IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

SHAUN STRICKLAND, Plaintiff, v. DELAWARE COUNTY, et al., Defendants.	:	Civil Action No: 21-4141 Judge Michael M. Baylson

PLAINTIFF'S RESPONSE TO DEFENDANTS' STATEMENT OF UNDISPUTED MATERIAL FACTS AND PLAINTIFF'S COUNTERSTATEMENT OF MATERIAL FACTS

Plaintiff Shaun Strickland, through his counsel, hereby submits this response to Defendants' Statement of Undisputed Material Facts (ECF No. 68), submitted in connection with their Motion for Summary Judgment. In accordance with this Court's procedures, additional facts are also presented by Plaintiff in opposition to Defendants' Motion.

A. PLAINTIFF'S RESPONSE TO DEFENDANTS' STATEMENT OF MATERIAL FACTS

1. Admitted.

2. Admitted. By way of further response, Plaintiff Shaun Strickland was released from jail, and an Amended Complaint and Second Amended Complaint were filed while he was not incarcerated. *See* ECF Nos. 9, 47.

3. Admitted.

4. Admitted in part, denied in part. It is admitted except that it is denied that the forced withdrawal was under adequate supervision. Plaintiff's expert, Dr. William Santoro, explained that "Mr. Strickland's withdrawal phase was not appropriately monitored." Ex. 14, Dr. William Santoro Expert Report ("Santoro Rep.") at 6. This conclusion is based on the fact that Mr.

Strickland complained of feeling "shitty" but medical staff did not mark him down as having symptoms. Ex. 14, Santoro Rep. at 6.

5. Admitted.

6. Admitted in part, denied in part. It is admitted that these claims were brought in Plaintiff's Amended Complaint. *See* ECF No. 9. It is denied to the extent that Defendants suggest these are all the claims at issue in this case. The Second Amended Complaint is the operative complaint in this case, which adds claims against GEO Secure Services, LLC. *See* ECF No. 47. Furthermore, Plaintiff disputes Defendants' characterization of the claims, and specifically that the constitutional claim is one only for "deliberate indifference," as Plaintiff argues that the "objectively reasonable" standard applies. Plaintiff's Second Amended Complaint includes the following causes of action: Count I: violation of the Americans with Disabilities Act against Defendant Delaware County; Count II: violation of the Rehabilitation Act against Defendants Delaware County, GEO Group, and GEO Secure Services; Count III: violation of the Fourteenth Amendment against Defendants Delaware County, GEO Group, GEO Secure Services, Lee Tatum, John Christakis, Kristen Grady, Ronald B. Phillips, and Jeff Withelder; Count IV: professional negligence under Pennsylvania Law against Defendants The GEO Group, GEO Secure Services, John Christakis, Kristen Grady, Ronald Phillips, and Jeff Withelder. *See* ECF No. 47.

7. Admitted.

8. Denied. Plaintiff's Amended Complaint and Second Amended Complaint state that he was released from incarceration. *See* ECF No. 9 at ¶ 50; ECF No. 47 at ¶ 52.

9. Denied. Upon intake and several times thereafter, Mr. Strickland told staff at George W. Hill Correctional Facility ("George W. Hill") that he was prescribed methadone and

asked to receive it while incarcerated. *See* Ex. 7, Strickland Dep. Tr. 47:17-24; 58:5-17; Ex. 3, GWH Records at GSS 39; Ex. 1, Strickland Decl. ¶¶ 12-13. It is further denied that "Plaintiff was not familiar with the term 'Severe Opioid Dependence' or 'Opioid Use Disorder.'" This is a mischaracterization of his testimony. He was asked whether Recovery Centers of America "ever [said] anything to you about having severe opioid dependence" and whether he heard staff use the term "opioid use disorder," to which he responded "no." *See* Ex. 7, Strickland Dep. Tr. 41:9-14. It is further denied that these facts are material.

10. Admitted in part, denied in part. It is admitted that the medical providers at George W. Hill did not make their own diagnosis of Plaintiff, but it is denied that this fact is material.

11. Denied. Upon intake and several times thereafter, Plaintiff told staff at George W. Hill that he was prescribed methadone and requested that he receive it while incarcerated. *See* Ex. 7, Strickland Dep. Tr. 47:17-24; 58:5-17; Ex. 3, GWH Records at GSS 39; Ex. 1, Strickland Decl. ¶¶ 12-13.

12. Denied. Defendants mischaracterize Plaintiff's testimony. Mr. Strickland did not state that he was not aware of the term opioid use disorder, but rather was answering a series of questions as to whether Recovery Centers for America used the term opioid use disorder with him. *See* Ex. 7, Strickland Dep. Tr. 41:12-14; *see also* response to ¶ 9 above.

13. Denied as to materiality.

14. Denied. Plaintiff's medical records from Recovery Centers for America unequivocally state that he was diagnosed with Severe Opioid Use Disorder. *See, e.g.* Ex. 2, RCA Records at P732. By way of further response, *see* Counterstatement of Material Facts at ¶ 42.

15. Admitted.

16. Admitted in part, denied in part. It is admitted that Plaintiff testified to this but the materiality to the instant motion is denied.

17. Admitted.

18. Admitted in part, denied in part. It is admitted that these were the results of Mr. Strickland's urine drug screen but the materiality of the presence of amphetamines and methamphetamines is denied.

