rossiter Award for "global contributions made to the field of forensic  
22 mental health" at the 2009 Annual Meeting of the Forensic Mental Health  
23 Association of California. My *curriculum vitae* and a list of cases in which I have  
24 served as an expert in the past four years are attached to this report as Exhibits A &

25 \_\_\_\_\_  
26 <sup>1</sup> *Rutherford v. Pitchess*, 626 F. 2d 866, slip op. at 2–3 (9th Cir. 1980).

27 <sup>2</sup> Kupers Report available at < chrome-  
28 extension://efaidnbmnnnibpajpcgiclfndmkaj/https://www.aclu.org/sites/default/files/pdfs/priso  
n/lacountyjail\_kupersreport.pdf>

<sup>3</sup> No. 4:05CV148-JAD (N.D. Mississippi, 2005 & 2007).

1 B.

2 5. I have been retained by plaintiff’s counsel to offer opinions about two  
3 specific issues regarding mental health services at Los Angeles County Jail  
4 involving the Inmate Reception Center. My fees are \$350/hour for all work and  
5 travel time except testimony, and \$500/hour for testimony at deposition and trial.

6 **II. Preparation**

7 6. I have reviewed Affidavits of 8 inmates<sup>4</sup> in the IRC from late August,  
8 2022; the transcript of Assistant Inspector General for the Office of Inspector  
9 General Cathleen Beltz’ testimony at the Civilian Oversight Commission Hearing  
10 on 9/23/21(start 38:11), transcript attached as Exhibit C; the Office of Inspector  
11 General Review of the Inmate Reception Center Intake Evaluation Process,  
12 November, 2019;<sup>5</sup> and a chart reflecting “Front Bench Processing Time” from  
13 8/9/2022 through 9/2/2022, chart attached as Exhibit D.

14  
15 **III. Continuity of Psychotropic Medications**

16 7. A large proportion of inmates in the L.A. County Jail, as in all jails  
17 today, suffer from mental illness and were prescribed psychotropic medications  
18 prior to their arrest. All standards in community psychiatry and correctional  
19 mental health require “continuity of care,” i.e. a course of psychotropic  
20 medications must not be interrupted, and there must be no abrupt discontinuation  
21 of the medication regimen, for example when the patient moves from one living  
22 situation or institutional setting to another, and this is an especially important  
23 consideration in relation to jail admission. The documents I reviewed in this  
24 matter raise very serious concerns regarding this issue.

25 \_\_\_\_\_  
26 <sup>4</sup> Declarations of Chuck Bethel, Curtis Howard, Daniel Gonzalez, Giovanni Reese, Ira Porter,  
Jerome Dubose, Tony Jones, and Bryan Salinas.

27 <sup>5</sup> Available at [https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-  
28 b43e949b70a2/c2463bac-4aab-43b6-9824-7e8c9c10fdb8/Review%20of%20IRC%20Intake%20Evaluation%20Process.pdf](https://assets-us-01.kc-usercontent.com/0234f496-d2b7-00b6-17a4-b43e949b70a2/c2463bac-4aab-43b6-9824-7e8c9c10fdb8/Review%20of%20IRC%20Intake%20Evaluation%20Process.pdf)



1           8.     Mr. C.B., who suffers from “bipolar schizophrenia,” has been taking  
2 multiple psychotropic medications since childhood, and was taking Risperdal (an  
3 anti-psychotic medication), Zyprexa (another strong anti-psychotic medication)  
4 and Abilify (a “major tranquilizer” prescribed for Schizophrenia and/or Bipolar  
5 Disorder) when he was arrested. He had spent 4 days in the I.R.C. when he  
6 submitted his Declaration. In that Declaration he testified that the conditions in the  
7 I.R.C. are “crowded, filthy and inhumane.” He testified, “But since I have been in  
8 IRC I have not gotten psych meds. I am hearing voices and feel like I am falling  
9 apart. I saw the psychiatrist who told me I can’t get my meds until I am housed. I  
10 have been crying on and off since I have been here.”  
11 Mr. C.H. had been in the I.R.C. for four days when he submitted his Declaration.  
12 He testified, “I have chronic PTSD and severe depression. On the outside I take  
13 Trazodone (an antidepressant often utilized off label for sleep because of its  
14 sedative side effect), Abilify, Wellbutrin (an antidepressant) and one other psych  
15 med.... But I have not gotten them since I have been here. Since being without  
16 meds my anxiety is skyrocketing and I feel like I am on the verge of a panic  
17 attack.” He also describes filthy and stressful conditions and says he only sleeps  
18 for an hour or two at a time. He continues, “The IRC clinic area is filthy. There is  
19 trash all over the floor.... They regularly herd everyone in the clinic area into the  
20 cage, up to 100 people, where we are packed like sardines. I had to spend at least  
21 one night in that cage and there have been multiple fights.”  
22 Mr. D.G., an inmate who had been in the IRC for over three days and says he  
23 suffers from Schizophrenia and takes Seroquel (an anti-psychotic medication) on  
24 the outside testifies in his Declaration, “I have not been offered housing since  
25 arriving at IRC.... I have not had my medication since I entered IRC.”

26           9.     Mr. G.R. had been in IRC for three days, suffers from depression,  
27 takes Paxil (an antidepressant) in the community, reports he has to sleep on the  
28 floor with no mattress in the IRC, and testifies in her Declaration: “I have not had

1 my meds since I came in. I finally saw a psychiatrist on Sunday night about 11  
2 PM after I begged a nurse for help. But he said I cannot get my meds till I am  
3 permanently housed.... I feel deep despair being off my Paxil.”

4 10. Mr. J.D. had been in the IRC 7 days when he submitted his  
5 Declaration, and testified that he needs a wheelchair because of an illness that  
6 affects his legs, but his wheelchair was taken from him at the IRC. He is  
7 diagnosed with depression and takes Zoloft (an anti-depressant). He is also  
8 diagnosed with Paranoid Schizophrenia and thinks he takes Trazadone “to manage  
9 the paranoid schizophrenia.” Actually, Trazodone is an anti-depressant with a  
10 strong sedative side effect, so it is often prescribed as a sleep aide, and in fact help  
11 with sleeping might have a positive effect on Schizophrenia. But in any case he  
12 continues: “I have not received psychiatric medication since my arrival at IRC.”

13 11. Mr. I.P. spent four days in the IRC in August prior to providing his  
14 Declaration. He testifies: “I am suffering from deteriorating mental health issues  
15 and withdrawal from heroin and crystal meth. I have been diagnosed with extreme  
16 depression with psychotic side effects. Since I have been at IRC I have not been  
17 evaluated by a mental health professional. Before I was arrested I was taking three  
18 prescribed medications: Remeron (an antidepressant), Zoloft (another  
19 antidepressant), and Zyprexa (an anti-psychotic medication). I take them every  
20 day, but I have not received any medication since my arrest. I feel sick, like I’m  
21 about to lose it. I feel like I’m about to snap any moment. I am on SSI and  
22 disabled due to my mental health issues. I am detoxing. I feel withdrawal  
23 symptoms including sweats, shaking, and vomiting. I have vomited in the toilet. At  
24 my medical evaluation I was given Motrin but nothing for withdrawals or mental  
25 health. Since I have been at IRC I have slept only about 10 hours total, about a  
26 couple of hours a day. I try to sleep on the floor or on a chair. It is very cold on the  
27 floor and that wakes me up.”

28 12. Thus inmates consistently report in their Declarations in this matter

1 that inmates newly admitted to Los Angeles County Jail are detained at the Inmate  
2 Reception Center (I.R.C.) for 3 to 5 days or longer prior to being housed in the jail.  
3 They report that if they were taking psychotropic medications in the community  
4 prior to arrest, they are not given their medications while in IRC and are told they  
5 will have to wait until they are transferred to more permanent housing to receive  
6 their medications. Their reports are internally consistent and these individuals, for  
7 the most part, did not know each other prior to their arrest.

8 13. Abrupt discontinuation of psychotropic medications causes serious  
9 harm. First, when medications are abruptly discontinued rather than being  
10 gradually weaned, there is very likely to be a rebound effect where the symptoms  
11 and the illness for which the medications had been prescribed is exacerbated.  
12 Someone who is prescribed anti-anxiety medications for anxiety is likely to suffer  
13 a more severe bout of anxiety than had previously been experienced. Someone  
14 who takes antidepressants for depression will rebound upon abrupt discontinuation  
15 of the medication with exacerbated depression and will be at high risk of suicide,  
16 on average. Someone who takes antipsychotic medications for Schizophrenia or  
17 another psychotic condition is very likely to suffer a relapse upon abrupt  
18 discontinuation of the antipsychotic medication with severe hallucinations and  
19 delusions as well as irrational thinking and bizarre behavior. And someone who  
20 suffers from Bipolar Disorder is likely to experience severe mood swings upon  
21 abrupt discontinuation of mood stabilizing medications like Lithium or Tegretol.  
22 Of course, an experience of abrupt discontinuation of psychotropic medications  
23 followed by exacerbated psychiatric decompensation will worsen the ongoing  
24 course of the mental illness, worsen the disability, and make the prognosis more  
25 dire.

