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UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF CALIFORNIA

LUCY ATAYDE, individually and as  
successor in interest of decedent  
RICHARD MICHAEL RAMIREZ  
  
Plaintiff,  
  
v.  
  
NAPA STATE HOSPITAL, et al.,  
  
Defendants.

No. 1:16-cv-00398-DAD-SAB

ORDER GRANTING IN PART AND  
DENYING IN PART DEFENDANTS’  
MOTIONS TO DISMISS

(Doc. Nos. 76, 78)

This matter came before the court on December 6, 2016, for hearing of defendants’ motions to dismiss pursuant to Rule 12(b)(6) of the Federal Rules of Civil Procedure. (Doc. Nos. 76, 78.) Attorney Michael Haddad appeared on behalf of plaintiff Lucy Atayde, successor in interest of decedent Richard Michael Ramirez. Deputy Attorney General Krista Dunzweiler appeared on behalf of defendants Napa State Hospital (“NSH”), Dolly Matteucci, and Dana White (the “state defendants”). Attorney Jerome Varanini appeared on behalf of defendant Merced County. Attorney Jemma Saunders appeared on behalf of California Forensic Medical Group Inc. (“CFMG”), Taylor Fithian, Deborah Mandujano, Corina Denning, Sean Ryan, Tom Cavallero, Jason Goins, and Heather Goode (the “county defendants”). Following oral argument, defendants’ motions were taken under submission. For the reasons stated below, the court will grant in part and denies in part defendants’ motions to dismiss.

1 FACTUAL BACKGROUND

2 On January 5, 2016, plaintiff Lucy Atayde, the mother of decedent Richard Michael  
3 Ramirez, filed suit in the U.S. District Court for the Northern District of California against  
4 defendants. (Doc. No. 1.) On March 21, 2016, the case was transferred to this district. (Doc. No.  
5 40.) On September 16, 2016, this court granted the state defendants’ motion to dismiss and  
6 granted in part the county defendants’ motion to dismiss. (Doc. No. 63.)

7 This action now proceeds on plaintiff’s First Amended Complaint (“FAC”), filed October  
8 7, 2016. (Doc. No. 68.) In her FAC, plaintiff raises claims against two major groups of  
9 defendants, those affiliated with the Napa State Hospital (“state defendants”), and those affiliated  
10 with the Merced County jail (“county defendants”). (Doc. No. 68.) Plaintiff alleges seven causes  
11 of action: (i) claims under 42 U.S.C. § 1983 against defendants Fithian, Goode, Ryan, Denning,  
12 Cavallaro, Goins, Mandujano, and White for violation of decedent’s Fourth and Fourteenth  
13 Amendment rights to adequate mental health treatment, and for violation of plaintiff’s First  
14 Amendment right to familial association; (ii) claims under § 1983 against defendants Matteucci,  
15 Merced County, CFMG, and policy-making officials of each organization, for supervisory and  
16 municipal liability; (iii) claims under the California Bane Act, codified at California Civil Code  
17 § 52.1; (iv) claims under the Americans with Disabilities Act (“ADA”) and the Rehabilitation Act  
18 of 1973 (“RA”) against defendants Merced County, NSH, and CFMG; (v) claims under  
19 California Government Code § 845.6 against defendants White, NSH, the County, and Goins;  
20 (vi) negligence claims against defendants Cavallero, Goins, and Merced County; and  
21 (vii) negligence per se claims against defendants Cavallero, Goins, and Merced County. (*Id.*)

22 In her FAC, plaintiff alleges the following facts. On December 15, 2014, decedent—a  
23 twenty seven year-old man suffering from severe psychosis—committed suicide while in the  
24 custody of the Merced County Sheriff’s Department. (Doc. No. 68 at 29, ¶ 102.) Decedent  
25 committed suicide after being held in pre-trial detention for nearly four months. (*Id.*) The  
26 following events led to decedent’s suicide.

27 Decedent was arrested and booked into Merced County Jail on August 23, 2014. (*Id.* at  
28 10, ¶ 26.) On August 29, 2014, the Merced County Superior Court suspended the criminal

1 proceedings against decedent due to concerns that he was not mentally competent to stand trial  
2 and referred him to Dr. Phillip Hamm, Ph.D., for an evaluation pursuant to California Penal Code  
3 § 1368. (*Id.* at 10, ¶ 28.)

4 Decedent exhibited signs of mental illness while held at Merced County jail, reportedly  
5 hearing voices and experiencing major mood changes. (*Id.* at 11–13, ¶¶ 34–38.) On two separate  
6 occasions in early September of 2014, decedent was placed in safety cells because of his  
7 behavior. (*Id.* at 13–14, ¶¶ 39–44.) After each of these instances, decedent was released without  
8 the initiation of a treatment plan or other follow-up action. (*Id.*) Decedent was given only two  
9 telepsychiatric consultations while incarcerated at the Merced County jail. (*Id.* at 12–13, ¶ 38.)  
10 On September 5, 2014, defendant Heather Goode, M.D., met with decedent and wrote him a  
11 prescription for an antipsychotic medication. (*Id.* at 12–13, ¶ 38.) However, defendant Goode  
12 did not draft a treatment plan or diagnose decedent as suffering from psychosis. (*Id.*) On  
13 September 15, 2014, defendant Cora Denning, R.N., conducted a separate assessment of  
14 decedent, and found him to have a clear and normal thought process. (*Id.* at 14–15, ¶ 48.)  
15 Decedent was scheduled for another consultation on September 22, 2014, but this appointment  
16 was canceled due to a scheduling conflict and was never rescheduled. (*Id.* at 15, ¶ 49.)

17 Decedent refused to take his prescribed medications during his time at the jail. (*Id.* at 16,  
18 ¶ 56.) In response to his refusal, county employees and agents merely signed release of liability  
19 forms on decedent’s behalf. (*Id.* at 16, ¶ 56.) Decedent never signed these release forms himself.  
20 (*Id.*)

21 On September 22, 2014, Dr. Hamm issued his court-ordered report on decedent. (*Id.* at  
22 15–16, ¶¶ 51–53.) The report stated that decedent likely suffered from Psychotic Disorder NOS  
23 (not otherwise specified) and was not able to understand the nature and purpose of the  
24 proceedings against him. (*Id.*) On September 26, 2014, Merced County Superior Court adopted  
25 Dr. Hamm’s report and declared decedent incompetent to stand trial. (*Id.* at 15–17, ¶¶ 51–60.)  
26 The court also ordered a placement report to be submitted by October 15, 2014 and scheduled a  
27 report hearing for October 17, 2014. (*Id.* at 17, ¶ 60.)

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1           During the period of time leading up to the report hearing, decedent engaged in a series of  
2 self-harming behaviors. (*Id.* at 18–21, ¶¶ 61–76.) On September 27, 2014, while housed in  
3 segregated lockdown, decedent began to strike the walls and door of his cell, causing his hand to  
4 swell and bruise. (*Id.* at 18, ¶ 61.) On September 29, 2014, decedent attempted to commit  
5 suicide by hanging himself with a t-shirt. (*Id.* at 18, ¶ 64.) On October 5, 2014, decedent again  
6 attempted suicide by choking himself with his own hands. (*Id.* at 19, ¶ 70.) In response to each  
7 suicide attempt, decedent was placed in a safety cell—generally for a period of two days—and  
8 given an updated prescription. (*Id.* at 19–20, ¶¶ 67, 69, 73, 75.) However, decedent continued to  
9 refuse his medications, and county staff continued to fail to develop a treatment plan. (*Id.* at 16–  
10 21, ¶¶ 56, 63, 69, 75–76.)

11           On October 24, 2014, the Merced County Superior Court ordered decedent to be  
12 committed to the trial competency program at defendant NSH, or another appropriate facility,  
13 pursuant to California Penal Code § 1370. (*Id.* at 22, ¶ 79.) In its order, the court specifically  
14 noted that if decedent’s mental disorder “is not treated with antipsychotic medication, it is  
15 probable that serious harm to the physical or mental health of the patient will result.” (*Id.*) Both  
16 county and state defendants were given notice of this order. (*Id.*)

17           NSH completed a pre-admission evaluation of decedent and approved him for admission.  
18 (*Id.* at 20, ¶ 74.) On October 9, 2014, defendant White, a nurse employed by defendant NSH,  
19 wrote a letter stating that decedent would be admitted upon receipt of seven specific court  
20 documents. (*Id.*) Defendant NSH received these documents before October 31, 2014. (*Id.* at 24,  
21 ¶ 86.) However, decedent was never transferred to NSH. (*Id.* at 20, 24–26, ¶¶ 74, 86.) Plaintiff  
22 alleges that decedent was not transferred either because the state defendants actively denied  
23 decedent’s admission to NSH, or because the county defendants failed to transport and deliver  
24 decedent to NSH as ordered. (*Id.*)

25           Between October and December of 2014, decedent continued to engage in self-harming  
26 behavior. He was placed in a safety cell on three separate occasions during this period—on  
27 November 28, 2014, December 5, 2014, and December 14, 2014—and each time was released  
28 after a period of observation. (*Id.* at 26–29, ¶¶ 91, 94, 101.) On December 15, 2014, after being

1 placed in a segregated cell, decedent committed suicide by hanging himself. (*Id.* at 29, ¶ 102.)

2 Defendants Merced County, Cavallero, and Goins filed a motion to dismiss plaintiff’s  
3 FAC on October 21, 2016. (Doc. No. 76.) State defendants filed a separate motion to dismiss on  
4 the same date. (Doc. No. 78.) On November 22, 2016, plaintiff filed oppositions to defendants’  
5 motions to dismiss, one of which was amended on November 30, 2016. (Doc. Nos. 80, 81, 84.)  
6 County defendants filed their reply on November 26, 2016, and state defendants filed their reply  
7 on November 30, 2016. (Doc. Nos. 82, 83.)