19. Admitted.

20. Denied. There is no testimony that explains that the question mark means that the methadone prescription "could not be verified." By way of further response, no attempt was made to verify Plaintiff's methadone prescription because regardless of whether it was verified, he would not have been provided with methadone. *See* Ex. 9, Grady Dep. Tr. 118:22-119:2. Moreover, the fact that Plaintiff was taking methadone was confirmed by his drug screening. *See* Ex. 3, GWH Records at GSS24.

21. Admitted.

22. Denied. Mr. Strickland was seen on August 10, 2021 for intake. Mr. Strickland was seen twice a day August 11, 2021 through August 14, 2021, once on August 15, 2021 and again on August 18, 2021. *See* Ex. 3, GWH Records at GSS3-26.

23. Admitted.

24. Denied. Mr. Strickland explained during his intake that he was on methadone, provided his dose and the name of the clinic where he received it. *See* Ex. 3, GWH Records at GSS 39. Mr. Strickland also stated that he would ask about methadone every time he saw a nurse. *See* Ex. 7, Strickland Dep. Tr. 47:17-24; 58:5-17; Ex. 1, Strickland Decl. ¶¶ 12-13.

25. Admitted in part, denied in part. Defendants mischaracterize Mr. Strickland's testimony. Mr. Strickland stated that he did not know who the person was who conducted his intake but informed them that he needed methadone. *See* Ex. 7, Strickland Dep. Tr. 46:24-47:7. Mr. Strickland also stated that he asked for methadone repeatedly. Ex. 1, Strickland Decl. ¶¶ 12-13. It is further denied that this fact is material to the instant motion.

26. Admitted in part, denied in part. It is admitted that Mr. Strickland stated this, but it is denied that this is material to the instant motion.

27. Admitted in part, denied in part. Dr. Santoro is board-certified in Addiction Medicine and board-eligible in Family Medicine. *See* Ex. 14, Santoro Rep. at 1. Furthermore, while it is admitted that Dr. Santoro stated that he has never treated patients while they were incarcerated, it is denied that this is material.

28. Denied. It is specifically denied that this practice is "common," in particular with regards to withdrawal from methadone. In fact, abruptly stopping methadone is below the medical standard of care. *See* Ex. 14, Santoro Rep. at 5.

29. Denied. Plaintiff's expert Dr. Santoro explained that while there are some treatment facilities which do not offer medication for opioid use disorder, this is not sound medicine, nor does it meet the standard of care. *See* Ex. 16, Santoro Dep. Tr. 123:1-10; *see also* Ex. 14, Santoro Rep. at 5.

30. Denied. Defendants mischaracterize Dr. Santoro's testimony. Dr. Santoro explained that "every drug treatment center has to offer a way to continue medication treatment," and that while some people on a 12-step program may do well, this is likely a small percentage, and there are likely many more who do not. *See* Ex. 16, Santoro Dep. Tr. 123:14-5; 124:11-2.

31. Admitted in part, denied in part. It is admitted that Dr. Santoro does not know the number of jails which treat patients with medication for opioid use disorder, but the materiality of that fact to the instant motion is denied.

32. Admitted in part, denied in part. It is admitted that Dr. Santoro does not have statistics on how many jails treat patients with medication for opioid use disorder, but the materiality of that fact to the instant motion is denied.

33. Admitted that this is a quote from the Nation Commission on Correctional Healthcare (NCCHC) website.

34. Admitted in part, denied in part. It is admitted that the NCCHC does not require the provision of medication for opioid use disorder in order to meet their accreditation standards. It is specifically denied that NCCHC does not acknowledge that the provision of medication for opioid use disorder is the standard of care, because in fact, it has publicly stated that medication for opioid use disorder is the standard of care. *See* Ex. 35, NCCHC Position Statement; Ex. 36, Jail-Based Medication-Assisted Treatment; Ex. 37, NCCHC Powerpoint.

35. Admitted in part, denied in part. It is admitted that NCCHC does not require the provision of medication for opioid use disorder in order to meet their accreditation standards. It is specifically denied that NCCHC does not acknowledge that the provision of medication for opioid use disorder is the standard of care, because in fact, it has publicly stated that MAT[1] is the standard of care. *See* Ex. 35, NCCHC Position Statement; Ex. 36, Jail-Based Medication-Assisted Treatment; Ex. 37, NCCHC Powerpoint.

[1] MOUD (Medication for Opioid Use Disorder) and MAT (Medication-Assisted Treatment) are the same.

36. Admitted in part, denied in part. It is admitted that Dr. Santoro cites materials from the NCCHC in his report which demonstrate that the NCCHC acknowledges the importance of the provision of medication for opioid use disorder. *See* Ex. 15, Santoro Rebuttal Rep. at 34.

37. Admitted in part, denied in part. It is admitted that the Bureau of Prisons (BOP) has guidelines for medically assisted withdrawal. However, it is specifically denied that this is the policy governing the treatment of substance use disorder, or that the BOP states that medically assisted withdrawal is the proper treatment for someone with a prescription for medication for opioid use disorder.

By way of further response, BOP guidelines specifically state, "In the case of opioid use disorders, **treatment of withdrawal** (the subject of this clinical guidance) should NOT be confused with the **treatment of substance use disorders**, sometimes referred to as Medications for Opioid Use Disorders (MOUD)." Defs. Ex. F at i (*font in all caps in original changed to bold*). The BOP also has guidelines for the provision of MOUD which state that "Medications for OUD are appropriate, first-line treatment for many patients, especially those with moderate to severe OUD." *See* Ex. 33, BOP Guidelines at 1.