26 14. There are also physiological reactions to abrupt discontinuation of  
27 psychotropic medications. Discontinuation of a minor tranquilizer such as Ativan  
28 or Klonopin, or an antidepressant or anti-psychotic agent with a sedative side

1 effect, is likely to result in agitation that might be experienced as a resurgence of  
2 anxiety or might lead to a seizure or a hypertensive crisis. Abrupt discontinuation  
3 of antidepressants is associated with very uncomfortable and sometimes dangerous  
4 physiological changes, and for this reason the current teaching in psychiatry is to  
5 always discontinue antidepressant medications in a very gradual, incremental way.  
6 The side effects from abrupt discontinuation of psychotropic medications include  
7 death – by suicide, seizures, or by physiological reactions to the abrupt  
8 biochemical change.

9 15. The symptoms described by inmates in the Declarations I reviewed --  
10 including severe anxiety, severe insomnia, a sense of falling apart, hallucinated  
11 voices, panic attacks, deep despair, sweats, shaking, vomiting, and so forth – are  
12 unfortunately very expectable sequelae of abrupt discontinuation of psychotropic  
13 medications.

14 16. Because of the well-known psychiatric sequelae of abrupt  
15 discontinuation of psychiatric medications as well as the physiological difficulties  
16 and risk of suicide, all standards in correctional mental health as well as instruction  
17 on institutional care require immediate attention to inmates' psychiatric  
18 medications when they are arrested and admitted to jail. There are mechanisms for  
19 corroborating their reported psychiatric medications and there are requirements in  
20 the standards and in well-written jail policies that “bridge prescriptions” be written,  
21 temporary orders to continue the psychiatric medications individuals were  
22 prescribed in the community, until a full psychiatric evaluation can occur and the  
23 jail psychiatrist can take responsibility for prescribing. This is called  
24 “continuation” of the psychiatric medication regimen, designed to avoid the severe  
25 and dangerous repercussions of abrupt medication withdrawal.

26 17. Thus the *Standards for Mental Health Services in Correctional*  
27 *Facilities* published by the National Commission on Correctional Health Care  
28 (NCCHC), section MH-E-02 (p. 52), marked “Essential,” states “Receiving

1 screening is performed on all inmates on arrival at the intake facility to ensure that  
2 emergent and urgent mental health needs are met.”<sup>6</sup> Further, the Standards require:  
3 “Receiving screening is conducted by mental health staff.... Receiving screening  
4 takes place for all inmates as soon as possible so that the timeliness of referral  
5 mitigates negative mental health consequences.... history of and current use of  
6 psychotropic medication(s), including the name of the prescriber and pharmacy, if  
7 known.... Prescribed medications are reviewed and appropriately maintained  
8 according to the medication schedule the inmate was following before admission,  
9 or alternate treatment is initiated and documented” (pp. 52-53).

10 18. Likewise, the Standards of the American Psychiatric Association  
11 require that a mental health screening evaluation occur within four hours of an  
12 individual’s arrival at the jail, and that “Referral to nursing staff should be made  
13 for inquiry about reported active prescriptions. Correctional facilities can verify  
14 prescriptions by calling the prescribing agency, pharmacy, or sending facility and  
15 obtain bridging medication orders for inmates until they can be seen and assessed  
16 by an authorized prescriber.”<sup>7</sup>

17 19. To a reasonable degree of medical certainty I conclude that the failure  
18 to provide continuity of psychotropic medications while inmates are in the IRC is  
19 grossly substandard correctional mental health care and causes significant pain and  
20 suffering as well as worsening mental illness and prognoses.

21  
22 **IV. Use of Fixed Restraint in the Inmate Reception Center**

23 20. The 2019 Office of Inspector General Review of IRC Intake  
24 Evaluation Process includes the following observation: “Patients who exhibit or  
25 verbalize suicidal ideation, are in the midst of a mental health crisis, or who require  
26

27 <sup>6</sup> National Commission on Correctional Health Care, Standards for Mental Health Services in  
Correctional Facilities, Chicago, IL: N.C.C.H.C.2008.

28 <sup>7</sup> American Psychiatric Association, Psychiatric Services in Correctional Facilities, Third  
Edition, Arlington, Virginia: APA Publications, 2016, p. 30.

1 direct observation are identified as “high risk” and are tethered with handcuffs to  
2 fixed chairs in the Front Bench Area of the IRC Clinic for the duration of the  
3 intake process. Wait times for patients in the Front Bench Area have regularly  
4 exceeded eight hours and at times twelve hours. In August 2019, at least two  
5 tethered patients remained in the Front Bench Area for nearly twenty-four hours.  
6 Although prisoner-workers clean the Front Bench Area, and LASD has installed  
7 padded chairs for Front Bench Area patients, OIG personnel have observed  
8 unsanitary conditions, including urine and feces, on multiple occasions (pp. 3-4).”

9 21. Actually, the number of hours many inmates spend today tethered to  
10 the front bench are much longer than the number of hours the OIG reported in  
11 2019. The “Table Front Bench Processing Time.pdf,” where information in the  
12 table was drawn from daily reports that the Sheriff’s Department provides the  
13 ACLU, shows that, using as an example the date 8/15/2022, there were 3 people  
14 who had been tethered to the front bench for 24-48 hours, 11 who had been there  
15 49-71 hours, 7 who have been there for more than 72 hours, and the person who  
16 had been there the longest had been tethered to the front bench for 122.3 hours<sup>8</sup>  
17 (perhaps with a brief period when he was unchained so he could be escorted to the  
18 bathroom). A total of 21 people had been chained to the front bench for more than  
19 24 hours. “Tethered” means handcuffs and chains are used to restrain the inmate  
20 to the bench.

21 22. Cathleen Beltz, then the Assistant Inspector General for the Office of  
22 Inspector General, describes her visit to the IRC on August 21, 2021<sup>9</sup>: “I arrived at  
23 the facility around noon, and when I did the clinic population was approximately  
24 200, which would be high—not the highest—but high nonetheless. The person in  
25 custody at that time who had been waiting in the IRC the longest had been there  
26 for 111 hours, or just over four and a half days. There were 28 people who are

27 <sup>8</sup> Exhibit D to this Declaration.

28 <sup>9</sup> Transcript of Cathleen Beltz testimony at Civilian Oversight Commission Hearing, September 23, 2021, starting at 38:11. Exhibit C to the Declaration



1 referred to as “front bench patients.” These are people who enter the facility in a  
2 state of acute psychiatric distress, or perhaps in drug and alcohol intoxication or  
3 withdrawal, and they are deemed unsafe. And so they are secured in handcuffs  
4 first, that are also affixed at their sides to a waist chain, which is then tethered to a  
5 fixed object —usually a steel hook of sorts— [in order] specifically designed in  
6 order to limit mobility. When I got there, there was one patient who had been  
7 tethered to the front bench area for 47 hours. There were issues with sanitation and  
8 excessive heat.... (38-39).

9       23. Inmate testimony is entirely consistent with reports from the OIG and  
10 Ms. Beltz. Mr. C.B. swears in his Declaration in this matter that while in the  
11 Inmate Reception Center in August, “I was thinking about suicide but don’t want  
12 to tell anyone because if I do they will chain me to a chair. I have seen lots of  
13 people chained up who get hit by other inmates because they can’t defend  
14 themselves.”

15       24. Mr. T.J., who spent four days in IRC in August, reports he was locked  
16 in a shower with sixty other inmates and kept there for 6 hours. He states that on  
17 Friday: “Deputies then put me in handcuffs and chained to the front bench. I was  
18 on the front bench, chained in handcuffs until Monday morning, August 22.” Thus  
19 he was handcuffed and chained to the bench for over 60 hours. He says of his  
20 ordeal: “When I was on the front bench the man chained to the chair next to me  
21 pulled his pants down and pooped on the floor. The feces stayed on the floor for  
22 two days. No one comes to clean the front bench area. I saw people pee into  
23 orange juice boxes. The area stank from the feces and pee.”

24       25. Mr. B.S. testifies: “I believe that I was arrested 3 days ago. I came  
25 from court. I was taken to IRC and later placed at the front bench. My hands were  
26 handcuffed when I was placed at the front bench. I have had to sleep in a chair at  
27 the front bench with both of my wrists handcuffed. I have not been given a  
28 mattress or a blanket. I have not seen a nurse or medical staff. I suffer from

1 schizophrenia. I put a piece of paper in my ear to help me focus. I have slept about  
2 5 hours since entering IRC. I have not been given medication since entering IRC. I  
3 would rather be moved to a room with a bed than continue to be handcuffed to a  
4 chair.

5 26. Mr. D.G., whose Declaration I cited in Section III, above, also  
6 testified: “I have only slept 5 hours since being brought to IRC. When I did sleep,  
7 I slept on the floor.... I believe I was moved to the front bench on Sunday, August  
8 28<sup>th</sup>. Both of my hands have been handcuffed since I was moved to the front  
9 bench....