8 LEGAL STANDARD

9 The purpose of a motion to dismiss brought pursuant to Rule 12(b)(6) is to test the legal  
10 sufficiency of the complaint. *N. Star Int’l v. Ariz. Corp. Comm’n*, 720 F.2d 578, 581 (9th Cir.  
11 1983). “Dismissal can be based on the lack of a cognizable legal theory or the absence of  
12 sufficient facts alleged under a cognizable legal theory.” *Balistreri v. Pacifica Police Dep’t*, 901  
13 F.2d 696, 699 (9th Cir. 1990). A claim for relief must contain “a short and plain statement of the  
14 claim showing that the pleader is entitled to relief.” Fed. R. Civ. P. 8(a)(2). Though Rule 8(a)  
15 does not require detailed factual allegations, a plaintiff is required to allege “enough facts to state  
16 a claim to relief that is plausible on its face.” *Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 570  
17 (2007); *Ashcroft v. Iqbal*, 556 U.S. 662, 677–78 (2009). “A claim has facial plausibility when the  
18 plaintiff pleads factual content that allows the court to draw the reasonable inference that the  
19 defendant is liable for the misconduct alleged.” *Iqbal*, 556 U.S. at 678.

20 In determining whether a complaint states a claim on which relief may be granted, the  
21 court accepts as true the allegations in the complaint and construes the allegations in the light  
22 most favorable to the plaintiff. *Hishon v. King & Spalding*, 467 U.S. 69, 73 (1984); *Love v.*  
23 *United States*, 915 F.2d 1242, 1245 (9th Cir. 1989). It is inappropriate to assume that the plaintiff  
24 “can prove facts which it has not alleged or that the defendants have violated the . . . laws in ways  
25 that have not been alleged.” *Associated Gen. Contractors of Cal., Inc. v. Cal. State Council of*  
26 *Carpenters*, 459 U.S. 519, 526 (1983).

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1 ANALYSIS

2 In their motions to dismiss, both the state and county defendants argue that plaintiff's  
3 FAC does not cure the defects of the original complaint, and should be dismissed for the same  
4 reasons the court previously articulated in its September 16, 2016 order. (*See* Doc. No. 63.)  
5 Defendants collectively make four arguments: (i) plaintiff's § 1983 claims are inadequately pled  
6 with respect to both the state and county defendants; (ii) plaintiff's § 1983 claim for municipal  
7 liability against Merced County fails under federal pleading standards; (iii) plaintiff's ADA and  
8 RA claims fail because the FAC does not allege that defendants discriminated against decedent  
9 on the basis of disability; and (iv) plaintiff's claims against the state defendants under California  
10 Government Code §§ 845.6 and 815 fail because decedent was not in custody of NSH at the time  
11 of his death, and because the state defendants are immune from suit under state law and the  
12 Eleventh Amendment. (Doc. Nos. 76, 78.)

13 The court considers each of defendants' arguments in turn below.

14 **I. Claims under 42 U.S.C. § 1983**

15 Both state and county defendants first move to dismiss plaintiff's § 1983 claims for  
16 violation of the Fourteenth Amendment, arguing that the factual allegations of plaintiff's FAC are  
17 insufficient to state a claim for a violation of the decedent's constitutional rights, and are  
18 inadequate to support claims against defendants White, Matteucci, or Goins.

19 The Civil Rights Act under which this action was filed provides as follows:

20 Every person who, under color of [state law] . . . subjects, or causes  
21 to be subjected, any citizen of the United States . . . to the  
22 deprivation of any rights, privileges, or immunities secured by the  
Constitution . . . shall be liable to the party injured in an action at  
law, suit in equity, or other proper proceeding for redress.

23 42 U.S.C. § 1983. To make out a valid claim under § 1983, a plaintiff must allege and eventually  
24 prove that: (i) the conduct complained of was committed by a person acting under color of state  
25 law; (ii) this conduct deprived a person of constitutional rights; and (iii) there is an actual  
26 connection or link between the actions of the defendants and the deprivation allegedly suffered by  
27 decedent. *See Parratt v. Taylor*, 451 U.S. 527, 535 (1981); *Monell v. Dep't of Soc. Servs.*, 436  
28 U.S. 658, 690–695 (1978); *Rizzo v. Goode*, 423 U.S. 362, 370–371 (1976). “A person ‘subjects’

1 another to the deprivation of a constitutional right, within the meaning of § 1983, if he does an  
2 affirmative act, participates in another’s affirmative acts or omits to perform an act which he is  
3 legally required to do that causes the deprivation of which complaint is made.” *Lacey v.*  
4 *Maricopa County*, 693 F.3d 896, 915 (9th Cir. 2012) (quoting *Johnson v. Duffy*, 588 F.2d 740,  
5 743 (9th Cir. 1978)).

6 Supervisory personnel are generally not liable under § 1983 for the actions of their  
7 employees under a theory of *respondeat superior* and, therefore, when a named defendant holds a  
8 supervisory position, the causal link between him or her and the claimed constitutional violation  
9 must be specifically alleged. *See Fayle v. Stapley*, 607 F.2d 858, 862 (9th Cir. 1979); *Mosher v.*  
10 *Saalfeld*, 589 F.2d 438, 441 (9th Cir. 1978). Vague and conclusory allegations concerning the  
11 involvement of official personnel in civil rights violations are not sufficient. *See Ivey v. Board of*  
12 *Regents*, 673 F.2d 266, 268 (9th Cir. 1982).

13 A. Deliberate Indifference Claims

14 Defendants argue that plaintiff has not adequately pled a § 1983 claim based on deliberate  
15 indifference against either the state or county defendants. (Doc. No. 78-1 at 17–18.)

16 The Fourteenth Amendment provides that “[n]o State shall . . . deprive any person of life,  
17 liberty, or property, without due process of law.” U.S. Const. amend. 14 § 1. Fourteenth  
18 Amendment protections cover a procedural as well as a substantive sphere, such that they bar  
19 certain government actions regardless of the fairness of the procedures used to implement them.  
20 *Cty. of Sacramento v. Lewis*, 523 U.S. 833, 840 (1998). Here, because Mr. Ramirez was a pretrial  
21 detainee at the time of the alleged incidents, his right to be free from cruel and unusual  
22 punishment is derived from the due process clause of the Fourteenth Amendment rather than the  
23 Eighth Amendment. *See Bell v. Wolfish*, 441 U.S. 520, 535 (1979); *Castro v. County of Los*  
24 *Angeles*, 833 F.3d 1060, 1067–68 (9th Cir. 2016), *cert. denied sub nom. Los Angeles County, Cal.*  
25 *v. Castro*, \_\_\_ U.S. \_\_\_, 137 S. Ct. 831 (2017). The duty to protect detainees from suicide is

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1 grounded in the substantive liberty interest to adequate medical care.<sup>1</sup> *See Simmons v. Navajo*  
2 *County, Ariz.*, 609 F.3d 1011, 1018 (9th Cir. 2010); *Johnson v. Meltzer*, 134 F.3d 1393, 1397 (9th  
3 Cir. 1998); *Schwartz v. Lassen Cty. ex rel. Lassen Cty. Jail (Detention Facility)*, 838 F. Supp. 2d  
4 1045, 1052 (E.D. Cal. 2012). In particular, “persons in custody ha[ve] the established right to not  
5 have officials remain deliberately indifferent to their serious medical needs.” *Gibson v. Cty. of*  
6 *Washoe*, 290 F.3d 1175, 1187 (9th Cir. 2002) (quoting *Carnell v. Grim*, 74 F.3d 977, 979 (9th  
7 Cir. 1996)), *overruled on other grounds by Castro*, 833 F.3d at 1076. Moreover, “[i]ncapacitated  
8 criminal defendants have liberty interests in freedom from incarceration and in restorative  
9 treatment.” *Oregon Advocacy Ctr. v. Mink*, 322 F.3d 1101, 1121 (9th Cir. 2003). When  
10 determining whether failure to provide timely restorative treatment constitutes a violation of the  
11 Fourteenth Amendment, courts must balance the detainee’s liberty interests against the legitimate  
12 interests of the state. *Id.* (citing *Youngberg*, 457 U.S. at 321).

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23 <sup>1</sup> Some federal courts have suggested that this duty is also rooted in personal security rights. *See*  
24 *Soto v. City of Sacramento*, 567 F. Supp. 662, 673 (E.D. Cal. 1983) (explaining, in the context of  
25 a suit arising out of a detainee suicide, that an inmate’s Fourteenth Amendment liberty interest in  
26 “unjustified intrusions on personal security” required a “minimally safe cell”); *see generally*  
27 *Ingraham v. Wright*, 430 U.S. 651, 673 (1977) (recognizing the constitutional right to personal  
28 security, and discussing the “historic liberty interest” traceable to the Magna Carta in being “free  
from . . . unjustified intrusions on personal security”). *But see* James E. Robertson, *Fatal*  
*Custody: A Reassessment of § 1983 Liability for Custodial Suicide*, 24 U. Tol. L. Rev. 807, 813  
(1993) (“The most common approach” is to “addres[s] suicide as a mental health problem that  
implicates inmates’ right to medical care”).