38. Admitted in part, denied in part. It is admitted that Narcotics Anonymous is a program of complete abstinence, including abstinence from medication for opioid use disorder but the materiality of this fact to the instant motion is denied. Narcotics Anonymous is not a medical association or medical provider. By way of further response, the document cited by Defendants states that NA has "no opinion" on medications for opioid use disorder. Defs. Ex. G at 4.

39. Denied. It is denied that detoxification is merely "disagreeable" to Mr. Strickland and Dr. Santoro and denied that it is a valid medical treatment option that is "generally accepted by the medical community." All major medical associations, including the Centers for Disease

Control and Prevention, the World Health Organization, the American Society of Addiction Medicine, the American College of Physicians, the Substance Abuse and Mental Health Services Administration, and the National Commission on Correctional Healthcare recognize that medication for opioid use disorder is the standard of care. *See, e.g.* Exs. 29-32, 34-37.

40. Denied. Plaintiff's diagnosis is Severe Opioid Use Disorder. *See, e.g.* Ex. 2, RCA Records at P732. By way of further response, see Counterstatement of Material Facts at ¶ 42.

41. Denied. Defendants made no attempt to obtain Plaintiff's medical records from Recovery Centers of America. *See* Ex. 9, Grady Dep. Tr. 118:22-119:2. Had they done so, they would have seen that he was diagnosed with Severe Opioid Use Disorder. *See* Ex. 2, RCA Records at P732.

42. Denied. Defendants' own exhibit explains that Opioid Use Disorder is a new term which replaces the prior terms of intermittent use, abuse, and dependence which were previously used. Defs. Ex. H. Defendants' own exhibit also explains that in order to diagnose OUD, there are 11 criteria. Someone who meets six or more of the criteria has severe OUD. Defs. Ex. H. By way of further response, Plaintiff's records show that he was evaluated using these criteria and diagnosed with severe OUD. Ex. 2, RCA Records at P689. There are certain places in his medical records which use the older term "dependence" which is equivalent to severe OUD. There are also several places in his records which state that he was diagnosed with severe OUD. *See, e.g.* Ex. 2, RCA Records at P732.

43. Admitted in part, denied in part. It is admitted that pregnancy must be considered when providing medical treatment, but the materiality of this fact to the instant motion is denied. The fact that pregnant women were provided with methadone at George W. Hill at the time Mr.

Strickland was there is only relevant to demonstrate the feasibility of providing methadone to incarcerated people.

44. Admitted in part, denied in part. It is admitted that federal regulations require that a methadone treatment program ensure an individual "became addicted at least 1 year before admission for treatment." 42 C.F.R. § 8.12(e)(1). This regulation includes exceptions for pregnant patients, as well as patients who were previously treated with methadone, like Mr. Strickland. 42 C.F.R. § 8.12(e)(3). It is denied that these regulations require jails to provide different access to methadone treatment to pregnant people than to Mr. Strickland.

45. Denied. As explained above, Mr. Strickland's diagnosis is Severe Opioid Use Disorder. *See* Ex. 2, RCA Records at P732. Methadone is the treatment his physicians determined was appropriate for him, and abruptly removing him from that treatment was not medically sound and caused him to suffer unnecessarily. *See* Ex. 14, Santoro Rep. at 5.

46. Admitted in part, denied in part. It is admitted that this is Dr. Joshua's opinion as stated in his report, but it is denied that this is true. *See, e.g.* Ex. 14, Santoro Rep. at 5. By way of further response, Dr. Joshua also stated during his deposition that the standard of care for continuation of methadone depends on a specialist consultation. *See* Ex. 17, Joshua Dep. Tr. 32:13-24. Similarly, Dr. Joshua does not dispute that major medical associations including the NCCHC, the CDC, and the ASAM state that medication for opioid use disorder is the standard of care. *See* Ex. 17, Joshua Dep. Tr. 70:11-76:7.

47. Admitted in part, denied in part. It is admitted that this is Dr. Joshua's opinion as stated in his report, but it is denied that this is true. *See, e.g.* Santoro Rep. at 5. By way of further response, Dr. Joshua also stated during his deposition that the standard of care for continuation of methadone depends on specialist consultation. *See* Ex. 17, Joshua Dep. Tr. 32:13-24. Similarly,

Dr. Joshua does not dispute that major medical associations including the NCCHC, the CDC, and the ASAM state that medication for opioid use disorder is the standard of care. *See* Ex. 17, Joshua Dep. Tr. 70:11-76:7.

48. Admitted in part, denied in part. It is admitted that Defendant Christakis did not treat patients at George W. Hill Correctional Facility. It is denied that he stated he was not "in charge," but rather he stated that "my role is not a supervisor. My role is to oversee." *See* Ex. 12, Christakis Dep. Tr. 20:4-5. By way of further response, Plaintiff does not assert that Defendant Christakis was "in charge" of George W. Hill Correctional Facility or that he treated patients there. The record demonstrates that Defendant Christakis had a key role in creating and approving medical policy, including policy related to the treatment of opioid use disorder, for George W. Hill, which is the basis of Plaintiff's claims against him. *See, e.g.* Ex. 12, Christakis Dep. Tr. 7:23-8:2; 9:4-16; 10:22-11:22.