10 27. Mr. C.H., whose Declaration I cited in Section III, above, also wrote:  
11 “I have seen lots of people on the front benches, who are the guys with serious  
12 mental illness, urinate on the floor. They yell for the deputies to unchain them so  
13 they can go to the bathroom, but the deputies ignore them, so they urinate on the  
14 floor. One time I saw someone on the front bench call for the deputies. When they  
15 ignored him he stood up and was able to reach the trash can, where he defecated in  
16 trash can. The whole area stank. But no one empties the trash can for a few hours.  
17 Even though the guy was chained to the bench the chain was long enough for him  
18 to reach the trash can. The only time they did a decent cleaning was about an hour  
19 before the ACLU came today.”

20 28. The very harsh practices at the IRC in regard to tethering inmates to  
21 the front bench violate national standards, including the standards of the American  
22 Correctional Association, that require restraint be utilized only as a last resort after  
23 all less restrictive and harsh interventions have been attempted and failed.<sup>10</sup> The  
24 ACA standards require that when an inmate is restrained, other inmates are not  
25 permitted in the same space and have no access to the restrained inmate, and this  
26 requirement is necessary because restrained individuals are at high risk of assault

27  
28 <sup>10</sup> American Correctional Association, Performance-Based Standards and Expected Practices for Adult Correctional Institutions, A.C.A., March, 2021.

1 and victimization by unrestrained inmates. Of course, all standards that address  
2 this issue, as well as common decency, require that restrained jail inmates be  
3 released as needed for bathroom functions. There is also a requirement that each  
4 limb of a restrained person be released from restraint at frequent intervals so that  
5 circulation will not be cut off, and that there be close medical monitoring. And  
6 there is a strong consensus in corrections, as reflected in very many jail policies  
7 nationwide, that there must be strict time limits to the use of fixed restraint, that  
8 limit is 2 hours in many jurisdictions, 4 hours in some others,<sup>11</sup> and that restraint  
9 cannot be used as punishment but rather must be instituted for the shortest time  
10 possible to safely control dangerous behavior.

11 29. The Los Angeles County Sheriff's Department Custody Division  
12 Manual states: "Restraint devices shall only be used when there is a potential threat  
13 of physical harm, destruction of property, escape, or to escort or transport  
14 inmates.... Inmates shall not be restrained to fixed objects unless the object is  
15 designed or is commonly used for that purpose, and only used for the shortest  
16 period of time necessary."<sup>12</sup> Section 7-03/000.05 of the Manual, "Fixed  
17 Restraints," states: "Fixed restraints are the application of any handcuffs, shackles  
18 or transportation chain permanently or temporarily affixed to an immovable object  
19 (e.g. tables, chairs, benches, stools, rail, ring or bolt, etc.)....Fixed restraints shall  
20 never be used as a form of punishment and shall only be used in the least  
21 restrictive means and for the shortest period of time necessary to provide safety....  
22 The responsible sergeant shall ensure that a medical evaluation is conducted by  
23 medical personnel at least once every two (2) hours.... If an inmate remains in  
24 fixed restraints in excess of six (6) hours, notification and consultation shall be  
25 made with the facility's unit commander and documented in the Watch

26

27 <sup>11</sup> See Disability Rights California, *The Cruel and Unusual Use of Restraint Chairs in California*  
28 *Jails: A Call to Action*, June 8, 2020.

<sup>12</sup> Revised 7/06/2017 [Rosas 2.6, 17.1], 7-03/000.00 General Principles of Security Restraints  
and Handcuffing Inmates.

1 Commander's Log." Thus the policy of the Los Angeles County Jail more closely  
2 conforms with the ACA Standards (though the policy still lacks adequate details  
3 about restraint practices), but routine practices at IRC are entirely non-compliant  
4 with the ACA Standard as well as the policies of the Los Angeles County Jail.

5 30. Severe restraint such as tethering to the front bench or a chair at IRC  
6 has very harmful effects on all inmates, but especially on inmates with mental  
7 illness. Those who suffer depression are likely made more despairing and, in too  
8 many cases, resolve to commit suicide as soon as they are released from restraints  
9 and have the opportunity. Many of those suffering from psychosis become  
10 agitated and more dysfunctional, for example they are likely to develop paranoid  
11 ideas about why they are being treated so harshly. And inmates who are restrained  
12 in this fashion tend to lose confidence and trust in custody and mental health staff  
13 at the jail, and this makes their subsequent behavioral management and mental  
14 health treatment very problematic.

15  
16 **V. Conclusion**

17 31. The two routine practices discussed in this Declaration -- abrupt  
18 discontinuation of psychotropic medications for the duration of inmates' stay in the  
19 IRC, and the days-long fixed restraint with handcuffs and chains attached to a  
20 bench -- are both reprehensible practices that violate all standards in psychiatry  
21 and corrections and cause damage to the psychiatric condition of the inmates,  
22 especially inmates who suffer from mental illness. Of course, the two practices are  
23 connected. The abrupt discontinuation of prescribed medications causes  
24 exacerbation of mental illness with consequent dyscontrol of behavior and  
25 increased disability, and then the inmates who are noted to be out of control or  
26 disabled, as well as quite a few who are not at all out of control, are restrained in  
27 dreadfully harsh fashion. These are two entirely unacceptable procedures,  
28 unacceptable in terms of all standards of medical/mental health care and in terms

1 of all standards in the field of corrections. To say there is no valid penological  
2 objective in abrupt discontinuation of psychotropic medications and extended fixed  
3 restraint is a gross understatement. The actual effect of the two routine practices at  
4 the I.R.C., to a reasonable degree of medical certainty, is to worsen mental illness  
5 and to alienate incoming inmates from custody and mental health staff. Since they  
6 learn in the IRC they cannot depend on staff to help them with their problems, the  
7 two routine practices make their behavioral management and their mental health  
8 treatment in the jail much more problematic than otherwise.

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed in \_\_\_\_\_, California on September 5, 2002.

Signed \_\_\_\_\_

Terry A. Kupers, M.D., M.S.P.



1 unacceptable in terms of all standards of medical/mental health care and in terms  
2 of all standards in the field of corrections. To say there is no valid penological  
3 objective in abrupt discontinuation of psychotropic medications and extended fixed  
4 restraint is a gross understatement. The actual effect of the two routine practices at  
5 the I.R.C., to a reasonable degree of medical certainty, is to worsen mental illness  
6 and to alienate incoming inmates from custody and mental health staff. Since they  
7 learn in the IRC they cannot depend on staff to help them with their problems, the  
8 two routine practices make their behavioral management and their mental health  
9 treatment in the jail much more problematic than otherwise.

10  
11 I declare under penalty of perjury under the laws of the State of California  
12 that the foregoing is true and correct. Executed in Berkeley, California  
13 on September 5, 2002.

14 Signed Terry A. Kupers  
15 Terry A. Kupers, M.D., M.S.P.

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# **Sub-Exhibit A**

## Curriculum Vitae

### Terry Allen Kupers, M.D., M.S.P.

#### Office Address:

*484 Lake Park Ave, #338, Oakland, California 94610*

phone: 510-654-8333 email: kupers@igc.org

Institute Professor, Emeritus, Graduate School of Psychology,

The Wright Institute

2728 Durant Avenue, Berkeley, California 94704

Born: October 14, 1943, Philadelphia, Pennsylvania

#### Education:

B.A., With Distinction, Psychology Major, Stanford University, 1964

M.D., U.C.L.A. School of Medicine, 1968

M.S.P. (Masters in Social Psychiatry), U.C.L.A., 1974

#### Training:

Intern (Mixed Medicine/ Pediatrics/ Surgery), Kings County Hospital/Downstate Medical Center, Brooklyn, New York, 1968-1969.

Resident in Psychiatry, U.C.L.A. Neuropsychiatric Institute, Los Angeles, 1969-1972

Registrar in Psychiatry, Tavistock Institute, London (Elective Year of U.C.L.A. Residency) 1971-1972

Fellow in Social and Community Psychiatry, U.C.L.A. Neuropsychiatric Institute, 1972-1974

License: California, Physicians & Surgeons, #A23440, 1968-

Certification: American Board of Psychiatry and Neurology (Psychiatry, #13387), 1974-

#### Honors:

Alpha Omega Alpha, U.C.L.A. School of Medicine, 1968.

Distinguished Life Fellow, American Psychiatric Association

Listed: Who's Who Among Human Services Professionals (1995-); Who's Who in

California (1995-); Who's Who in The United States (1997-); Who's Who in America (1998-); International Who's Who in Medicine (1995-); Who's Who in Medicine and Healthcare (1997-); The National Registry of Who's Who (2000-); Strathmore's Millennial Edition, Who's Who; American Biographical Institute's International Directory of Distinguished Leadership; Marquis' Who's Who in the World (2004-); Marquis' Who's Who in Science and Engineering, (2006-); Who's Who Among American Teachers & Educators (2007-); The Global Directory of Who's Who (2012-); International Association of Healthcare Professionals' The Leading Physicians (2012-).

Helen Margulies Mehr Award, Division of Public Interest (VII), California Psychological Association, Affiliate of American Psychological Association, March 30, 2001.

Stephen Donaldson Award, Stop Prisoner Rape (Just Detention, Int'l), 2002.