1 Plaintiffs may claim deliberate indifference under the Fourteenth Amendment<sup>2</sup> by  
2 alleging: (i) defendant made an intentional decision with respect to the conditions of plaintiff’s  
3 confinement; (ii) those conditions exposed plaintiff to a “substantial risk of serious harm”;  
4 (iii) defendant did not take reasonable available measures to abate that risk, even though a  
5 reasonable officer in the circumstances would have appreciated the high degree of risk involved;  
6 and (iv) by not taking those measures, defendant caused plaintiff’s injuries. *See Castro v. Los*  
7 *Angeles*, 833 F.3d 1060, 1068–71 (9th Cir. 2016), *cert. denied sub nom. Los Angeles County, Cal.*  
8 *v. Castro*, \_\_\_U.S.\_\_\_\_, 137 S. Ct. 831 (2017). Accordingly, when considering a motion to  
9 dismiss such a claim, a district court must consider whether the plaintiff has pled sufficient facts  
10 to permit the court to infer the plaintiff had a “serious medical need” and a defendant was  
11 “deliberately indifferent” to that need. *See Jett v. Penner*, 439 F.3d 1091, 1096 (9th Cir. 2006);  
12 *see also Simmons*, 609 F.3d at 1018 (“[W]e have previously recognized that a heightened suicide  
13 risk can present a serious medical need.”). In particular, deliberate indifference may be shown  
14 where prison officials or practitioners “deny, delay, or intentionally interfere with medical  
15 treatment.” *Hutchinson v. United States*, 838 F.2d 390, 394 (9th Cir. 1988); *see also Estelle v.*  
16 *Gamble*, 429 U.S. 97, 104–105 (1976) (finding that delays in providing medical care may show

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17 <sup>2</sup> Until recently, the Ninth Circuit analyzed claims that corrections officials failed to protect  
18 inmates under the same “deliberate indifference” standard, regardless of whether the plaintiff was  
19 a convicted inmate or a pretrial detainee. *See Clouthier v. County of Contra Costa*, 591 F.3d  
20 1232, 1242 (9th Cir. 2010), *overruled on other grounds by Castro v. City of Los Angeles*, 833  
21 F.3d 1060 (9th Cir. 2016); *Frost v. Agnos*, 152 F.3d 1124, 1128 (9th Cir. 1998) (stating that  
22 “[b]ecause pretrial detainees’ rights under the Fourteenth Amendment are comparable to  
23 prisoners’ rights under the Eighth Amendment . . . we apply the same standards”); *see also*  
24 Catherine T. Struve, *The Conditions of Pre-Trial Detention*, 161 U. Penn. L. Rev. 1009, 1023  
25 (2013) (noting that the Supreme Court has not clearly spoken, and circuit courts have  
26 equivocated, as to whether pre-trial detainees have greater protections under the Fourteenth  
27 Amendment than convicted prisoners have under the Eighth Amendment). However, the Ninth  
28 Circuit has now clarified that a less stringent formulation of the “deliberate indifference”  
standard, outlined above, applies to pretrial detainees. *See Castro*, 833 F.3d at 1068–71 (citing  
*Kingsley v. Hendrickson*, \_\_\_U.S.\_\_\_\_, \_\_\_, 135 S. Ct. 2466, 2470 (2015)), *cert. denied sub nom.*  
*Los Angeles County v. Castro*, \_\_\_U.S.\_\_\_\_, 137 S. Ct. 831 (2017). Thus, while a plaintiff  
bringing a deliberate indifference under the Eighth Amendment must allege an objectively serious  
deprivation and a subjectively culpable state of mind on the part of the defendant, a plaintiff  
asserting deliberate indifference under the Fourteenth Amendment “need not prove those  
subjective elements about the [defendant’s] actual awareness of the level of risk.” *Castro*, 833  
F.3d at 1070–71.

1 deliberate indifference). Courts “need not defer to the judgment of prison doctors or  
2 administrators” in deciding whether there has been deliberate indifference to an inmate’s serious  
3 medical needs. *Snow v. McDaniel*, 681 F.3d 978, 985–86 (9th Cir. 2012) (quoting *Hunt v. Dental*  
4 *Dep’t*, 865 F.2d 198, 200 (9th Cir. 1989)). However, mere negligence in diagnosing or treating a  
5 medical condition, without more, does not constitute deliberate indifference. *See Hunt*, 865 F.2d  
6 at 200; *see also Toguchi v. Chung*, 391 F.3d 1051, 1058–60 (9th Cir. 2004).

7 *i. State defendants White and Matteucci*

8 The state defendants move to dismiss plaintiff’s § 1983 claims against defendants White  
9 and Matteucci for deliberate indifference in the provision of medical care in violation of  
10 decedent’s Fourteenth Amendment rights. (Doc. No. 78-1 at 15–21.) They assert three  
11 arguments in this regard. (*Id.*) First, they argue that defendants White and Matteucci cannot be  
12 held liable for their omissions when they were not subject to a duty to transfer decedent from  
13 county jail to NSH. (*Id.* at 15–16.) Second, defendants argue that plaintiff’s § 1983 deliberate  
14 indifference claim against defendants White and Matteucci is inadequately pled. (*Id.* at 16–19.)  
15 Finally, defendants contend that plaintiff’s § 1983 claim against defendants White and Matteucci  
16 is barred by qualified immunity. (Doc. No. 78 at 15–18, 20–21.)<sup>3</sup>

17 In her opposition, plaintiff argues that defendants White and Matteucci were under a duty  
18 to carry out decedent’s transfer; that the deliberate indifference claim is adequately alleged under  
19 federal pleading standards; and that qualified immunity does not preclude suit against state  
20 defendants. (Doc. No. 84 at 16–17.)

21 1. Duty of care

22 The court first considers whether defendants White and Matteucci had a duty to effect  
23 decedent’s transfer from county jail to NSH, such that they may be held liable under § 1983 for  
24 their omissions in this regard.

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26 <sup>3</sup> However, defendants do not contest that defendants White and Matteucci are employees of  
27 NSH who acted under color of state law; that failure to transfer the decedent, a suicide-prone  
28 detainee, to NSH represented a substantial risk of serious harm; or that the failure to transfer  
decedent to NSH had a causal connection with decedent’s suicide.

1 Plaintiff alleges in the FAC that the failure of defendants White and Matteucci to act  
2 resulted in violation of decedent’s substantive due process right to adequate medical care. (Doc.  
3 No. 68 at 32–38, ¶¶ 115–134.) Specifically, plaintiff alleges that defendants were aware of the  
4 court order of October 24, 2014 committing decedent to NSH, and failed to heed requests by  
5 Merced County officials for decedent’s admission to NSH for treatment. (*Id.* at 4, 25, 30, 33, ¶¶ 5  
6 n.1, 86–87, 109, 117.)

7 As stated above, it is well-established that a person can only be held liable under § 1983  
8 for subjecting another to the deprivation of a constitutional right “if he does an affirmative act,  
9 participates in another’s affirmative acts or omits to perform an act which he is legally required to  
10 do that causes the deprivation of which complaint is made.” *Johnson*, 588 F.2d at 743. Plaintiff  
11 here brings § 1983 claims against the state defendants based on their omissions or failure to act.  
12 As such, plaintiff may only proceed with her claims if defendants White and Matteucci were  
13 subject to a duty of care that ran to decedent, and failed to perform in keeping with that duty.

14 In general, the Ninth Circuit has stated that the duty to protect substantive due process  
15 rights attaches when a state “takes a person into its custody and holds him there against his will.”  
16 *DeShaney v. Winnebago Cty. Dep’t of Soc. Servs.*, 489 U.S. 189, 198–202 (1989); *see also Patel*  
17 *v. Kent School Dist.*, 648 F.3d 965, 971 (9th Cir. 2011) (“The types of custody triggering [this  
18 duty] are ‘incarceration, institutionalization, or other similar restraint of personal liberty’”) (citing  
19 *DeShaney*, 489 U.S. at 200). The rationale behind this duty is that “[w]hen the state puts a person  
20 in danger, the Due Process Clause requires the state to protect him to the extent of ameliorating  
21 the incremental risk.”<sup>4</sup> *Archie v. City of Racine*, 847 F.2s 1211, 1222 (7th Cir. 1988)

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22 <sup>4</sup> The heightened risks experienced by mentally ill persons entering the criminal justice system  
23 are well-recognized. The Supreme Court has long held that legally incompetent persons are  
24 incapable of adequately defending themselves against criminal charges, and cannot be tried and  
25 convicted of criminal charges. *See Pate v. Robinson*, 383 U.S. 375, 378 (1966); *Maxwell v. Roe*,  
26 606 F.3d 561, 568 (9th Cir. 2010). At the same time, the lengthy detention of mentally  
27 incompetent persons with pending criminal charges can pose a risk to the due process rights of  
28 such persons. *Jackson v. Indiana*, 406 U.S. 715, 738 (1972); *United States v. Strong*, 489 F.3d  
1055, 1061 (9th Cir. 2007); *see also Craft v. Superior Court*, 140 Cal. App. 4th 1533, 1545  
(2006) (“[W]here there is no commitment and no treatment, the time an incompetent defendant  
spends in jail is unnecessary and implicates not only due process but also counts toward a finding  
of prolonged incarceration under the state constitutional speedy trial guarantee.”). Criminal

1 (emphasizing that “[w]hen a state cuts off sources of private aid, it must provide replacement  
2 protection.”). As such, correctional facilities have an obligation to protect the substantive liberty  
3 interests of prisoners, including the liberty interest to adequate healthcare. *See Clouthier v.*  
4 *County of Contra Costa*, 591 F.3d 1232, 1242 (9th Cir. 2010) (“[T]he ‘deliberate indifference’  
5 standard applies to claims that correction facility officials failed to address the medical needs of  
6 pretrial detainees.”), *overruled on other grounds by Castro v. City of Los Angeles*, 833 F.3d 1060  
7 (9th Cir. 2016); *see also Simmons*, 609 F.3d at 1018 (recognizing that correctional facilities and  
8 their employees may be liable for failing to address the medical needs of detainees, including  
9 suicide prevention); *Estate of Prasad ex rel. Prasad v. County of Sutter*, 958 F. Supp. 2d 1101,  
10 1112 (E.D. Cal. 2013) (“Deliberate indifference to a pretrial detainee’s serious medical needs  
11 violates the Fourteenth Amendment, whether the indifference is manifested by doctors, guards, or  
12 other personnel.”).