49. Admitted in part, denied in part. It is admitted that Defendant Phillips was not certified to prescribe methadone, but it is denied that he was unable to "provide" methadone. Ex. 11, Withelder Dep. Tr. 34:14-24. It is further denied that this is material. By way of further response, Plaintiff does not assert that Defendant Phillips was himself able to prescribe methadone to Plaintiff. Plaintiff argues that Defendant Phillips had an obligation to obtain proper treatment for Plaintiff whether he provided it personally or not.

50. Admitted in part, denied in part. It is admitted that Defendant Withelder was not certified to prescribe methadone, but it is denied that he was unable to "provide" methadone. Ex. 11, Withelder Dep. Tr. 34:14-24. It is further denied that this is material. By way of further response, Plaintiff does not assert that Defendant Withelder was himself able to prescribe

methadone. Plaintiff argues that Defendant Withelder had an obligation to obtain proper treatment for Plaintiff whether he provided it personally or not.

51. Admitted.

52. Admitted.

53. Admitted.

54. Admitted. By way of further response, there is no requirement that Mr. Strickland file a grievance on this issue, as he was not incarcerated at the time the operative Complaint was filed. *See* ECF No. 47.

55. Admitted.

56. Denied. Defendant Tatum testified that he was involved in developing and implementing policies at George W. Hill, including medical policies generally as well as policies relating to the treatment of Opioid Use Disorder specifically. *See, e.g.* Tatum Dep. Tr. 38:19-39:9; 48:15-49:4; 53:23-55:14.

57. Admitted. By way of further response, Plaintiff does not suggest that Delaware County should have implemented a methadone treatment program at the prison, only that access to methadone should have been provided. In fact, Delaware County now provides methadone to people incarcerated at George W. Hill Correctional Facility. Ex. 15, Santoro Rebuttal Rep. at 8.

58. Admitted.

59. Admitted.

60. Denied. NCCHC provides accreditation of jails. NCCHC has also made clear its position that medication for opioid use disorder is the standard of care. *See* Ex. 35-37.

B. PLAINTIFF'S COUNTERSTATEMENT OF MATERIAL FACTS

Shaun Strickland's History with Opioid Use Disorder

61. In 2021, Plaintiff Shaun Strickland was a 40-year old man living in Pennsylvania. Ex. 1, Strickland Decl. ¶ 1.

62. Mr. Strickland recalls starting opioid use with the prescription medication Percocet around the age of 15. Ex. 1, Strickland Decl. ¶ 3.

63. Mr. Strickland's dependence on opioids left him unable to finish high school, a goal he still wants to achieve. Ex. 1, Strickland Decl. ¶ 4.

64. As an adult, his opioid use disorder left him homeless, and unable to maintain employment. Ex. 1, Strickland Decl. ¶ 5.

65. Mr. Strickland has experienced about four incidences of overdose during his twenty-five-year history of opioid use disorder. Ex. 1, Strickland Decl. ¶ 6.

66. Mr. Strickland has a diagnosis of Severe Opioid Use Disorder. Ex. 2, RCA Records at P732.

67. Since 2000, Mr. Strickland has made repeated attempts to stop opioid use. Ex. 1, Strickland Decl. ¶ 7.

68. Since 2010, Mr. Strickland has attended multiple treatment programs, including in Elkton, MD; Harrisburg, PA; Milton County, PA; Washington Township, PA; and Lansdowne, PA. Ex. 1, Strickland Decl. ¶ 8; Ex. 7, Strickland Dep. Tr. 29:8-14.

69. Mr. Strickland was prescribed methadone for the first time in or around 2010 at a treatment center in Watsontown, Pennsylvania. Ex. 7, Strickland Dep. Tr. 25:9-20.

70. In 2016, Mr. Strickland suffered from severe forced withdrawal during a previous incarceration at Snyder County Jail which resulted in life-threatening symptoms. During that

incarceration, Mr. Strickland was airlifted to a hospital in or around Harrisburg, PA. Ex. 7, Strickland Dep. Tr. 34:4-35:7.

71. In early 2021, Mr. Strickland was in treatment at Bowling Green Brandywine. *See* Ex. 4, Bowling Green Records.

72. While at Bowling Green, Mr. Strickland was prescribed 120 mg of methadone per day. *See* Ex. 4, Bowling Green Records.

73. On May 12, 2021, Mr. Strickland began treatment at a Recovery Centers of America (RCA) facility in Lansdowne, PA. *See* Ex. 2, RCA Records at P678.

74. At RCA, Mr. Strickland was started at a dose of 130 mg of methadone. He went to the clinic daily to receive his medication and his dose was increased over time to 170 mg of methadone. *See* Ex. 2, RCA Records at P53-P54.

75. Mr. Strickland was doing well while in treatment at RCA. He had a full-time job and was able to purchase a car. *See* Ex. 7, Strickland Dep. Tr. 90:16-22.

76. In addition to stating his diagnosis clearly as Severe Opioid Use Disorder, Plaintiff's records also demonstrate the process used to diagnose him. There are eleven criteria for diagnosing opioid use disorder. Ex. 14, Santoro Rep. at 4.

77. Someone who meets more than six of the criteria has severe opioid use disorder. Plaintiff's records demonstrate that he met all eleven criteria. Ex. 2, RCA Records at P689.