Exemplary Psychiatrist Award, National Alliance for the Mentally Ill, 2005

William Rossiter Award for "global contributions made to the field of forensic mental health," Annual Meeting, Forensic Mental Health Association of California, March 18, 2009, Monterey, California

Albert Nelson Marquis Lifetime Achievement Award, Marquis Who's Who, 2018-

Gloria Huntley Award, National Alliance on Mental Illness (NAMI), presented at annual NAMI meeting in Atlanta via video, July 15, 2020

### **Clinical Practice:**

Los Angeles County, SouthEast Mental Health Center, Staff Psychiatrist, 1972-1974

Martin Luther King, Jr. Hospital, Department of Psychiatry, Los Angeles; Staff Psychiatrist and Co-Director, Outpatient Department, 1974-1977.

Contra Costa County, Richmond Community Mental Health Center, Staff Psychiatrist and Co-Director, Partial Hospital, 1977-1981

Private Practice of Psychiatry, Los Angeles and Oakland, 1972 until retirement in 2017

### **Teaching:**

Assistant Professor, Department of Psychiatry and Human Behavior, Charles Drew Postgraduate Medical School, Los Angeles, and Assistant Director, Psychiatry Residency Education, 1974-1977.

Institute Professor, Graduate School of Psychology, The Wright Institute, Berkeley, 1981 to present

Courses Taught at: U.C.L.A. Social Science Extension, California School of Professional Psychology (Los Angeles), Goddard Graduate School (Los Angeles), Antioch-West (Los Angeles), New College Graduate School of Psychology (San Francisco).

### **Professional Organizations:**

American Psychiatric Association (Distinguished Life Fellow); Northern California Psychiatric Society; East Bay Psychiatric Association (President, 1998-1999); American Orthopsychiatric Association (Fellow); American Association of Community Psychiatrists; Physicians for Social Responsibility; American Academy of Psychiatry and the Law.

### **Committees and Offices:**

Task Force on the Study of Violence, Southern California Psychiatric Society, 1974-1975  
Task Force on Psychosurgery, American Orthopsychiatric Association, 1975-1976  
California Department of Health Task Force to write "Health Standards for Local Detention Facilities," 1976-77

Prison/ Forensic Committee, Northern California Psychiatric Society, 1976-1981; 1994-  
Psychiatry Credentials Committee, Alta Bates Medical Center, Berkeley, 1989-1994  
(Chair, Subcommittee to Credential Licensed Clinical Social Workers)

President, East Bay Chapter of Northern California Psychiatric Society, 1998-1999  
Co-Chair, Committee on Persons with Mental Illness Behind Bars of the American Association of Community Psychiatrists, 1998-2003

### **Consultant/Staff Trainer:**

Contra Costa County Mental Health Services; Contra Costa County Merrithew Memorial Hospital Nursing Service; Bay Area Community Services, Oakland; Progress Foundation, San Francisco; Operation Concern, San Francisco; Marin County Mental Health Services; Berkeley Psychotherapy Institute; Berkeley Mental Health Clinic; Oregon Department of Mental Health; Kaiser Permanente Departments of Psychiatry in Oakland, San Rafael, Martinez and Walnut Creek; Human Rights Watch, San Francisco Connections collaboration (Jail Psychiatric Services, Court Pre-Trial Diversion, CJCJ and Progress Foundation); Contra County Sheriff's Department Jail Mental Health Program.

Consultant to Protection & Advocacy, Inc. (Disability Rights), re Review of State Hospital Suicides

National Advisory Panel, The Equitas Project, Denver, CO

### **Forensic Psychiatry (partial list):**

Testimony in *Madrigal v. Quilligan*, U.S. District Court, Los Angeles, regarding informed

- consent for surgical sterilization, 1977
- Testimony in Rutherford v. Pitchess, Los Angeles Superior Court, regarding conditions and mental health services in Los Angeles County Jail, 1977
- Testimony in Hudler v. Duffy, San Diego County Superior Court, regarding conditions and mental health services in San Diego County Jail, 1979
- Testimony in Branson v. Winter, Santa Clara County Superior Court, regarding conditions and mental health services in Santa Clara County Jail, 1981
- Testimony in Youngblood v. Gates, Los Angeles Superior Court, regarding conditions and mental health services in Los Angeles Police Department Jail, 1982
- Testimony in Miller v. Howenstein, Marin County Superior Court, regarding conditions and mental health services in Marin County Jail, 1982
- Testimony in Fischer v. Geary, Santa Clara County Superior Court, regarding conditions and mental health services in Santa Clara County Women's Detention Facility, 1982
- Testimony in Wilson v. Deukmejian, Marin County Sup Court, regarding conditions and mental health services at San Quentin Prison, 1983
- Testimony in Toussaint/Wright/Thompson v. Enomoto, Federal District Court in San Francisco, regarding conditions and double-celling in California State Prison security housing units, 1983
- Consultant, United States Department of Justice, Civil Rights Division, regarding conditions and mental health services in Michigan State Prisons, 1983-4
- Testimony in Arreguin vs. Gates, Federal District Court, Orange County, regarding "Rubber Rooms" in Orange County Jail, 1988
- Testimony in Gates v Deukmejian, in Federal Court in Sacramento, regarding conditions, quality of mental health services and segregation of inmates with HIV positivity or AIDS at California Medical Facility at Vacaville, 1989
- Testimony in Coleman v. Wilson, Federal Court in Sacramento, regarding the quality of mental health services in the California Department of Corrections' statewide prison system, 1993
- Testimony in Cain v. Michigan Department of Corrections, Michigan Court of Claims, regarding the effects on prisoners of a proposed policy regarding possessions, uniforms and classification, 1998
- Testimony in Bazetta v. McGinnis, Federal Court in Detroit, regarding visiting policy and restriction of visits for substance abuse infractions, 2000
- Testimony in Everson v. Michigan Department of Corrections, Federal Court in Detroit, regarding cross-gender staffing in prison housing units, 2001
- Testimony in Jones 'El v. Litscher, Federal Court in Madison, Wisconsin, regarding confinement of prisoners suffering from severe mental illness in supermax, 2002
- Testimony in Russell v. Johnson, Federal Court in Oxford, Mississippi, regarding

- conditions of confinement and treatment prisoners with mental illness on Death Row at Parchman, 2003
- Testimony in Austin v. Wilkinson, Federal Court in Cleveland, Ohio, regarding proposed transfer of Death Row into Ohio State Penitentiary (supermax), August, 2005
- Testimony in Roderick Johnson v. Richard Watham, Federal Court in Wichita Falls, Texas, regarding staff responsibility in case of prison rape, September, 2005
- Testimony in Presley v. Epps, No. 4:05CV148-JAD, N.D., Oxford, Mississippi, 2005 & 2007, involving conditions in Supermax Unit 32 at Mississippi State Penitentiary and Treatment of Prisoners with Serious Mental Illness.
- Testimony in DAI, Inc. v. NYOMH, Federal Court, So. Dist. NY, April 3, 2006, regarding mental health care in NY Dept. of Correctional Services
- Testimony in Neal v. Michigan DOC, State of Michigan, Circuit Court for the County of Washtenaw, January 30, 2008, File No. 96-6986-CZ, regarding custodial misconduct & sexual abuse of women prisoners
- Testimony in Hadix v. Caruso, No. 4:92-cv-110, USDistCt, WDistMichiganTestimony, USDistCt, WDistMichigan, Grand Rapids, Michigan, regarding mental health care in prison, April 29, 2008
- Testimony in John Doe v. Michigan D.O.C., Detroit, 2014.
- Testimony in A.B. v. WA State Dept Soc'l & Health Services, USDistCtWDistWA, No. 14-cv-011 78-MJP, Seattle, March 17, 2015, regarding Competency Evaluations and Competency Restoration Treatment
- Testimony (deposition) in Ashker v. Governor of California, USDistCtNoDistCA, Oakland, No. C 09-05796 CW, 2015, regarding confinement in excess of 10 years in Security Housing Unit at Pelican Bay State Prison.
- Testimony in Dockery v. Hall, USDistCtSoDistMississippi, Jackson, No. 3:13CV326WHB-JCG, March 14-15, 2018, regarding psychiatric effects of conditions in solitary confinement Unit at Eastern Mississippi Correctional Facility.
- Testimony (deposition) in John Doe et al. v. Michigan DOC, et al., Washtenaw County (MI) Circuit Court, Case Nos. 13-1196-CZ and 15-1006-CZ, August 7 & 8, 2019, Oakland, CA, regarding the situation of minors sentenced as adults to the Michigan D.O.C.
- Testimony in Michael Hall (SC212933) et.al. & In Re Von Staich (SC212566), Sup. Ct., Co. of Marin, May 27, 2021. Case No. SC212933, et al, Case No. SC213244, et al., Case No. SC213534, et al. Regarding COVID-19 and response by CDCR at San Quentin Prison.