13       There is no clear guidance as to whether detainees committed by court order to an external  
14 treatment facility, but not yet transferred, can bring § 1983 deliberate indifference claims against  
15 employees of the treatment facility.<sup>5</sup> In considering this issue, the court turns to the state law  
16 rules governing treatment of defendants deemed mentally incompetent to stand trial. *See Cal.*

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17 courts and correctional facilities are poorly-equipped to handle the mentally ill and to protect  
18 against these risks. *See Trueblood v. Washington State Dep’t of Social and Health Services*, 101  
19 F. Supp. 3d 1010, 1013 (W.D. Wash. 2015) (“Jails are not hospitals, they are not designed as  
20 therapeutic environments, and they are not equipped to manage mental illness or keep those with  
21 mental illness from being victimized by the general population of inmates.”), *overruled on other*  
22 *grounds*, 822 F.3d 1037 (9th Cir. 2016); *see also Darrell Steinberg et al., When did prisons*  
23 *become acceptable mental healthcare facilities?*, Stanford Law School Three Strikes Project  
24 (2015) (discussing the history of deinstitutionalization in California, the corresponding increase in  
25 incarceration of mentally-ill persons, and the difficulties faced by incarcerated persons with  
26 mental illness).

27 <sup>5</sup> This issue is especially pressing in light of the significant delays that can occur between a state  
28 court order committing an incompetent defendant, and the actual physical transfer of the  
defendant to the designated treatment facility. *See Hal Wortzel et al., Crisis in the Treatment of*  
*Incompetence to Proceed to Trial: Harbinger of a Systemic Illness*, J. Am. Academy of  
Psychiatry & L., 257–263 (2007) (“Across the nation, a growing number of defendants judged  
incompetent to proceed (ITP) to trial are unable to access needed mental health care because of  
critical shortages of state hospital psychiatric beds and funding. Many of these patients languish  
in jails and prisons that lack the resources to provide adequate care during their prolonged wait  
for treatment.”).

1 Penal Code § 1370; *In re Loveton*, 244 Cal. App. 4th 1025, 1029–30 (2016) (describing statutory  
2 scheme); *People v. Brewer*, 235 Cal. App. 4th 122, 129–32 (2015) (same); *see also DeMontiney*  
3 *v. Desert Manor Convalescent Ctr., Inc.*, 144 Ariz. 6, 9 (1986) (turning to the state statute  
4 governing contracts between county jails and healthcare providers to determine the scope of the  
5 duty to provide adequate medical care to a detainee).

6 California Penal Code § 1370 requires that, upon a finding of mental incompetency, the  
7 state court “shall commit the patient to the State Department of State Hospitals.” § 1370(a)(5).  
8 The statute specifies that the state court “shall order that the mentally incompetent defendant be  
9 delivered by the sheriff to a state hospital.” § 1370(a)(1)(B). However, the statute also imposes  
10 responsibilities onto the state hospital to which the incompetent defendant is being committed.  
11 Under § 1370(a)(3), the state court is required to provide copies of certain documents pertaining  
12 to the detainee to the Department of State Hospitals, including copies of the detainee’s  
13 commitment order and any existing psychiatric examinations or evaluation reports. *See*  
14 § 1370(a)(3). The statute requires the state hospital’s medical director to make a written report  
15 regarding the detainee’s progress toward recovery within ninety days of commitment. *See* §  
16 1370(b)(1) (requiring thereafter that the state hospital medical director submit similar written  
17 reports to the court at six-month intervals). Together, these requirements establish that treatment  
18 facilities have certain custodial duties under the Fourteenth Amendment with respect to these  
19 detainees, which attach at the time the state court commitment order is issued. This court thus  
20 concludes that defendants White and Matteucci owed a duty of care to decedent for Fourteenth  
21 Amendment purposes, and are properly subject to suit under § 1983 for failing to take steps to  
22 effect decedent’s transfer to NSH. *See Johnson*, 588 F.2d 743 (explaining that a person  
23 “subjects” another to the deprivation of a constitutional right under § 1983 “if he [or she] . . .  
24 omits to perform an act which he [or she] is legally required to do that causes the deprivation of  
25 which complaint is made”).

## 26 2. Adequacy of Pleadings

27 In their motion to dismiss, the state defendants also argue that plaintiff has not adequately  
28 alleged the elements of a deliberate indifference claim against defendants White and Matteucci.

1 Defendants do not dispute that plaintiff has sufficiently alleged that defendants White and  
2 Matteucci made an intentional decision with respect to the conditions under which decedent was  
3 confined; or that those conditions put decedent at substantial risk of suffering serious harm.  
4 Rather, defendants appear to argue that plaintiff has not adequately alleged the final two elements  
5 of a Fourteenth Amendment deliberate indifference claim—whether defendants took reasonable  
6 available measures to abate risks to decedent, and whether failure to take those measures caused  
7 decedent’s injuries.<sup>6</sup> (*Id.* at 16–19.)

8 The court finds these arguments to be unpersuasive with respect to defendant White. In  
9 the FAC, plaintiff alleges that defendant White was an NSH nurse “responsible for screening  
10 patients for admission to NSH,” and was directly involved in decedent’s pre-admission  
11 evaluation. (Doc. No. 68 at 4, ¶ 5.) In particular, the FAC alleges that defendant White was  
12 aware of the October 2014 court order committing decedent to NSH, and that she knew of the  
13 high degree of risk involved in decedent remaining at the county jail. (*Id.* at 4, 33, ¶¶ 5 n.1, 117–  
14 18.) In the FAC, plaintiff also alleges that defendant White wrote a letter on October 9, 2014,  
15 stating that decedent was “appropriate for admission to NSH” and would be scheduled for  
16 admission following receipt of a number of court documents. (*Id.* at 20, ¶ 74.) Plaintiff alleges  
17 that defendant White ultimately failed to heed requests by Merced County officials to finalize the  
18 admission, causing a delay in decedent’s transfer to NSH and ultimately resulting in his suicide.  
19 (*Id.*) Taking plaintiff’s allegations to be true, as this court is obliged to do at the motion to  
20 dismiss stage, the undersigned finds plaintiff has adequately alleged defendant White did not take  
21 reasonable available measures to abate the serious risks faced by decedent, and that this omission  
22 proximately caused decedent to suffer harm. *See Castro*, 833 F.3d at 1072 (“Kn[owledge] of the  
23 substantial risk of serious harm . . . necessarily implies that . . . a reasonable officer would have  
24 appreciated the risk.”); *Love*, 915 F.2d at 1245; *see also Johnson*, 2015 WL 1549257, at \*14–15

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25 <sup>6</sup> In their motion the state defendants invoke the legal standard applicable to Eighth Amendment  
26 deliberate indifference claims, arguing that plaintiff has not alleged that defendants were  
27 subjectively aware of decedent’s serious medical need and willfully disregarded this risk. (Doc.  
28 No. 78-1 at 16–20.) As noted above, however, the Ninth Circuit has now clarified that a different  
standard applies to deliberate indifference claims brought under the Fourteenth Amendment. *See*  
n.2, above.

1 (finding a triable issue of fact as to whether defendant doctor acted with deliberate indifference in  
2 failing to immediately send inmate to the ER after becoming aware of neurological injuries). As  
3 such, the court concludes that plaintiff’s § 1983 deliberate indifference claim against defendant  
4 White is sufficient under federal pleading standards. The state defendants’ motion to dismiss  
5 plaintiff’s deliberate indifference claim on this ground will therefore be denied.

6 Defendants’ arguments concerning the adequacy of plaintiff’s allegations with respect to  
7 the § 1983 claims against defendant Matteucci present a closer question. The allegations of the  
8 FAC concerning defendant Matteucci’s involvement in the admissions process with respect to the  
9 decedent are not as detailed as those relating to defendant White. However, the FAC does allege  
10 that defendant Matteucci was the Executive Director and highest policymaking official of NSH,  
11 responsible for supervising NSH employees and, most importantly, for ensuring “compliance  
12 with Court orders requiring placement of patients at NSH.” (Doc. No. 68 at 4, ¶ 5.) The FAC  
13 also generally alleges that defendant Matteucci, and other defendants, knew of decedent’s serious  
14 medical condition and his urgent need for medical/mental health care, and was aware of the state  
15 court order requiring that decedent be admitted to NSH and warning that failure to treat his  
16 condition would result in further harm or death, yet failed or refused to allow his admission to  
17 NSH despite having the power to do so. (*Id.* at 25, 30, 33 ¶¶ 86a, 109, 117–19.)<sup>7</sup> It is true that  
18 the FAC does not allege that defendant Matteucci was aware of any additional details regarding  
19 decedent’s condition nor does it allege details of her personal involvement in the process of  
20 admitting decedent to NSH. Nonetheless, the court concludes that the FAC’s allegations  
21 regarding defendant Matteucci’s responsibility for compliance with court orders requiring  
22 admission of patients as well as her knowledge of decedent’s condition, his need for treatment  
23 and of the court order requiring his admission, coupled with her alleged failure to exercise her  
24 admission authority, are sufficient to adequately state a supervisory liability claim against her

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26 <sup>7</sup> The FAC also alleges that state defendants White and Matteucci “have a well-known history  
27 and pattern of failing to allow timely admission of IST pretrial detainees to NSH, in violation of  
28 state court commitment orders and with deliberate indifference to the rights and safety of IST  
pretrial detainees.” (Doc. No. 68 at 24, ¶ 85.)