78. An older version of the American Psychiatric Association's diagnostic manual used the terms "opioid dependence" and "opioid addiction." Ex. 14, Santoro Rep. at 4; *see also* Ex. 16, Santoro Dep. Tr. 78:12-80:20 (discussing the terms opioid dependence and opioid use disorder).

79. Opioid dependence was the more severe of the two terms. A more updated version of the American Psychiatric Association's diagnostic manual uses the term Opioid Use Disorder, which can be categorized as mild, moderate, or severe. *Id*.

80. Any reference to Opioid Dependence in Plaintiff's records is likely the result of the use of old terminology. *Id.*

81. Regardless, Plaintiff's records from RCA state in several places that they diagnosed him with severe opioid use disorder. *See, e.g.* Ex. 2, RCA Records at P732.

Mr. Strickland's Forced Withdrawal at George W. Hill Correctional Facility

82. On Saturday, August 7, 2021, Mr. Strickland picked up his dose of methadone for both Saturday and Sunday, August 7 and 8, 2021. *See* Ex. 2, RCA Records at P54.

83. Mr. Strickland was arrested on Sunday, August 8, 2021. *See* Ex. 7, Strickland Dep. Tr. 51:8-10.

84. Mr. Strickland was stopped in his car by police and then arrested due to a twenty-year-old bench warrant for alleged unpaid fines and restitution from another county. *See* Ex. 7, Strickland Dep. Tr. 42:21-43:8.

85. When Mr. Strickland was arrested it was "like doomsday" because he knew he was going to be forced to stop taking his methadone. *See* Ex. 7, Strickland Dep. Tr. 91:3-14.

86. Mr. Strickland was taken to the police station where he remained until Monday, August 9, 2021. *See* Ex. 7, Strickland Dep. Tr. 51:18-24.

87. Mr. Strickland was incarcerated at the George W. Hill Correctional Facility, which is the county jail for Delaware County, Pennsylvania. *See* Delaware County Pennsylvania: About George W. Hill Correctional Facility, at https://delcopa.gov/prison/about.html (last visited Dec. 20, 2023).

88. George W. Hill Correctional Facility and the people working there were aware that Mr. Strickland was on methadone due to the drug screen. *See* Ex. 17, Joshua Dep. Tr. 66:5-6.

89. Mr. Strickland also wrote that he was on methadone on his intake form. *See* Ex. 3, GWH Records at GSS 51.

90. Mr. Strickland's medical intake at George W. Hill was conducted on Tuesday, August 10, 2021 by Defendant Jeff Withelder. *See* Ex. 3, GWH Records at GSS39-44.

91. Defendant Withelder is a Physician Assistant at George W. Hill and held that position at the time of the events at issue in this case. *See* Ex. 11, Withelder Dep. Tr. 10:14-11:11.

92. Defendant Withelder noted that Mr. Strickland reported to him that he was receiving 170 mg of methadone per day at RCA in Lansdowne with his last dose taken on Sunday, August 8, 2021. *See* Ex. 3, GWH Records at GSS39.

93. Defendant Withelder did not order methadone for Mr. Strickland or make any attempt to provide him with methadone. *See* Ex. 11, Withelder Dep. Tr. 50:17-21.

94. Defendant Withelder's assessment was that Mr. Strickland should be given a urine drug test and started on a detoxification protocol. *See* Ex. 3, GWH Records at GSS44.

95. The urine test confirmed that Mr. Strickland was taking methadone. *See* Ex. 3, GWH Records at GSS24.

96. The plan of care ordered and implemented by Defendant Withelder fell beneath the standard of care. Ex. 14, Santoro Rep. at 8; Ex. 16, Santoro Dep. Tr. 252:5-19.

97. At the time of the events at issue in this case, Ronald Phillips was the Medical Director at George W. Hill. *See* Ex. 10, Phillips Dep. Tr. 9:4-9.

98. As medical director, Defendant Phillips supervised the physician assistants and nurse practitioners. *See* Ex. 10, Phillips Dep. Tr. 22:17-20.

99. Defendant Phillips signed off on Defendant Withelder's intake and assessment. *See* Ex. 3, GWH Records at GSS44.

100. Defendant Phillips did not review a Physician Assistant's decision-making unless the Physician Assistant came to him with a problem. He just approved the orders in the medical record system after the fact. *See* Ex. 10, Phillips Dep. Tr. 47:20-48:24; Ex. 14, Santoro Rep. at 8.

101. Mr. Strickland's medical records from George W. Hill have no documentation that Defendant Phillips ordered methadone for Mr. Strickland, considered providing methadone, or made any attempt to provide him with methadone. *See* Ex. 3, GWH Records.

102. Defendant Phillips' actions fell below the standard of care in confirming, approving, and signing off on Defendant Withelder's inappropriate plan of care for Mr. Strickland. Defendant Phillips' actions also fell below the standard of care by only reviewing Defendant Withelder's decision-making if Defendant Withelder came to him with a problem. This system of review does not truly provide supervision and should there be a disagreement in the care given by the Physician Assistant, the supervising physician would have no opportunity to rectify the decision. *See* Ex. 14, Santoro Rep. at 8; *see also* Ex. 16, Santoro Dep. Tr. 252:10-19.

103. Kristen Grady is the Health Services Administrator at George W. Hill and held that position at the time of the events at issue in this case. *See* Ex. 9, Grady Dep. Tr. 14:24-15:4.