## **Journal Editorial Positions:**

Men and Masculinities, Editorial Advisory Panel (in the past)



Juvenile Correctional Mental Health Report, Editorial Board (in the past)  
Correctional Mental Health Report, Contributing Editor (current)

### **Presentations and Lectures (partial list):**

- "Expert Testimony on Jail and Prison Conditions." American Orthopsychiatric Association Annual Meeting, San Francisco, March 30, 1988, Panel 137: "How Expert are the Clinical Experts?"
- "The Termination of Psychotherapy." Psychiatry Department Grand Rounds, Mills/Peninsula Hospitals, Burlingame, February 24, 1989.
- "Big Ideas, and Little Ones." American Psychiatric Association Annual Meeting, San Francisco, April, 1989.
- "Men in Psychotherapy." Psychiatry Department Grand Rounds, Mills/Peninsula Hospitals, Burlingame, September 29, 1989.
- "Psychodynamic Principles and Residency Training in Psychiatry." The Hilton Head Conference, Hilton Head Island, South Carolina, March 15, 1991.  
Panelist: "The Mentally Ill in Jails and Prisons," California Bar Association Annual Meeting, Anaheim, 1991.
- "The State of the Sexes: One Man's Viewpoint." The Commonwealth Club of California, San Mateo, March 25, 1992.
- Keynote Address: "Feminism and the Family." 17th National Conference on Men and Masculinity, Chicago, July 10, 1992.
- Panel Chair and Contributor: "Burnout in Public Mental Health Workers." Annual Meeting of the American Orthopsychiatric Association, San Francisco, May 22, 1993.
- Panel Chair and Contributor: "Socioeconomic Class and Mental Illness." Annual Meeting of the American Psychiatric Association, San Francisco, May 26, 1993.
- "Public Mental Health." National Council of Community Mental Health Centers Training Conference, San Francisco, June 12, 1993.
- Psychiatry Department Grand Rounds: "Men's Issues in Psychotherapy." California Pacific Medical Center, San Francisco, February 24, 1993.
- "The Effect of the Therapist's Gender on Male Clients in Couples and Family Therapy." Lecture at Center for Psychological Studies, Albany, California, April 15, 1994.
- "Pathological Arrhythmicity and Other Male Foibles." Psychiatry Department Grand Rounds, Alta Bates Medical Center, June 7, 1993.
- Roger Owens Memorial Lecture. "Prisons and Mental Illness." Department of Psychiatry, Alta Bates Medical Center, March 6, 1995.
- Keynote Address: "Understanding Our Audience: How People Identify with Movements

- and Organizations." Annual Conference of the Western Labor Communications Association, San Francisco, April 24, 1998.
- "Men in Groups and Other Intimacies." 44th Annual Group Therapy Symposium, University of California at San Francisco, November 6, 1998.
- "Men in Prison." Keynote, 24th Annual Conference on Men and Masculinity, Pasadena, July 10, 1999.
- "Trauma and Posttraumatic Stress Disorder in Prisoners" and "Prospects for Mental Health Treatment in Punitive Segregation." Staff Training Sessions at New York State Department of Mental Health, Corrections Division, at Albany, August 23, 1999, and at Central New York Psychiatric Institution at Utica, August 24.
- "The Mental Health Crisis Behind Bars." Keynote, Missouri Association for Social Welfare Annual Conference, Columbia, Missouri, September 24, 1999.
- "The Mental Health Crisis Behind Bars." Keynote, Annual Conference of the Association of Community Living Agencies in Mental Health of New York State, Bolton Landing, NY, November 4, 1999.
- "Racial and Cultural Differences in Perception Regarding the Criminal Justice Population." Statewide Cultural Competence and Mental Health Summit VII, Oakland, CA, December 1, 1999.
- "The Criminalization of the Mentally Ill," 19th Annual Edward V. Sparer Symposium, University of Pennsylvania Law School, Philadelphia, April 7, 2000.
- "Mentally Ill Prisoners." Keynote, California Criminal Justice Consortium Annual Symposium, San Francisco, June 3, 2000.
- "Prison Madness/Prison Masculinities," address at the Michigan Prisoner Art Exhibit, Ann Arbor, February 16, 2001.
- "The Mental Health Crisis Behind Bars," Keynote Address, Forensic Mental Health Association of California, Asilomar, March 21, 2001.
- "Madness & The Forensic Hospital," grand rounds, Napa State Hospital, 11/30/01.
- Commencement Address, The Wright Institute Graduate School of Psychology, June 2, 2002.
- "Mental Illness & Prisons: A Toxic Combination," Keynote Address, Wisconsin Promising Practices Conference, Milwaukee, 1/16/02.
- "The Buck Stops Here: Why & How to Provide Adequate Services to Clients Active in the Criminal Justice System," Annual Conference of the California Association of Social Rehabilitation Agencies, Walnut Creek, California, 5/2/02.
- Keynote Address, "Mental Illness in Prison," International Association of Forensic Psychotherapists, Dublin, Ireland, May 20, 2005
- Invited Testimony (written) at the Vera Institute of Justice, Commission on Safety and Abuse in America's Prisons, Newark, NJ, July 19, 2005
- Invited Testimony at the National Prison Rape Elimination Commission hearing in San Francisco, August 19, 2005

Lecture, Prisoners with Serious Mental Illness: Their Plight, Treatment and Prognosis," American Psychiatric Association Institute on Psychiatric Services, San Diego, October 7, 2005

Grand Rounds, "The Disturbed/Disruptive Patient in the State Psychiatric Hospital," Napa State Hospital, June 26, 2007

Lecture, "Our Drug Laws Have Failed, Especially for Dually Diagnosed Individuals," 19<sup>th</sup> Annual Conference, California Psychiatric Association, Huntington Beach, CA, October 6, 2007

Panel: "Mental Health Care and Classification," Prison Litigation Conference, George Washington University Law School, Washington, D.C., March 28, 2008.

Keynote Address: "Winning at Rehabilitation," Annual Meeting of the Forensic Mental Health Association of California, Monterey, California, March 18, 2009

Panel: "Construction of Masculinity and Male Sexuality in Prison," UCLA Women's Law Journal Symposium, Los Angeles, April 10, 2009

Panel: "Solitary Confinement in America's Prisons," Shaking the Foundations Conference, Stanford Law School, October 17, 2009.

Commencement Address, San Francisco Behavioral Health Court Graduation Ceremony, October 21, 2009.

Panel: "Negotiating Settlements of Systemic Prison Suits," Training & Advocacy Support Center, Protection & Advocacy Annual Conference, Los Angeles, June 8, 2010.

Grand Rounds, "Recidivism or Rehabilitation in Prison?," Alta Bates Summit Medical Center, November 1, 2010

Keynote Address: "Prison Culture & Mental Illness: a Bad Mix," University of Maryland Department of Psychiatry Cultural Diversity Day, Baltimore, Maryland, March 24, 2011.

Grand Rounds, "The Role of Misogyny & Homophobia in Prison Sexual Abuse," Alta Bates Summit Medical Center, October 17, 2011

Special Guest, "Offering Hope and Fostering Respect in Jail and Prison," 2011 ZIA Partners UnConvention, Asilomar Conference Center, October 24, 2011.

Invited Lecture, "Suicide Behind Bars: The Forgotten Epidemic," 2011 Institute on Psychiatric Services, American Psychiatric Association, San Francisco, October 28, 2011.

Lecture: "How Can We Help Persons with Mental Illness in the Criminal Justice System?," Solano County Re-entry Council, Fairfield, CA, January 15, 2012.

Lecture: "The Prison System in the U.S.A.: Recent History and Development, Structure, Special Issues," Conference of the American Bar Association Rule of Law Initiative, Cross-National Collaboration: Protecting prisoners in the US and Russia, Moscow, Russia, January 20, 2012.

Continuing Medical Education (CME) Presentation: "Correctional Psychiatry Overview,"

- The Center for Public Service Psychiatry of Western Psychiatric Institute and Clinic (co-sponsored by the American Association of Community Psychiatrists), national videoconference originating in Pittsburg, PA, February 2, 2012.
- Grand Rounds, "Mental Health Implications of the Occupy Movement," Alta Bates Summit Medical Center, October 8, 2012
- Invited Speaker: "Solitary Confinement: Medical and Psychiatric Consequences," Session: Multi-Year Solitary Confinement in California and the Prisoner Hunger Strikes of 2011-2012, American Public Health Association Annual Meeting, Moscone Convention Center, San Francisco, October 29, 2012.
- Keynote Address: "Solitary Confinement and Mental Health," Conference of the Midwest Coalition for Human Rights, Northeastern Illinois University, Chicago, November 9, 2012.
- Symposium Presentation: "The Experience of Individuals with Mental Illness in the Criminal Justice System," American Psychiatric Association Annual Meeting, Moscone Center, San Francisco, May 20, 2013.
- Presentation: Incarceration and Racial Inequality in the U.S., Roundtable on the Role of Race and Ethnicity Among Persons Who Were Formerly Incarcerated, California Institute for Mental Health, Sacramento, California, February 28, 2014.
- Testimony at Nevada Advisory Commission on the Administration of Justice on Isolated Confinement, Las Vegas, Nevada, March 5, 2014.
- Lecture, "The Death Penalty and Mental Health," General Assembly of the World Coalition Against the Death Penalty, San Juan, Puerto Rico, June 21, 2014.
- Staff Training: "Ethical Care in Managing and Treating the Disturbed/Disruptive Patient," Napa State Hospital, October 2, 2014.
- Lecture: "The Multiple Traumas of Youth in Detention," American Psychiatric Association Institute on Psychiatric Services, San Francisco, November 1, 2014.
- Guest Expert: Community Psychiatry Forum: "The Social, Economic and Political Impact of Incarceration.," The Center for Public Service Psychiatry at the University of Pittsburg, and the American Association of Community Psychiatrists, video-conference from Pittsburg, March 12, 2015.
- Lecture: "The Struggles of People with Mental Illness in Jails," The Mental Health Board of San Francisco, San Francisco Department of Public Health, September 16, 2015.
- Lecture: "A Psychoanalytic Response to the Effects of Forced Isolation in the Age of Mass Incarceration," Northern California Society for Psychoanalytic Psychology, Scientific Meeting, San Francisco, April 2, 2016.
- Panel: "Mental Health, Neuroscience and the Physical Environment," Academy of Neuroscience for Architecture Conference, September 23, 2016, Salk Institute, University of California at San Diego.
- Paper presentation: "Gender and Domination in Prison," Law Review Symposium on