1 based on the alleged deliberate indifference in the provision of medical care to the decedent.<sup>8</sup> *See*  
2 *Taylor v. List*, 880 F.2d 1040, 1045 (9th Cir. 1989) (“A supervisor is only liable for constitutional  
3 violations of his subordinates *if the supervisor participated in or directed the violations, or knew*  
4 *of the violations and failed to act to prevent them.*” (emphasis added)); *see also Starr v. Baca*, 652  
5 F.3d 1202, 1208 (9th Cir. 2011) (finding that plaintiff adequately alleged a § 1983 claim against a  
6 sheriff in his role as a supervisor where it was alleged that the sheriff had knowledge of  
7 constitutional violations in the jail and failed to act, amounting to acquiescence in the  
8 constitutional violations), *cert. denied* \_\_\_U.S.\_\_\_, 132 S. Ct. 2101 (2012); *Hydrick v. Hunter*,  
9 500 F.3d 978, 988 (9th Cir. 2007) (denying a motion to dismiss § 1983 claims against high  
10 policymaking officials at Atascadero State Hospital because plaintiff alleged “that the Defendants  
11 knew of these abuses” and “played an instrumental role in policymaking and enforcement,” and  
12 noting that “we do not see how, prior to discovery, they *could* plead the individual roles of each  
13 state officer with any more specificity”), *overruled on other grounds by* 669 F.3d 937 (9th Cir.  
14 2012); *Watkins v. City of Oakland*, 145 F.3d 1087, 1093 (9th Cir. 1998) (“A supervisor can be  
15 liable in his individual capacity for his own culpable action or inaction in the training,  
16 supervision, or control of his subordinates; for his acquiescence in the constitutional deprivation;  
17 or for conduct that showed a reckless or callous indifference to the rights of others.”); *Johnson v.*  
18 *Baca*, No. CV 13-04496 MMM (AJWx), 2014 WL 12588641, at \*7–10 (C.D. Cal. Mar. 3, 2014)  
19 (finding that plaintiff had adequately pled supervisory liability claims against the then-Sheriff of  
20 Los Angeles County by alleging that the defendant knew of violence on inmates in the county  
21 jail, especially mentally ill inmates, and took inadequate steps to prevent it).

22 For these reasons, the state defendants’ motion to dismiss plaintiff’s § 1983 claim against  
23 defendant Matteucci will also be denied.

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27 <sup>8</sup> That is not to say, of course, that plaintiff will be able to present evidence supporting the  
28 allegations of the FAC with respect to defendant Matteucci. Rather, it is only to say that the  
allegations are sufficient to survive a motion to dismiss.





1 As noted above, on motion to dismiss, the court must accept as true allegations in the  
2 complaint, and construe these allegations in the light most favorable to plaintiff. *See Hishon*, 467  
3 U.S. at 73; *Love*, 915 F.2d at 1245. Here, plaintiff alleges that defendants White and Matteucci  
4 delayed addressing decedent’s serious medical needs in violation of his Fourteenth Amendment  
5 rights. Decedent’s right to be free from violations of this constitutional right was well-established  
6 by 2014, the time of the alleged constitutional violation in this case. *See Clement v. Gomez*, 298  
7 F.3d 878, 906 (9th Cir. 2002) (finding that “the general law regarding the medical treatment of  
8 prisoners was clearly established,” and “it was also clearly established that [prison staff] could not  
9 intentionally deny or delay access to medical care”).

10 Accordingly, defendants’ motion to dismiss plaintiff’s § 1983 claims against defendants  
11 White and Matteucci on qualified immunity grounds will be denied.

12 *ii. County defendants*

13 1. Goins

14 In their motion to dismiss, the county defendants argue that plaintiff’s § 1983 claims for  
15 direct and supervisory liability against defendant Goins are insufficiently pled, because the FAC  
16 fails to allege specific acts or omissions carried out by defendant Goins. (Doc. No. 76-1 at 1–3.)

17 As discussed above, “a defendant may be held liable as a supervisor under § 1983 ‘if there  
18 exists either (1) his or her personal involvement in the constitutional deprivation, or (2) a  
19 sufficient causal connection between the supervisor’s wrongful conduct and the constitutional  
20 violation.’” *Starr*, 652 F.3d at 1207 (quoting *Hansen v. Black*, 885 F.2d 642, 646 (9th Cir.  
21 1989)).

22 In the FAC, plaintiff alleges that defendant Goins was a Lieutenant and Commander in  
23 charge of the jail where decedent was being held, and was a policy-making official with authority  
24 delegated from the county sheriff. (Doc. No. 68 at 7, ¶ 15.) The FAC alleges that defendant  
25 Goins “had direct knowledge of the fact that [decedent] was unlawfully denied necessary care.”  
26 (Doc. No. 68 at 38, ¶ 132.) In particular, plaintiff alleges that NSH communicated to defendant  
27 Goins that decedent had been approved for hospital admission, but defendant Goins “failed to  
28 provide the necessary documentation and complete the pre-conditions required for [decedent’s]

1 admission,” and failed to transport and deliver decedent to NSH or to refer him to another state  
2 hospital or inpatient psychiatric hospital. (*Id.* at 25–26, ¶¶ 86, 87.) Plaintiff pleads a number of  
3 alternative theories explaining this failure to transfer, alleging that defendant Goins:

4 “either directed his or her subordinates in conduct that violated  
5 Decedent’s rights, OR set in motion a series of acts and omissions  
6 by his or her subordinates that the supervisor knew or reasonably  
7 should have known would deprive Decedent of rights, OR knew his  
8 or her subordinates were engaging in acts likely to deprive  
9 Decedent of rights and failed to act to prevent his or her subordinate  
10 from engaging in such conduct, OR disregarded the consequence of  
11 a known or obvious training deficiency that he or she must have  
12 known would cause subordinates to violate Decedent’s rights.”

13 (*Id.* at 35, ¶ 127.)

14 The court finds that these allegations are sufficient to state a claim under § 1983 for  
15 deliberate indifference. Defendants do not dispute that defendant Goins, an employee of the  
16 county jail where defendant was being held, had a duty to prevent his suicide. *See Clouthier*, 591  
17 F.3d at 1242 (“[T]he ‘deliberate indifference’ standard applies to claims that correction facility  
18 officials failed to address the medical needs of pretrial detainees.”); *Bock v. County of Sutter*, No.  
19 2:11-cv-00536-MCE-GGH, 2012 WL 3778953, at \*8 (E.D. Cal. Aug. 31, 2012) (finding that  
20 plaintiff adequately alleged a § 1983 deliberate indifference claim against defendant county jail  
21 officers who failed to timely transfer decedent from the jail to the state hospital). Plaintiff has  
22 also pled facts supporting the inference that defendant Goins, by failing to provide the necessary  
23 paperwork for decedent’s admission to NSH, did not take reasonable available measures to abate  
24 the risk of serious harm faced by decedent. (Doc. No. 68 at 25, ¶ 86.) The county defendants  
25 correctly note that supervisory defendants are not subject to § 1983 liability under a theory of  
26 *respondeat superior*. *See Crowley v. Bannister*, 734 F.3d 967, 977 (9th Cir. 2013) (“Under  
27 Section 1983, supervisory officials are not liable for actions of subordinates on any theory of  
28 vicarious liability.”) (internal quotations omitted). However, plaintiff has pled facts in the FAC  
that, if proven, would establish defendant Goins had direct involvement in the failure to transfer  
decedent. Therefore, the court finds that plaintiff has stated a cognizable § 1983 claim for  
deliberate indifference against defendant Goins. *See Starr*, 652 F.3d at 1207; *Hansen*, 885 F.2d at  
646.

1 Accordingly, the county defendants’ motion to dismiss this claim will be denied.

2 B. Monell Claims

3 The county defendants argue that plaintiff’s *Monell* claims should be dismissed, because  
4 plaintiff has not sufficiently alleged that defendant Cavallero ratified the unconstitutional conduct  
5 of his subordinates. (Doc. No. 76-1 at 4–5.)

6 Municipalities and local government units may be sued under § 1983 for constitutional  
7 rights violations. *Monell*, 436 U.S. at 690 (stating that “[mu]nicipalities and other local  
8 government units . . . [are] among those persons to whom § 1983 applies”). However, a  
9 municipal entity or its departments is liable under § 1983 only if a plaintiff can show that the  
10 constitutional injury was caused by employees acting pursuant to the municipality’s policy or  
11 custom. *Id.* at 690–694; *Villegas v. Gilroy Garlic Festival Ass’n*, 541 F.3d 950, 964 (9th Cir.  
12 2008). A plaintiff can demonstrate the existence of an unlawful municipal policy by alleging and  
13 presenting evidence of: (i) a facially unconstitutional government policy, or an unconstitutional  
14 “longstanding practice or custom which constitutes the standard operating procedure of the local  
15 government entity”; (ii) a violation caused by an individual with final policy-making authority;  
16 (iii) an individual with final policy-making authority ratifying a subordinate’s unconstitutional  
17 action and the basis for it. *Gillette v. Delmore*, 979 F.2d 1342, 1346–7 (9th Cir. 1992). After  
18 alleging and proving that one of these three circumstances exists, a plaintiff must also identify  
19 evidence of direct and proximate causation. *City of Canton v. Harris* 489 U.S. 378, 389 (1989);  
20 *Trevino v. Gates*, 99 F.3d 911, 918 (9th Cir. 1996).