104. Defendant Grady explained that Mr. Strickland's statement that he was receiving methadone from RCA in Lansdowne was "probably not" verified because he would not have been provided with it regardless of whether the prescription could be confirmed. *See* Ex. 9, Grady Dep. Tr. 118:22-119:2.

105. Mr. Strickland's medical records from George W. Hill have no documentation that Defendant Grady ordered methadone for Mr. Strickland, considered providing methadone, or made any attempt to provide him with methadone. *See* Ex. 3, GWH Records.

106. Mr. Strickland's medical records from George W. Hill have no documentation that anyone from George W. Hill made any attempt to verify Mr. Strickland's methadone prescription. *See* Ex. 3, GWH Records.

107. John Christakis is the Chief Medical Officer for GEO Group, Inc and held that position at the time of the events at issue in this case. *See* Ex. 12, Christakis Dep. Tr. 7:5-8.

108. Physicians at George W. Hill reported to Defendant Christakis on clinical matters. *See* Ex. 9, Grady Dep. Tr. 25:19-24.

109. Defendant Christakis was involved in discussions regarding providing buprenorphine to incarcerated people at George W. Hill but never did so, nor did he make any changes to the methadone policy. *See* Ex. 12, Christakis Dep. Tr. 23:9-19.

110. Mr. Strickland would ask about methadone every time he saw a nurse. *See* Ex. 7, Strickland Dep. Tr. 47:17-24; 58:5-17; Ex. 1, Strickland Decl. ¶¶ 12-13.

111. Mr. Strickland did not receive methadone and went through severe withdrawal. Ex. 1, Strickland Decl. ¶ 15.

112. While going through withdrawal, Mr. Strickland could not eat or sleep. He felt terrible, experienced sweating, chills, and muscle aches. Withdrawal was so painful it was difficult to think. Ex. 1, Strickland Decl. ¶ 16.

113. At the peak of his withdrawal symptoms, Mr. Strickland also experienced hallucinations. Ex. 7, Strickland Dep. Tr. 92:5-11.

114. On August 11, 2021, Mr. Strickland reported that he had a "rough night" and "could not get comfortable enough to sleep." Ex. 3, GWH Records at GSS20.

115. On August 12, 2021, Mr. Strickland reported that he felt "shitty" while a nurse noted that there were no "observable" signs or symptoms of withdrawal. Ex. 3, GWH Records at GSS18.

116. Later on August 12, 2021, Mr. Strickland reported aches, sweats, and tremors. His screening also notes that he had nausea and vomiting. Ex. 3, GWH Records at GSS15.

117. On August 13, 2021, Mr. Strickland again stated that he felt "shitty," and a nurse noted no "observable" signs or symptoms of withdrawal. Ex. 3, GWH Records at GSS13.

118. Later on August 13, 2021, a nurse noted in his screening nausea and vomiting, gooseflesh, and muscle aches. Ex. 3, GWH Records at GSS11.

119. Mr. Strickland did not recall these visits, but said if he had been seen, all the symptoms on the screening list would have been checked off because of how bad he was feeling. Ex. 7, Strickland Dep. Tr. 64:6-17.

120. On September 3, 2021, Plaintiff's counsel sent a letter to Defendants Tatum and Grady notifying them of their legal obligation to provide methadone to Mr. Strickland. *See* Ex. 5.

121. On September 15, 2021, Defendant Grady responded, stating George W. Hill does not offer methadone. *See* Ex. 6.

122. In drafting her response to Plaintiff's counsel's letter notifying Defendants of their obligation to provide Mr. Strickland with methadone, Defendant Grady did not consider whether it was feasible to provide Mr. Strickland with methadone or discuss with the medical providers at George W. Hill whether to provide him with methadone. *See* Ex. 9, Grady Dep. Tr. 129:10-22.

Mr. Strickland's Experience Post-Incarceration

123. Mr. Strickland was released from George W. Hill on September 22, 2021. Ex. 1, Strickland Decl. ¶ 11.

124. On September 28, 2021, he returned to Recovery Centers for America where he was restarted on methadone at a dose of 20 mg per day. *See* Ex. 2, RCA Records at P57.

125. Because of its long half-life, methadone needs to be started slowly and gradually increased until the patient is stabilized. *See* Ex. 14, Santoro Rep at 7.

126. Mr. Strickland's dose was slowly increased until he reached his previous dose of 170 mg per day on May 16, 2022. *See* Ex. 2, RCA Records at P339; *see also* Ex. 14, Santoro Rep. at 7.

127. Mr. Strickland continued to experience symptoms of OUD until he reached his dose of 170 mg. *See* Ex. 7, Strickland Dep. Tr. 91:15-92:4; Ex. 1, Strickland Decl. ¶ 17; Ex. 14, Santoro Rep. at 7.

128. After the initial acute phase of withdrawal is a second phase known as post-acute withdrawal syndrome. *See* Ex. 14, Santoro Rep. at 5-6.

129. When Mr. Strickland was released, his symptoms would have likely included extreme anxiety and cravings. *See* Ex. 14, Santoro Rep. at 6.

130. Post-acute withdrawal syndrome can last for weeks or months. *See* Ex. 14, Santoro Rep. at 6.

131. During this phase, individuals remain at heightened risk of relapse, overdose, and death because of their lower tolerance of opioids. *See* Ex. 14, Santoro Rep. at 6.