- Gender and Incarceration, Western New England School of Law, Springfield, MA, October 14, 2016.
- Presentation, " Working with Experts: An Expert and Lawyer Conversation," with Rachel Higgins, New Mexico Criminal Defense Lawyers' Association, Solitary Confinement & Prisoner Civil Rights, Albuquerque, New Mexico, May 5, 2017.
- Keynote Address: "Corrections, Solitary Confinement and Prisoner Mental Health," Conference on Supporting Prisoner Mental Health, Vancouver, British Columbia, June 2, 2017.
- Webinar, "The Humane Imperative: Ending Solitary Confinement. SAMHSA & NAMI, July 27, 2017.
- Lecture, "Masculinity Behind Bars: Violence on the Yards, Terror in Isolation," Center for the Study of Men and Masculinities, SUNY Stony Brook, delivered at Fordham University, Manhattan, October 24, 2017.
- Lecture and Panel, "Solitary Confinement," Georgetown University, January 16, 2018
- Participant, "National Summit on Mental Health & Criminal Justice Law & Policy," sponsored by the Equitas Project at Georgetown University, Washington, D.C., Jan. 17-18, 2018.
- Featured Speaker, "Mental Illness and the Criminal Justice System," NAMI (National Alliance on Mental Illness), Contra Costa County, Feb 21, 2019
- Presentation, "The Harm of Solitary Confinement," Washington State House Of Representatives, Public Safety Committee (by video), March 5, 2019.
- Panel: "Solitary Confinement," University of California Human Rights Law Student Association and National Lawyers' Guild, University of California School of Law, Boalt Hall, Berkeley, March 5, 2019.
- Panel: "Knowledge and Power: Contending with Science in Psychiatry," annual meeting of the American Psychiatric Association, San Francisco, May 19, 2019.
- Panel: "Psychologists and Mass Incarceration," Healing Justice: Ending Mass Incarceration Conference, The Wright Institute, Berkeley, November 2, 2019.
- Panel: "COVID-19 AND INCARCERATION: Mental Health Implications." UCLA Center for Social Medicine, Zoom Conference, April 18, 2020.
- Panel: Solitary Confinement in Queensland, and University of Queensland Law School, Australia, May, 2020, video available at <<https://law.uq.edu.au/research/human-rights/solitary-confinement-panel>>
- Panel: Solitary Confinement: A Public Health Hazard, The Louisiana Stop Solitary Coalition, New Orleans via video, July 15, 2020
- Panel: Open MI Door: Ending Segregation in the State of Michigan, Lansing via video <https://www.facebook.com/MICitizensforPrisonReform/videos/384069609652610/>
- Presentation: "The Decimation of Life Skills and the SHU Post-Release Syndrome," International Symposium on Solitary Confinement, Thomas Jefferson University,

- Philadelphia, PA (virtual), November 5, 2020.
- Panel Moderator & Panelist, "Mass Incarceration in the Pandemic: Health Care Inside & Out," UCLA Center for Social Medicine & UCLA Law COVID-19 Behind Bars Data Project, Los Angeles (virtual), May 8, 2021.
- Presentation, "Correctional Psychiatry," The Center for Public Service Psychiatry of Western Psychiatric Institute and Clinic, Pittsburg, PA via video, October 21, 2021.
- Panelist, "Solitary Confinement: Peers Leading a Path Towards Elimination," Annual Conference of the National Association of Peer Supporters, October 21, 2021.
- Panelist, "From Baraga to Brazil: A Historic Conversation on Solitary Confinement," Human Rights Watch, HaltSolitary, Open MI Door & Unlock the Box, November 11, 2021, Detroit MI via video.
- Participant, Roundtable: "Shifting the Approach: Alternatives to Solitary Confinement for People Suffering From Mental Illness in Prison," from Tel Aviv, Israel via Zoom, January 10, 2022
- Panelist, "How Mental Health Information Can Be Used in Resentencing and in Challenging Conditions of Confinement," at Denver virtual conference, Mental Health, Resentencing, and Challenging Conditions of Confinement, April 26, 2022, Sponsored by Equitas Project and Eighth Amendment Project
- Panelist, "Securing Mental Health Treatment for People in Custody," Prison Law and Advocacy Conference, Northwestern School of Law, May 21, 2022.
- Panelist, "Litigation Efforts to End Solitary," Symposium to End Solitary Confinement, Costa Mesa, California, July 17, 2022.

## **Books Published:**

- Public Therapy: The Practice of Psychotherapy in the Public Mental Health Clinic. New York: Free Press/ MacMillan, 1981. Re-published as e-Book, 2015, at <[http://www.freepsychotherapybooks.org/product/208-public-therapy-the-practice-of-psychotherapy-in-the-public-mental-health-clinic/category\\_pathway-14](http://www.freepsychotherapybooks.org/product/208-public-therapy-the-practice-of-psychotherapy-in-the-public-mental-health-clinic/category_pathway-14)>
- Ending Therapy: The Meaning of Termination. New York: New York University Press, 1988. Re-published as e-Book, 2014, at <<http://freepsychotherapybooks.org/product/118-ending-therapy-the-meaning-of-termination>>
- (Editor): Using Psychodynamic Principles in Public Mental Health. New Directions for Mental Health Services, vol. 46. San Francisco: Jossey-Bass, 1990.
- La Conclusione della Terapia: Problemi, metodi, conseguenze. Rome: Casa Editrice Astrolabio, 1992. (trans. of Ending Therapy.)



Revisioning Men's Lives: Gender, Intimacy and Power. New York: Guilford Publications, 1993. (trans. into Chinese, 2000; re-published as e-Book, 2014, at <  
<https://www.freepsychotherapybooks.org/ebook/revisioning-mens-lives-gender-intimacy-and-power/>>

Prison Madness: The Mental Health Crisis Behind Bars and What We Must Do About It. San Francisco: Jossey-Bass/Wiley, 1999.

(Co-Editor & contributor): Prison Masculinities. Philadelphia: Temple University Press, 2001.

Solitary: The Inside Story of Supermax Isolation and How We Can Abolish It. Berkeley, CA: University of California Press, 2017.

### **Other Publications:**

"The Depression of Tuberculin Delayed Hypersensitivity by Live Attenuated Mumps Virus," Journal of Pediatrics, 1970, 76, 716-721.

Editor and Contributor, An Ecological Approach to Resident Education in Psychiatry, the product of an NIMH Grant to the Department of Psychiatry and Human Behavior, Drew Medical School, 1973.

"Contact Between the Bars - A Rationale for Consultation in Prisons," Urban Health, Vol. 5, No. 1, February, 1976.

"Schizophrenia and History," Free Associations, No. 5, 1986, 79-89.

"The Dual Potential of Brief Psychotherapy," Free Associations, No. 6, 1986, pp. 80-99.

"Big Ideas, and Little Ones," Guest Editorial in Community Mental Health Journal, 1990, 26:3, 217-220.

"Feminist Men," Tikkun, July/August, 1990.

"Pathological Arrhythmicity in Men," Tikkun, March/April, 1991.

"The Public Therapist's Burnout and Its Effect on the Chronic Mental Patient." The Psychiatric Times, 9,2, February, 1992.

"The State of the Sexes: One Man's Viewpoint," The Commonwealth, 86,16, April, 1992.

"Schoolyard Fights." In Franklin Abbott, Ed., Boyhood. Freedom, California: Crossing Press, 1993; Univeristy of Wisconsin Press, 1998.

"Menfriends." Tikkun, March/April, 1993

"Psychotherapy, Neutrality and the Role of Activism." Community Mental Health Journal, 1993.

"Review: Treating the Poor by Mathew Dumont." Community Mental Health Journal, 30(3), 1994, 309-310.

"The Gender of the Therapist and the Male Client's Capacity to Fill Emotional Space." Voices, 30(3), 1994, 57-62.