21 Here, the FAC alleges that defendant Cavallero was employed by defendant Merced  
22 County as a sheriff, and was the final policy-making official for the Merced County jail. (Doc.  
23 No. 68 at 7, ¶ 14.) The FAC also alleges that defendant Cavallero was notified of the state court  
24 order committing decedent to NSH, and nonetheless approved his subordinates’ decision not to  
25 timely transfer decedent to NSH or to another state hospital as required by the court’s order. (*Id.*  
26 at 37, ¶¶ 132–134.) Additionally, defendant Cavallero allegedly failed to provide to NSH the  
27 paperwork necessary for decedent’s hospital admission. (*Id.* at 25–26, ¶¶ 86–87.) The FAC  
28 asserts that defendant’s acts were the proximate cause of decedent’s injuries. (*Id.* at 37, ¶ 130.)

1           Based on these allegations, the court concludes that plaintiff has stated a cognizable claim  
2 for *Monell* liability premised on ratification. Plaintiff has alleged that defendant Cavallero was a  
3 final policymaker for Merced County. *See Gillette*, 979 F.2d at 1346–7 (“Municipal liability does  
4 not attach, however, unless ‘the decisionmaker possesses final authority to establish municipal  
5 policy with respect to the action ordered.’”) (citing *Pembaur v. City of Cincinnati*, 475 U.S. 469,  
6 483 n.12 (1986)). Plaintiff has also alleged that defendant Cavallero engaged in affirmative  
7 conduct that prevented decedent from being transferred from the county jail to NSH, both by  
8 personally withholding documents required for decedent’s admission, and by approving his  
9 subordinates’ failure to heed the court order of commitment. *See Christie v. Iopa*, 176 F.3d 1231,  
10 1239 (9th Cir. 1999) (explaining that ratification requires “knowledge of the alleged  
11 constitutional violation”); *Gillette*, 979 F.2d at 1342 (“[A] single decision by a municipal  
12 policymaker may be sufficient to trigger section 1983 liability under *Monell* . . . [if there is]  
13 evidence of a conscious, affirmative choice.”); *Neuroth v. Mendocino Cty.*, No. 15-cv-03226-  
14 NJV, 2016 WL 379806, at \*5 (N.D. Cal. Jan. 29, 2016) (finding that plaintiff had adequately pled  
15 a claim against Mendocino County for *Monell* liability premised on ratification by alleging that  
16 defendant Deputy Sheriff “ratif[ied] . . . deliberate indifference to the serious medical/psychiatric  
17 needs of inmates.”); *cf. Weisbuch v. County of Los Angeles*, 119 F.3d 778, 781 (9th Cir. 1997)  
18 (observing that a policymaker’s mere refusal to overrule a subordinate’s completed act does not  
19 constitute approval); *Franson v. City and Cty. of Honolulu*, No. NO. 16-00096 DKW-KSC, 2016  
20 WL 4007549, at \*7 (D. Haw. July 26, 2016) (dismissing plaintiff’s ratification claim because “the  
21 allegations in the Complaint contain no facts demonstrating that [the police chief] expressly  
22 endorsed or approved of the alleged conduct”).

23           Accordingly, the county defendants’ motion to dismiss plaintiff’s *Monell* claim will be  
24 denied.

25           C. Failure to provide timely restorative treatment

26           The state defendants also move to dismiss plaintiff’s § 1983 claims based on the alleged  
27 failure to provide decedent with timely restorative treatment in violation of the Fourteenth  
28 Amendment, arguing plaintiff’s FAC does not allege sufficient facts to support this claim.

1 “Incapacitated criminal defendants have liberty interests in freedom from incarceration  
2 and in restorative treatment.” *Mink*, 322 F.3d at 1121; *see generally Bell*, 441 U.S. at 535  
3 (“[U]nder the Due Process Clause, a detainee may not be punished prior to an adjudication of  
4 guilt in accordance with due process of law”). In particular, such persons “must be provided with  
5 mental health treatment that gives them a realistic opportunity to be cured or improve the mental  
6 condition for which they were confined.” *Sharp v. Weston*, 233 F.3d 1166, 1172 (9th Cir. 2000)  
7 (citations omitted). In determining whether the failure to provide timely restorative treatment  
8 constitutes a violation of the Fourteenth Amendment, courts must balance the detainee’s liberty  
9 interests in restorative treatment against the legitimate interests of the state. *Mink*, 322 F.3d at  
10 1121 (citing *Youngberg*, 457 U.S. at 321); *see also Clouthier*, 591 F.3d at 1243; *Cunningham v.*  
11 *Kramer*, 178 F. Supp. 3d 999, 1007–08 (E.D. Cal. 2016).

12 The state defendants argue that plaintiff has not adequately pled a substantive due process  
13 claim for failure to provide timely restorative treatment. (Doc. No. 78-1 at 17–18.) Specifically,  
14 defendants argue that the Fourteenth Amendment does not require state mental hospitals to  
15 guarantee timely transfer of pretrial detainees by the county jail in which they are held, because  
16 the transfer of these detainees is the responsibility of county officials. (*Id.*) Further, defendants  
17 contend that plaintiff has not pled facts supporting the inference that state defendants actively  
18 denied decedent admission to NSH. (*Id.*)

19 In the FAC, plaintiff alleges that decedent was medically evaluated on September 2014  
20 pursuant to state court order and was determined to be suffering from psychosis. (Doc. No. 68 at  
21 15–16, ¶¶ 51–53.) The state court’s October 2014 commitment order specifically warned “it is  
22 probable that serious harm to the physical or mental health of the patient will result” in the  
23 absence of proper medical treatment for decedent. (*Id.* at 22, ¶ 79.) Plaintiff alleges that the state  
24 defendants were aware of this order but nonetheless failed to admit plaintiff to NSH for  
25 restorative treatment. (*Id.* at 25, 30-31, 33, ¶¶ 86a, 109, 117–119.) In particular, plaintiff alleges  
26 that defendant White was the NSH nurse responsible for screening patients for admission to NSH,  
27 was aware of and responsible for the processing decedent’s particular admission into the hospital,  
28 and failed to take the required steps necessary for processing his admission to the hospital. (*Id.* at

1 4, 20 33, ¶¶ 5 n.1, 74, 117–18.) Plaintiff alleges that defendant Matteucci was responsible for  
2 compliance with court orders requiring placement of patients at NSH and had knowledge of  
3 decedent’s condition, need for treatment and the court order of commitment. (*Id.* at 4, 30, 33,  
4 ¶¶ 5, 109, 117–18.)

5 The court finds plaintiff’s allegations sufficient to state a cognizable Fourteenth  
6 Amendment due process claim against defendants White and Matteucci. Contrary to defendants’  
7 assertions, the Ninth Circuit has held that a treatment facility can violate the substantive due  
8 process right of pre-trial detainees by delaying admittance of these detainees following an order  
9 of commitment.<sup>9</sup> *See, e.g., Trueblood v. Washington State Dep’t of Soc. & Health Servs.*, 822  
10 F.3d 1037 (9th Cir. 2016) (finding that the Fourteenth Amendment was the proper framework for  
11 evaluating § 1983 claims against Washington State Hospital for delays in transfer of incompetent  
12 detainees), *overruled on other grounds by* 822 F.3d 1037 (9th Cir. 2016); *Mink*, 322 F.3d at 1122  
13 (upholding an injunction requiring a state hospital to admit criminal defendants within seven days  
14 of the order of commitment, in light of the “significant, ongoing” violations of substantive and  
15 procedural due process” presented by delayed admittance); *Willis v. Wash. State Dep’t of Social*  
16 *& Health Servs.*, No. C16-5113 RBL, 2017 WL 1064390, at \*6 (W.D. Wash. Mar. 21, 2017)  
17 (“Although *Mink* did not establish a bright line rule, it held that ‘weeks or months’ was too long  
18 where the plaintiffs were detained for an average of one month. The nature and duration of  
19 [plaintiff’s] ninety-one day detention . . . bears no reasonable relation to the evaluative and  
20 restorative purpose for which he was committed.”); *Disability Law Center v. Utah*, 180 F. Supp.  
21 3d 998, 1012 (D. Utah 2016) (finding that the plaintiff stated a cognizable substantive due process  
22 claim against a state hospital for detaining incompetent pretrial detainees in jails for extended  
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24 <sup>9</sup> Such extended detention implicates due process rights because “[p]ersons who have been  
25 involuntarily committed are entitled to more considerate treatment and conditions of confinement  
26 than criminals whose conditions of confinement are designed to punish.” *Youngberg v. Romeo*,  
27 457 U.S. 307, 321–22 (1982); *see also Advocacy Ctr. for Elderly and Disabled v. Louisiana*  
28 *Dep’t of Health and Hosp.*, 731 F. Supp. 2d 603, 623–24 (E.D. La. Aug. 9, 2010) (“That the  
Incompetent Detainees might have the hope that they will at some unidentifiable point in the  
future be transferred from jail to a mental-health facility in compliance with court order does not  
mean that their continued, lengthy imprisonment is non-punitive.”).

1 periods after a court order of commitment); *Cooper v. Kliebert*, NOS.: 14-507-SDD-EWD, 15-  
2 751-SDD-RLB, 2016 WL 3892445, at \*5 (M.D. La. July 18, 2016) (same).

3 Here, plaintiff has alleged that defendant White had responsibility for screening decedent  
4 into NSH and had knowledge of decedent’s particular, urgent situation. Plaintiff also alleges that  
5 defendant Matteucci was responsible for compliance with court orders requiring placement of  
6 patients at NSH and had knowledge of decedent’s court order of commitment. The FAC asserts  
7 that defendants White and Matteucci “actively denied admission of [decedent] to NSH for  
8 restorative treatment,” causing decedent to be detained in county jail for an extended period of  
9 time. (*Id.* at 25, ¶ 86.); *see generally Twombly*, 550 U.S. at 570 (2007) (emphasizing that Federal  
10 Civil procedure Rule 8 does not require detailed factual allegations). The length of decedent’s  
11 detention following the issuance of the court order of commitment—two months—is comparable  
12 to the length of detention in other cases where Fourteenth Amendment violations have been  
13 identified. *See Mink*, 322 F.3d at 1105 (finding that due process rights of pre-trial detainees were  
14 violated when they were incarcerated in county jails for an average of one month while awaiting  
15 transfer to a state hospital); *see also Disability Law Center*, 180 F. Supp. 3d at 1012 (denying  
16 defendants’ motion to dismiss claims against the State of Utah based on the detention of detainees  
17 declared incompetent and waiting four to six months for transfer to a hospital).