132. During this phase, individuals will also continue to experience discomfort, at times severe. *See* Ex. 14, Santoro Rep. at 7.

Opioid Use Disorder (OUD) and the Standard of Care

133. Opioid use disorder is a chronic disease. *See* Ex. 14, Santoro Rep. at 3.

134. As with any other chronic medical condition, periods of relapse and remission are common. *See* Ex. 14, Santoro Rep. at 3.

135. As with other chronic diseases, the standard of care for opioid use disorder is medication for opioid use disorder. *See* Ex. 14, Santoro Rep. at 4-5.

136. Addiction and opioid use disorder is not a moral failing, it is a chronic disease. Ex. 16, Santoro Dep. Tr. 241:1-2.

137. "[J]ust as it is inadvisable to deny people with diabetes the medication they need to help manage their illness, it is also not sound medical practice to deny people with OUD access to FDA-approved medications for their illness." Ex. 34, Substance Abuse and Mental Health Services Administration (SAMHSA): Treatment Improvement Protocol Medications for Opioid Use Disorder at ES-2 (cited in Ex. 15, Santoro Rebuttal Rep.).

138. There are two types of medication for opioid use disorder (MOUD): agonist and antagonist. *See* Ex. 14, Santoro Rep. at 3.

139. Agonist medications, including methadone and buprenorphine activate the same receptors in the brain as other opioids, alleviating the symptoms of withdrawal and reducing cravings for opioids, without producing a high. *See* Ex. 14, Santoro Rep. at 3.

140. Antagonist medications, including naltrexone (brand name vivitrol), block those receptors preventing opioids from having an effect. Antagonist medications do not alleviate withdrawal symptoms and have limited effectiveness in reducing cravings. *See id*.

141. The standard of care for moderate to severe opioid use disorder is agonist medication, either methadone or buprenorphine. *See* Ex. 14, Santoro Rep. at 5.

142. The policy at George W. Hill Correctional Facility was "wholly inadequate" and fell below the standard of care for treating individuals with OUD because it failed to provide any pharmacologic treatment for almost all of the incarcerated people with OUD." *Id.* at 5.

143. It is beneath the standard of care to abruptly stop methadone maintenance. *See id.*

144. The standard of care does not change if a person is in jail. *See* Santoro Dep. Tr. 240:11-13.

145. Methadone maintenance should only be tapered off slowly and only under certain circumstances. *See* Ex. 14, Santoro Rep. at 5.

146. The only way to taper off somebody with methadone is to taper (reduce doses) with methadone, and there is no substitute drug. *See* Ex. 16, Santoro Dep. At 245:16-20.

147. Because Mr. Strickland was on 170 mg daily of methadone, it was beneath the standard of care to discontinue his methadone. *See* Ex. 14, Santoro Rep. at 5.

148. Even if it was appropriate to remove Mr. Strickland from methadone, a slow titration from a dose of methadone 170 mg should take approximately one to two years. *See id.*

149. Discontinuing methadone maintenance at a level of 170 mg would cause severe withdrawal within a few days, lasting several weeks. *Id.*

150. Post-acute withdrawal syndrome would continue beyond that timeframe. *Id.*

151. Even if a person with OUD had taken other illicit drugs while on methadone, the standard of care is that a medical provider continue providing the methadone. Ex.16, Santoro Dep. at 74:8-12.

152. Dr. Santoro explained that he would not drop a person from a medical treatment program for manifestations of an illness that they came in to be treated. *Id.* at 74:8-12.

153. Similarly, if a person had diabetes and was provided Metformin, but their sugar levels increased, the medical provider does not remove the Metformin but instead provides additional medical treatment. Ex. 16, Santoro Dep. Tr. 76:9-13.

154. It was also inappropriate for Mr. Strickland to be treated with Tylenol with Codeine. *Id.*

155. Giving a patient who has an opioid use disorder an opioid other than methadone or buprenorphine is beneath the standard of care. *Id.*

156. Tylenol with codeine is an abusable drug on the street. *Id.* 224: 17-19.

157. Giving someone an opioid such as Tylenol with codeine (in the same category as Vicodin) could result in the person seeking out other opioids in the jail illegally, overdosing, and then dying. *See* Ex. 16, Santoro Dep. Tr. 207:10-20; 212:4-10.

158. Dr. Santoro has treated patients with methadone for 22 years. *Id.* at 212:4-10.

159. The standard of care for a person on methadone who would test positive for methadone is not to take them off and put them on Vicodin or Tylenol with codeine or anything else, but rather, the standard of care is to treat them with methadone. *Id.* at 212:4-10.

160. Giving a patient with an opioid use disorder any other opioid other than methadone or buprenorphine will potentially activate the patient's mu opioid receptors and begin the patient on a path to relapse. *Id.*

161. During a medical detoxification from opioids, most people experience physical pain, especially if it is not done properly, and this is called acute withdrawal. *Id.*

162. Symptoms of acute withdrawal can include nausea, vomiting, diarrhea, muscle aches and headaches, to name a few, and acute withdrawal is essentially the body's process of adjusting to the acute lack of opioids. *Id.*

163. A second phase of withdrawal symptoms, known as post-acute withdrawal syndrome, or PAWS, occurs as the brain attempts to re-calibrate after the opioids are removed. Symptoms of post-acute withdrawal syndrome typically involve psychological and emotional aspects of withdrawal. *Id.*

164. Post-acute withdrawal syndrome can persist for several weeks or even several months. PAWS will also render a person more likely to relapse, and because of now lower tolerance, a person will be at a higher risk of overdose and death. *Id.* at 5-6.