"Soft Males and Mama's Boys: A Critique of Bly." In Michael Kimmel, Ed., The Politics of

- Manhood: Profeminist Men Respond to the Mythopoetic Men's Movement (And Mythopoetic Leaders Respond). Philadelphia: Temple University Press, 1995.
- "Gender Bias, Countertransference and Couples Therapy." Journal of Couples Therapy, 1995.
- "Jail and Prison Rape." TIE-Lines, February, 1995.
- "The Politics of Psychiatry: Gender and Sexual Preference in DSM-IV." masculinities, 3,2, 1995, reprinted in Mary Roth Walsh, ed., Women, Men and Gender, Yale University Press, 1997.
- "What Do Men Want?, review of M. Kimmel's Manhood in America." Readings, 10, 4, 1995.
- Guest Editor, issue on Men's Issues in Treatment, Psychiatric Annals, 2,1, 1996.
- "Men at Work and Out of Work," Psychiatric Annals, 2,1, 1996.
- "Trauma and its Sequelae in Male Prisoners." American Journal of Orthopsychiatry, 66, 2, 1996, 189-196.
- "Consultation to Residential Psychosocial Rehabilitation Agencies." Community Psychiatric Practice Section, Community Mental Health Journal, 3, July, 1996.
- "Shame and Punishment: Review of James Gilligan's Violence: Our Deadly Epidemic and its Causes," Readings, Sept., 1996.
- "Community Mental Health: A Window of Opportunity for Interracial Therapy," Fort/Da, 2,2,1996.
- "Men, Prison, and the American Dream," Tikkun, Jan-Feb., 1997.
- "Dependency and Counter-Dependency in Couples," Journal of Couples Therapy, 7,1, 1997, 39-47. Published simultaneously in When One Partner is Willing and the Other is Not, ed. Barbara Jo Brothers, The Haworth Press, 1997, pp. 39-47.
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# **Sub-Exhibit B**

## Depositions and Court Testimony in Past Four Years by Terry A. Kupers, M.D.

Testimony in *Dockery v. Hall*, USDistCtSoDistMississippi, Jackson, No. 3:13CV326WHB-JCG, March 14-15, 2018, regarding psychiatric effects of conditions in solitary confinement Unit at Eastern Mississippi Correctional Facility.

Testimony in *State v. Travis Smoot*, Bakersfield Superior Court, Case No. BF164146A, March 20, 2019, criminal trial about murder of prisoner's cellmate.

Deposition in *Jay Vermillion v. Mark Levenhagen*, 1:15-cv-605-RLY-TAB, U.S.Dist.Ct,So.Dist.Indiana, in San Francisco, May 30, 20 about effects of Solitary Confinement at Westville Corr. Facil.

Deposition in *William Richards v. County of San Bernadino et al*, Case No. 5:17-cv-00497-SJO-SP, USDistCtCentralDistCA, in Oakland, July 19, 2019, re exoneration following false conviction.

Deposition in *John Doe et al. v. Michigan DOC, et al., Washtenaw County (MI) Circuit Court*, Case Nos. 13-1196-CZ and 15-1006-CZ, August 7 & 8, 2019, Oakland, CA. Class action regarding effects on juveniles of incarceration in adult prison facilities.

Deposition in *Luong v. Alameda County*, USDistCtNoDistCA No: 3:17-cv-06675-EMC, September 5, 2019, Oakland, CA, re death in custody at Santa Rita Jail Facility.

Deposition in *Finley v. Huss et al*, USDISTCtWestDistMichigan, North Division, No. 2-18-cv-100, October 15, 2019, Oakland, CA, re self-harm in solitary confinement.

Deposition in *Andrew Wilson v. City of Los Angeles*, U.S.Dist.Ct.CentralDist.CA, CASE NO. CV18-05775-KS, April 24, 2020, Berkeley & Los Angeles, telephonic, re exoneration following false conviction.

Deposition in *Atayde vs. Napa State Hospital et al.*, Case # 1:16-cv-00398-DAD-SAB, April 29, 2020, Berkeley, CA via video, re death by suicide in jail.

Deposition in Samuel Kolb vs. County of Placer, USDistCtEDistCA Case No. 2:19-cv-00079-DB, July 8, 2020, Berkeley, CA via video, re police-involved shooting.

Deposition in Gosier/Malone v. Wicomico County, Maryland. USDistCt for the Dist of Maryland. Case No. 1:19-CV-02412-SAG, March 4, 2021, Maryland/California via video, re jail suicide.

Testimony at Trial (in person), State of Florida v. William E. Wells, Circuit Court of the Eighth Judicial Circuit, in and for Bradford County, Florida, Case No. 04-2019-CF-000706-A, April 27 & 28, 2021, Starke, Bradford County, Florida. Capital Murder Trial.

Deposition in Michael Hall (SC212933) et.al. & In Re Von Staich (SC212566), Sup. Ct., Co. of Marin, May 4, 2021. Case No. SC212933, et al, Case No. SC213244, et al., Case No. SC213534, et al. Regarding COVID-19 and response by CDCR at San Quentin Prison.

Court Testimony (by video) in Michael Hall (SC212933) et.al. & In Re Von Staich (SC212566), Sup. Ct., Co. of Marin, May 27, 2021. Case No. SC212933, et al, Case No. SC213244, et al., Case No. SC213534, et al. Regarding COVID-19 and response by CDCR at San Quentin Prison.

Deposition in Gerald Len Cooley v. William Jeha et. al, USDistCtNoDistCA, Case No. 4:18-cv-00719-YGR. Video Deposition. October 20, 2021. Regarding effects of 4 month jail confinement following wrongful arrest.

Testimony at Evidentiary Hearing (by video), Melendez v. Inch et al, USDistCtMidDistFlorida, Jacksonville, Florida by Video, 3:20-cv-01023-BJD-JBT. Regarding Solitary Confinement and Mental Health Issues for single prisoner.

Deposition in Martinez & M. Martinez v. City of Los Angeles, USDistCtCentralDistCAWestDiv, October, 2021. Video Deposition. Regarding false conviction/exoneration/innocence.

Deposition in Michael Denton v. Karie Rainer, USDistCtWestDistWA,NO. 3:19-cv-05743-BHS-TLF, April 7, 2022. Video Deposition. Regarding long-term confinement of Prisoner with Mental Illness in Solitary Confinement.

Deposition in State of Florida vs. Keith Hartley Wittemen, Jr., Circuit Court of the 20<sup>th</sup> Judicial Circuit in and for Charlotte County, Case No. 92-000487CF – (SHC) (BRB), August 5, 2022, by video. Re-sentencing consideration related to conviction for murder.

# **Sub-Exhibit C**

TRANSCRIPT

START: 38:11

CATIE BELTZ: Okay, thank you, good morning everyone. Thank you, Commissioner Rubin. Good morning, Madam Chair and commissioners. Thank you for having us, it's good to see you all. Again, Catie Beltz, she/hers, Assistant Inspector General, and I was asked to speak about overcrowding in IRC as it most recently emerged in the last few weeks. So I will [I'll just] present initially and then obviously Max and I can answer any questions that you all may have. On Saturday morning, August 21, I was contacted by confidential sources who notified me that IRC was extremely overcrowded, among other allegations that it was the worst it had ever been. I arrived at the facility around noon, and when I did the clinic population was approximately 200 which

39:00

would be high—not the highest—but high nonetheless. The person in custody at that time who had been waiting in the IRC the longest had been there for 111 hours, or just over four and a half days. There were 28 people who are referred to as “front bench patients.” These are people who enter the facility in a state of acute psychiatric distress, or perhaps in drug and alcohol intoxication or withdrawal, and they are deemed unsafe. And so they are secured in handcuffs first, that are also affixed at their sides to a waist chain, which is then tethered to a fixed object—usually a steel hook of sorts— [in order] specifically designed in order to limit mobility. When I got there, there was one patient who had been tethered to the front bench area for 47 hours. There were issues with sanitation and excessive heat,

40:00

and of course the people in custody were fearful, and understandably angry. Some were pretty seriously lashing out at staff—custody, medical, mental health staff—who also expressed concern for the patients and frankly, also for their own safety. Max and I- the Inspector General and I returned the next morning the 22nd, and the department had largely resolved the major issues: the sanitation issues, they'd reduced the number of people in the clinic from 200 to closer to 50. So it was much better overall, and it was much better for some of the people in custody. But unfortunately, conditions for the front bench patients had actually worsened. So there were 29 total front bench patients, 22 of whom had been tethered for more than 22 hours. And the patient with the longest wait time on Sunday had by then been tethered for fully 62 hours.

41:00

So there are two problems that give rise to these conditions. One—there exists a serious and longstanding housing crisis in the system, particularly for the mentally ill. And two, COVID, which as you indicated [which has] exacerbated the serious and longstanding housing crisis. I'll leave it to the assistant sheriff to expand on the details of the COVID aspect of the crisis, but I would like to quickly try to illustrate more from a conditions of confinement perspective what the county jail experience looks like for many of the 1000+ patients on any given day with the most severe mental illnesses, who often start their time in custody tethered in that front bench area. Jennifer, if we could please have the slides, starting with the first one, that would be great.