18 Therefore, the court concludes that plaintiff has adequately pled her § 1983 claim against  
19 state defendants White and Matteucci for failure to provide timely restorative treatment in  
20 violation of the Fourteenth Amendment. The state defendants’ motion to dismiss will be denied  
21 with respect to this claim.

## 22 **II. ADA and RA Claims**

23 The state defendants also move to dismiss plaintiff’s ADA and RA claims against NSH,  
24 Merced County, and CFMG, arguing that the allegations of plaintiff’s FAC fail to state a  
25 cognizable claim under federal pleading standards.

26 Title II of the ADA requires public entities to refrain from both discriminating against  
27 qualified individuals with a disability, and from excluding such individuals from benefiting from  
28 or participating in a public program because of their disability. 42 U.S.C. § 12132. The ADA



1 also requires public entities to make reasonable accommodation to disabled individuals. Section  
2 504 of the RA extends these protections to “any program or activity receiving Federal financial  
3 assistance.” 29 U.S.C. § 794; *see also Zukle v. Regents of the Univ. of California*, 166 F.3d 1041,  
4 1045 (9th Cir. 1999) (observing that Title II of the ADA was expressly modeled after § 504 of the  
5 RA, and that there is “no significant difference in analysis of the rights and obligations created by  
6 the ADA and the [RA]”).

7 “To establish a violation of Title II of the ADA, a plaintiff must show that (1) [he] is a  
8 qualified individual with a disability; (2) [he] was excluded from participation in or otherwise  
9 discriminated against with regard to a public entity’s services, programs, or activities; and  
10 (3) such exclusion or discrimination was by reason of [his] disability.” *Lovell v. Chandler*, 303  
11 F.3d 1039, 1052 (9th Cir. 2002). “To establish a violation of § 504 of the RA, a plaintiff must  
12 show that (1) [he] is handicapped within the meaning of the RA; (2) [he] is otherwise qualified  
13 for the benefit or services sought; (3) [he] was denied the benefit or services solely by reason of  
14 [his] handicap; and (4) the program providing the benefit or services receives federal financial  
15 assistance.” *Id.*

16 Both the ADA and the RA apply in the context of correctional facilities, and prohibit  
17 disabled inmates from being excluded from participation in inmate services, programs, or  
18 activities, including medical programs. *See Pierce v. County of Orange*, 526 F.3d 1190, 1214  
19 (9th Cir. 2008) (explaining that the ADA and RA apply in the context of correctional facilities);  
20 *see also Pennsylvania Dep’t of Corr. v. Yeskey*, 524 U.S. 206, 210 (1998) (explaining that the  
21 phrase “services, programs, or activities” as used in 42 U.S.C. § 12132 includes medical  
22 programs in prison). A plaintiff can allege disability discrimination in the provision of inmate  
23 services, programs, or activities under the ADA or the RA by pleading either (i) discrimination  
24 based on disparate treatment or impact, or (ii) denial of reasonable modifications or  
25 accommodations.<sup>10</sup> *See Fortynone v. Am. Multi-Cinema, Inc.*, 364 F.3d 1075, 1086 (9th Cir.

26 \_\_\_\_\_  
27 <sup>10</sup> A public entity must “make reasonable modifications in policies, practices, or procedures  
28 when the modifications are necessary to avoid discrimination on the basis of disability, unless the  
public entity can demonstrate that making the modifications would fundamentally alter the nature  
of the service, program, or activity.” 28 C.F.R. § 35.130(b)(7); *see also Pierce*, 526 F.3d at 1215.

1 2004); *Dunlap v. Ass'n of Bay Area Gov'ts*, 996 F. Supp. 962, 965 (N.D. Cal. 1998) (“[T]he ADA  
2 not only protects against disparate treatment, it also creates an affirmative duty in some  
3 circumstances to provide special, preferred treatment, or ‘reasonable accommodation.’”); *see also*  
4 *McGary v. City of Portland*, 386 F.3d 1259, 1266 (9th Cir. 2004) (“A plaintiff need not allege  
5 either disparate treatment or disparate impact in order to state a reasonable accommodation  
6 claim.”).

7 To plead disparate treatment under the ADA or RA, a plaintiff must allege that other non-  
8 disabled individuals without plaintiff’s disability were treated more favorably. *See McGary*, 386  
9 F.3d at 1265–66 (distinguishing between disparate treatment, disparate impact, and reasonable  
10 accommodation claims under the ADA). To plead disparate impact, a plaintiff must allege that a  
11 facially neutral policy has a significantly adverse or disproportionate impact on disabled persons.  
12 *See Lawman v. City and County of San Francisco*, 159 F.Supp.3d 1130, 1148 n.11 (N.D. Cal.  
13 2016); *see also Crowder v. Kitagawa*, 81 F.3d 1480, 1484 (9th Cir. 1996) (“Congress intended to  
14 protect disabled persons from discrimination arising out of both discriminatory animus and  
15 ‘thoughtlessness,’ ‘indifference,’ or ‘benign neglect.’”).

16 Finally, to plead a failure to accommodate under the ADA or RA, a plaintiff must allege  
17 that a public entity knew of plaintiff’s disability but failed to provide reasonable  
18 accommodations. *See Robertson v. Las Animas Cty. Sherriff’s Dep’t*, 500 F.3d 1185, 1196 (9th  
19 Cir. 2007). A correctional facility’s “deliberate refusal” to accommodate plaintiff’s disability-  
20 related needs violates the ADA and the RA. *See United States v. Georgia*, 546 U.S. 151, 157  
21 (2006) (“[T]he alleged deliberate refusal of prison officials to accommodate [plaintiff’s]  
22 disability-related needs in such fundamentals as mobility, hygiene, medical care, and virtually all  
23 other prison programs constituted [an ADA violation].” (internal quotation omitted)); *see also*  
24 *Pierce*, 526 F.3d at 1221 (“[A]n inmate cannot be categorically excluded from a beneficial prison  
25 program.”). However, inadequate or negligent medical treatment alone does not constitute an  
26 unlawful failure to accommodate under the ADA or RA. *Simmons*, 609 F.3d at 1022.

27 There is no clear guidance as to whether a plaintiff may ever state a failure to  
28 accommodate claim under the ADA or RA based on a correctional facility’s failure to provide

1 medical treatment for a disability.<sup>11</sup> Circuit courts have identified ADA or RA violations in cases  
2 where the denial of medical care is so extreme as to suggest discriminatory refusal to  
3 accommodate a disability-related need, such as when a disabled detainee is denied a broad range  
4 of medical services beyond those necessary for treating his underlying disability. *See Lonergan*  
5 *v. Florida Dep’t of Corr.*, 623 F. Appx. 990, 994 (11th Cir. 2015) (finding that plaintiff  
6 adequately stated an ADA discrimination claim by alleging “failure of the prison to give the  
7 Plaintiff the treatment prescribed by his dermatologist,” because plaintiff pled “more than the  
8 mere disagreement with his medical treatment”); *Kiman v. New Hampshire Dep’t of Corr.*, 451  
9 F.3d 274, 285–87 (1st Cir. 2006) (finding a triable issue of fact as to whether the defendant prison  
10 violated the ADA by failing to give the plaintiff access to his medications, because this “outright  
11 denial of medical services” was “so unreasonable as to demonstrate that they were discriminating  
12 against him because of his disability”); *see also Mitchell v. Williams*, No. 6:15-cv-93, 2016 WL  
13 723038, at \*3–4 (S.D. Ga. Feb. 22, 2016) (“Plaintiff alleges more than mere disagreement with  
14 his medical treatment. Rather, he states that the Department of Corrections has refused to provide  
15 him treatment for his Hepatitis C.”); *Anderson v. County of Siskiyou*, No. C 10–01428 SBA, 2010  
16 WL 3619821, at \*5 (N.D. Cal. Sept.13, 2010) (finding that the plaintiff stated a cognizable ADA  
17 claim by alleging “that Defendants failed to provide [plaintiff] with any access to mental health

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18 <sup>11</sup> It has been suggested that there is a circuit split as to whether plaintiffs can bring a failure to  
19 accommodate claim under the ADA or RA based merely on the failure to provide medical  
20 treatment for a disability. *See Bilal v. New York City Dep’t of Corr.*, No. 08 Civ. 6664(DLC),  
21 2010 WL 1875731 (S.D.N.Y. May 10, 2010) (comparing the approach of the First Circuit with  
22 that of the Seventh and Tenth Circuits on this issue, and concluding that “[t]here appears to be a  
23 split in authority on this question”). Some federal courts have suggested that plaintiffs can never  
24 state a cognizable ADA or RA claim under these circumstances. *See, e.g., United States v. Univ.*  
25 *Hosp.*, 729 F.2d 144, 157 (2d Cir. 1984) (“Where the handicapping condition is related to the  
26 condition(s) to be treated, it will rarely, if ever, be possible to say . . . that a particular decision  
27 was ‘discriminatory.’”); *Rosado v. Alameida*, No. Civ. 03CV1110J (LSP), 2005 WL 892120, at  
28 \*3 (S.D. Cal. Feb. 8, 2005) (“The benefits and services Plaintiff wishes to receive are for his  
disability; it is illogical to say that he is being denied medical services because he has a  
disability.”). However, no circuit court has held that a cognizable ADA or RA claim cannot be  
stated based on the total denial of medical services to a disabled detainee. Here, as discussed  
below, plaintiff has alleged that decedent was denied access to a broad range of mental health  
services on the basis of his disability. As such, the court does not now reach the question of  
whether, or under what conditions, a plaintiff may state a cognizable ADA or RA claim premised  
solely on denial of medical services aimed at treating an underlying disability.

1 programs and services,” because plaintiff had alleged an “outright denial of medical services”);  
2 *Payne v. Arizona*, No. CV–09–1195–PHX–NVW, 2010 WL 1728929, at \*4 (D. Ariz. April 26,  
3 2010) (“[W]here a plaintiff’s factual allegations paint a picture of mere negligence in the  
4 provision of medical services, a Title II ADA claim cannot lie. On the other hand, where they  
5 indicate an outright and deliberate denial or refusal of access to medical care for a qualifying  
6 disability, a plaintiff may proceed under Title II.”); *McKissick v. County of York*, No. 1:09–CV–  
7 01840, 2010 WL 1930132, at \*6 (M.D. Penn. Mar. 19, 2010) (finding plaintiff stated a cognizable  
8 discrimination claim under the ADA by alleging that defendants denied a decedent his prescribed  
9 medications, distinguishing the allegations from those involving medical negligence); *Hughes v.*  
10 *Colorado Dep’t of Corr.*, 594 F. Supp. 2d 1226, 1241–42 (D. Colo. 2009) (finding plaintiff stated  
11 a cognizable ADA claim by alleging that defendants “completely denied him access to medical  
12 treatment for his mental disability,” because plaintiff was “precluded from access to medical  
13 treatment altogether”).

14 Similarly, other circuit courts have declined to find cognizable ADA or RA claims where  
15 there is the alleged denial only of those services necessary for addressing a disability, and where  
16 the surrounding circumstances do not otherwise suggest a deliberate refusal to accommodate. *See*  
17 *Grzan v. Charter Hosp.*, 104 F.3d 116, 121–22 (7th Cir. 1997) (finding that plaintiff did not state  
18 a valid ADA claim for denial of psychiatric treatment because “absent her handicap, she would  
19 not have been eligible for treatment in the first place”); *Johnson v. Thompson*, 971 F.2d 1487,  
20 1493–94 (10th Cir. 1992) (stating that plaintiff could not make out an RA claim where he “would  
21 not need the medical treatment” in the absence of the disability); *see also O’Guinn v. Nevada*  
22 *Dep’t of Corr.*, 468 Fed. Appx. 651, 653 (9th Cir. 2012)<sup>12</sup> (concluding that plaintiff’s allegations  
23 of inadequate medical care did not state a cognizable ADA or RA claim after finding that plaintiff  
24 did not identify any evidence demonstrating “a total lack of treatment”).

25 Here, the state defendants do not dispute that decedent qualified as disabled under the  
26 ADA and RA, or that defendants are public entities subject to ADA and RA requirements. (Doc.

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27 <sup>12</sup> Citation to this unpublished Ninth Circuit opinion is appropriate pursuant to Ninth Circuit Rule  
28 36–3(b).

1 No. 78-1 at 22–23.) Instead, the state defendants argue that plaintiff cannot state a cognizable  
2 ADA or RA claim for failure to provide medical treatment when the decedent’s handicapping  
3 condition related to the condition for which he sought treatment. (*Id.*) That is, plaintiff cannot  
4 allege decedent was excluded from participation in a medical treatment program for which he was  
5 otherwise qualified, or that this exclusion was by reason of his disability, when decedent was not  
6 provided treatment that he only needed because he was disabled. (*Id.*)

7 The FAC alleges that defendants NSH, Merced County, and CFMG were given notice of  
8 the court order committing decedent and warning against delays in the provision of treatment for  
9 him. (Doc. No. 68 at 22, ¶ 79.) Decedent was nonetheless allegedly detained at the Merced  
10 County jail for approximately two months after the issuance of the state court commitment order,  
11 either because the county defendants failed to transport and deliver decedent to NSH, or because  
12 the state defendants actively denied decedent’s admission to NSH in a timely manner, or, perhaps,  
13 due to a combination of both. (*Id.* at 10, 13, 24–26, 29, 31, 33, 43 ¶¶ 26, 38, 86, 101–102, 117,  
14 149.) The FAC also alleges that decedent was never provided mental health treatment while he  
15 was in county jail. (*Id.* at 16, ¶ 56.)

16 However, plaintiff does not clearly state in the FAC whether her ADA and RA claims are  
17 based on a theory of disparate treatment, disparate impact, or failure to accommodate. To the  
18 extent plaintiff seeks to allege disparate treatment or impact, her FAC is deficient. Plaintiff has  
19 not pled facts supporting the inference that non-disabled detainees were treated more favorably  
20 than decedent while detained in county jail, or that the defendants maintained policies with  
21 significantly adverse or disproportionate impacts on mentally ill detainees. *See McGary*, 386  
22 F.3d at 1265–66; *Lawman*, 159 F.Supp.3d at 1148 n.11.

23 On the other hand, the court does find that plaintiff has adequately pled facts supporting a  
24 failure to accommodate claim under the ADA and RA. Plaintiff has alleged that all of the  
25 defendants had knowledge of decedent’s disability, and were aware of the state court order  
26 mandating decedent’s transfer to NSH for restorative treatment. *See Robertson*, 500 F.3d at 1196  
27 (noting that “a public entity must have knowledge of the individual’s disability” before they may  
28 be liable under the ADA for failure to accommodate). Plaintiff has also alleged that, as a result of

1 defendants' failure to admit decedent to NSH, decedent was excluded from participating in  
2 NSH's mental health services and given no possibility of access to those programs. *See Pierce*,  
3 526 F.3d 1190 (finding a county jail violated the ADA by failure to accommodate when it housed  
4 disabled inmates in a facility where there was "no possibility of access" to certain vocational and  
5 recreational programs). The court concludes that these allegations are sufficient to plead that  
6 decedent was excluded from participation in a public entity service or program, and that such  
7 exclusion was by reason of his disability. *Cf. O'Guinn*, 468 Fed. Appx. at 653 (concluding that  
8 plaintiff's allegations of inadequate medical care did not state a cognizable ADA or RA claim  
9 after finding that plaintiff did not identify any evidence demonstrating "a total lack of treatment").

10 Defendants' arguments to the contrary are unpersuasive. It is true, of course, that neither  
11 the ADA nor the RA provide a remedy for medical negligence alone. *See Simmons*, 609 F.3d at  
12 1022 ("The ADA prohibits discrimination because of disability, not inadequate treatment for  
13 disability."), citing *Bryant v. Madigan*, 84 F.3d 246, 249 (7th Cir. 1996); *see also Rosado v.*  
14 *Alameida*, No. Civ.03CV1110J (LSP), 2005 WL 892120, at \*3 (S.D. Cal. Feb. 8, 2005) ("[T]he  
15 ADA does not create a federal cause of action for prisoners challenging the medical treatment  
16 provided for their underlying disabilities."). However, as noted above, "courts have distinguished  
17 between claims asserted under the ADA that allege that the medical treatment that a plaintiff  
18 received or had access to was inadequate, versus claims alleging that a plaintiff was  
19 discriminatorily precluded from access to medical treatment altogether." *Hughes*, 594 F. Supp.  
20 2d at 1241.

21 Here, plaintiff does not challenge the adequacy of medical attention that decedent received  
22 while detained at the county jail. Neither does plaintiff allege that decedent was denied access  
23 only to treatment programs aimed at addressing the psychosis forming the basis of his mental  
24 disability. *Cf. O'Guinn*, 468 Fed. Appx. at 653 (concluding that plaintiff's allegations of  
25 inadequate medical care did not state a cognizable ADA or RA claim after finding that plaintiff  
26 did not identify any evidence demonstrating "a total lack of treatment"). Rather, plaintiff alleges  
27 that defendants' actions deprived decedent of all NSH mental health services, and that they did so

28 ////

1 despite his clear need for that treatment and in defiance of a state court order. These allegations  
2 suffice to state a failure to accommodate claim under the ADA and RA.

3 Accordingly, the state defendants' motion to dismiss will be denied as to these claims.

4 **III. Claims under California Government Code § 845.6 and § 815**

5 Finally, the state defendants move to dismiss plaintiff's fifth cause of action for violation  
6 of California Government Code §§ 845.6 and 815.2, arguing that it is inadequately pled. (Doc.  
7 No. 78-1 at 24–25.) Plaintiff does not contest dismissal of this fifth cause of action. (Doc. No. 84  
8 at 32.)

9 Accordingly, plaintiff's fifth cause of action for violation of California Government Code  
10 §§ 845.6 and 815.2 will be dismissed without leave to amend.

11 **CONCLUSION**

12 For all of the reasons set forth above:

- 13 1. The state defendants' motion to dismiss (Doc. No. 78) is granted in part and denied in  
14 part, as follows:
- 15 a. Defendants' motion to dismiss plaintiff's claims under California Government  
16 Code §§ 845.6 and 815.2 is granted, and this claim is dismissed without leave to  
17 amend; and
  - 18 b. Defendants' motion to dismiss is denied in all other respects.
- 19 2. The county defendants' motion to dismiss (Doc. No. 76) is denied both with respect to  
20 plaintiff's § 1983 claim for deliberate indifference against defendant Goins and plaintiff's  
21 *Monell* claim.

22 IT IS SO ORDERED.

23 Dated: May 25, 2017

24   
25 \_\_\_\_\_  
26 UNITED STATES DISTRICT JUDGE  
27  
28