[Slideshow presented, table titled “Longest Wait Time Per Day- Front Bench Area” ranging from August 21, 2021 to September 15, 2021.]



### Longest Wait Time Per Day – Front Bench Area

Date	Longest Wait Time (rounded to nearest .5 hours)
August 21, 2021 (Sat)	47.5
August 22, 2021 (Sun)	62.5
August 25, 2021 (Wed)	15.5
August 27, 2021 (Fri)	5.5
September 1, 2021 (Wed)	12.5
September 2, 2021 (Thurs)	17
September 3, 2021 (Fri)	15.5
September 4, 2021 (Sat)	14
September 5, 2021 (Sun)	9
September 6, 2021 (Mon)	19.5
September 7, 2021 (Tue)	8
September 8, 2021 (Wed)	9.5
September 9, 2021 (Thu)	13.5
September 10, 2021 (Fri)	13
September 11, 2021 (Sat)	6
September 12, 2021 (Sun)	9.5
September 13, 2021 (Mon)	13.5
September 14, 2021 (Tue)	8
September 15, 2021 (Wed)	12.5

\*LASD does not retain aggregate wait time information due to data system limitations. Information presented reflects point-in-time snapshots of wait times that were retrieved each day between 6:30 am and 3:00 pm.

Thank you so much. Okay, we continued to monitor as you indicated [Chair] Commissioner Rubin, to monitor IRC conditions. We continued to monitor them pretty closely for the last few weeks.

42:00

So this first table reflects the longest times that people were tethered in the front bench area for each of a total of 19 days—so we went back to the facility. We concede that the 21st and 22nd were uniquely long wait times, with patients tethered for 47 and half and 62 and a half hours respectively. The remaining 17 days reflect shorter but long nonetheless wait times that range from—let’s see—6 hours on the 11th to 19 and a half hours I think [yeah around that] September 6th. Not reflected in this table but over these same 19 days, we counted a total of 37 patients who were tethered for more than 24 hours. Next slide please. Thank you.

[Slide presented, table titled “Longest Wait Time Per Day – IRC Clinic” ranging from August 21, 2021 to September 15, 2021.]

### Longest Wait Time Per Day – IRC Clinic

Date	Longest Wait Time (rounded to nearest .5 hours)
August 21, 2021 (Sat)	111.5
August 22, 2021 (Sun)	83
August 25, 2021 (Wed)	73
August 27, 2021 (Fri)	69.5
September 1, 2021 (Wed)	19.5
September 2, 2021 (Thurs)	21.5
September 3, 2021 (Fri)	17.5
September 4, 2021 (Sat)	19
September 5, 2021 (Sun)	23.5
September 6, 2021 (Mon)	12
September 7, 2021 (Tue)	11.5
September 8, 2021 (Wed)	25
September 9, 2021 (Thu)	19.5
September 10, 2021 (Fri)	20.5
September 11, 2021 (Sat)	15
September 12, 2021 (Sun)	6.5
September 13, 2021 (Mon)	14
September 14, 2021 (Tue)	12.5
September 15, 2021 (Wed)	18

\*LASD does not retain aggregate wait time information due to data system limitations. Information presented reflects point-in-time snapshots of wait times that were retrieved each day between 6:30 am and 3:00 pm.

Okay, this slide depicts wait times for the non-front bench folks in custody. So some of these patients

43:00

may absolutely have mental health diagnoses but they're not restrained throughout intake. Again, the worst of the wait times we see through August and then the September wait times range from 6 and a half hours on the 12th of September to 25 hours to the 8th of September. Again, not reflected here over the same 19 day period we counted 144 people who waited more than 24 hours for a bed. Thanks so much, Jennifer, I appreciate it.

[Slideshow is taken down.]

These much higher wait times through the month of August, and to an extent the longer wait times generally, have absolutely been exacerbated by COVID. And unfortunately, you know, it is also true that long wait times in the IRC—especially for the mentally ill—are not new. And though IRC is really the intake unit that marks the beginning of one's period of confinement in the system, the long wait times are actually the end

44:00

result of a much greater backlog that's caused by the mental health housing shortage. For most of these front bench patients, when they're removed from the front bench they're moved through a series of specifically designated temporary housing areas—both in the IRC and Twin Towers—until [they can] a permanent bed can be found for them. Just by way of an example, a recent patient—30 years old, severe mental illness, history of hospitalizations, and a developmental disability—was brought into the IRC, tethered in the front-bench area on August 5th. After 5 and a half hours, he was removed to the IRC module 231—a temporary housing location—where he remained for six days. He was then moved to a high-observation housing intake module—also a temporary housing location—where he remained until yesterday. So this patient spent nearly 50 days in high isolated, temporary housing environments—

45:00

naked, under a suicide garment, and without other items or provisions. According to clinical notes, he is only sporadically responsive to what were unfortunately inconsistent mental health care and efforts that were offered only at cell front, behind a locked door. And it's important to note that because these housing areas are designated as temporary, and are not intended stays longer than 2 or 3 days, people do not receive access to purchase items from commissary, to receive visits. They don't have consistent access to a phone or time outside of their cells, outside the exceptions of shower that are offered twice weekly, assuming folks are deemed safe enough to come out of their cells. Documentation on showers and certain other things can be a bit inconsistent, and this patient may be being offered showers, but the clinical notes describe his cell as being

46:00

quote, "unlivable," which suggests that he might not be stable enough to even desire a shower. Not surprisingly, the notes also reflect that this front bench patient has further psychiatrically decompensated since arrival. Also because of the housing crisis, again, exacerbated by COVID, as of Tuesday this week, there were more than 500 medium observation level-of-care patients at Men's Central Jail. Correctional Health Services has clearly and consistently and unequivocally indicated that Men's Central Jail is unsafe for patients, because the physical plant design doesn't allow for adequate supervision or treatment space. There are suggestions that there aren't adequate security personnel to be able to support all the mental health needs of those patients. And some of those patients are in modules that also house people in the general population, and so they're obviously potentially vulnerable to victimization. There are several other examples that

47:00

we can talk about of manifestations of the housing shortage. But I just want to really quickly take one moment to acknowledge the Sheriff's Department for our access. The reason that we have the information that I'm sharing with you today and that I'm even able to share with you today is because we have absolutely unfettered access to the jails and to the people confined in them. We have access, for that matter, to personnel and custody health records and we do work closely with custody leadership and staff. And so, I say this first to thank the Assistant Sheriff and the Custody Division and the Sheriff himself for this access, because it is absolutely imperative to our work. But also, I say it to reiterate what this commission and the Inspector General have indicated which is that if only we had throughout the department the same level of access to information and communication and transparency that we have in the Custody Division, our working relationship with the department as a whole would improve significantly—

48:00

and so we invite that.

Also, you know, because we talk almost daily, I have communicated to the assistant sheriff and to assistant sheriffs before him our position: that current conditions are grossly inadequate, they expose many vulnerable to patients to level of suffering that we as a county should neither tolerate nor enable. County Counsel can best offer formal opinion, but in our capacity as Special Counsel we opine that these conditions consistently fail to meet the basic human needs of many of the people in custody. And we do not believe that they would withstand a constitutional analysis pursuant to the 8th and 14th Amendments. So we therefore continue to recommend the immediate release of people in custody to an absolute and consistent population cap of the

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12,400 [twelve thousand four] Board of State and Community Corrections rated capacity for this system. I understand that the Sherriff's Department briefly suspended intake last weekend, which is great. We also recommend that. Of course, the county should also continue its most zealous pursuit of alternatives to incarceration, especially for this population.

END: 49:13

# **Sub-Exhibit D**

<b>Front Bench Processing Time</b>					
<b>Date</b>	<b>24-48 hrs.</b>	<b>49-71 hrs.</b>	<b>72+ hrs.</b>	<b>Total 24+ hrs.</b>	<b>Longest Time (hrs.)</b>
8/9/2022	1	1	2	4	109.5
8/10/2022	11	0	0	11	44.7
8/11/2022	14	0	0	14	41
8/12/2022	4	6	0	10	64.2
8/13/2022	7	1	4	12	86.1
8/14/2022	12	7	1	20	85.7
8/15/2022	3	11	7	21	122.3
8/16/2022	<i>no data received from LASD</i>				
8/17/2022	14	0	0	14	47.7
8/18/2022	15	6	0	21	71.8
8/19/2022	17	6	3	26	88.7
8/20/2022	7	7	5	19	119.2
8/21/2022	7	8	14	29	142.7
8/22/2022	0	7	22	29	166.2
8/23/2022	0	0	10	10	145.6
8/24/2022	6	0	3	9	158.3
8/25/2022	15	0	0	15	45.6
8/26/2022	9	11	0	20	69.7
8/27/2022	6	4	4	14	81
8/28/2022	13	3	2	18	105.2
8/29/2022	2	3	2	7	80.7
8/30/2022	1	0	5	6	109.2
8/31/2022	9	0	2	11	131.4
9/1/2022	6	4	1	11	133.1
9/2/2022	3	0	0	3	36.3