165. Mr. Strickland's acute withdrawal phase was not appropriately monitored. *Id.* at 6.

166. Mr. Strickland experienced severe opioid withdrawal, which would have included nausea, vomiting, diarrhea, severe muscle aches and anxiety. *Id.*

167. Mr. Strickland's full description of symptoms may not have appeared in the medical records because the facility personnel may not have been appropriately trained or sensitized to these symptoms. *See id.*

168. Mr. Strickland described his well-being as "shitty" and yet his CINA score was zero, and Dr. Santoro explained that this is because the person scoring it was either ignoring what was in front of them or was so poorly trained as to not recognize the symptoms of withdrawal. *See id.*

169. Withdrawal symptoms from methadone are predictable, and not having any symptoms is impossible. Ex. 16, Santoro Dep. Tr. 157:15-16; 200:12-15.

170. Dr. Santoro explained that not having withdrawal symptoms from being taken off methadone would be comparable to jumping out of a ten-story building and saying there wasn't a scratch. *Id.* at 195:4-9; 202:11-14.

171. Dr. Santoro has 38 years of experience in addiction medication. Ex.14, Santoro Rep. at 1.

172. From his experience, people with opioid use disorder who are not on medically assisted treatment are at the highest risk of relapse, overdose, and death, and the "odds are they're not going to be successful." This included Plaintiff Strickland, who for a period of time was not on a treatment program, but then later it failed and he relapsed. Ex.16, Santoro Dep. Tr. 30:15-31:7; 32:3-7; 131:3-12.

173. The Vivitrol program that George W. Hill Correctional Facility had was also below the standard of care. Ex. 16, Santoro Rep. at 6.

174. The Vivitrol program was beneath the standard of care for several reasons, in part because it had restrictions on when people could receive medication. *See id.*

175. Dr. Santoro explained, "Treating opioid use disorder with pharmacological therapy and it being restricted to a time just prior to being released is equivalent to treating an incarcerated person with cardiovascular disease with medication to control blood pressure, but only giving it to the incarcerated person one month prior to being released." *Id.*

176. The Vivitrol program fell beneath the standard of care also because Vivitrol is not the standard of care for people with *moderate* to *severe* opioid use disorder, and no other medication was offered. *See id.*

177. Upon being released from George W. Hill Correctional Facility, due to the failure to provide him adequate medical care (methadone), Mr. Strickland had an increased risk of relapsing back to heroin (or another illicit substance), overdosing and dying. *Id.*

178. After Mr. Strickland was readmitted to RCA, methadone needed to be restarted and titrated to stabilization. *See id.* at 7.

179. Methadone is a very difficult medication to appropriately administer, which is because of its long half-life the medication needs to be started slowly and gradually increased until the patient is stabilized. *Id.*

180. This means that until stabilization occurs, the patient will continue to experience discomfort, which at times will be extreme, including cravings and symptoms of withdrawal. *Id.*

181. It is feasible to continue someone on a methadone prescription at the time of the arrest. *See id.*

182. Dr. Santoro worked directly with Berks County Jail starting in 2006, nearly 15 years prior to Mr. Strickland's incarceration, to continue methadone maintenance for people upon their arrest. *See id.*

183. This resulted from cooperation between Berks County Jail and a methadone clinic. *See id.*

184. Dr. Santoro worked for over 20 years at New Directions, a methadone clinic, which partnered with Berks County Jail to continue methadone treatment of people arriving at Berks County Jail. Ex. 16, Santoro Dep. Tr. 42:20-43:1; 92:2-97:13.

185. The methadone clinic delivered the methadone dose to the medical staff at the jail, who would give the patient the methadone every day. *See* Ex. 16, Santoro Dep. Tr. 95:14-18.

186. Berks County Jail did not need to have its own license for dispensing methadone for this arrangement. *Id.* at 97:8-13.

187. Defendants' expert, Dr. Joshua, stated that people in jail could be taken to a methadone clinic like the pregnant females do. *See* Ex. 17, Joshua Dep. Tr. 58:14-17.

188. Methadone has been an approved medical treatment for many years, and Defendants had many years to set forth a workplan to provide it. Ex. 16, Santoro Dep. Tr. 151:16-21.

189. If a methadone prescription cannot be confirmed immediately, the backup plan is to provide the person with 30 mg of methadone. *Id.* at 214:8-216:14.

190. Every physician, as part of their license, is required to continuously keep up with the standards of care, as well as do continuous medical education. *See* Ex. 17, Joshua Dep. Tr. 26:20-27:6.

191. In other prisons, Dr. Joshua explained that the common practice when a person arrives at a jail is to attempt to verify the medication. *See* Ex. 17, Joshua Dep. Tr. 39:2-22.

192. For some conditions, medication might be provided in jail even without a medication being verified, e.g. diabetes or high blood pressure, if the blood sugar is elevated or other symptoms warrant it. *See* Ex. 17, Joshua Dep. Tr. 39:2-42:13.

193. Based on individual clinical judgment, some medications might be determined to be medically necessary and continued in jail. *Id.*

194. If there was tension between a policy at the jail or the individual medical provider's clinical judgment about a medical treatment, it would be expected that the individual clinician would make the request for medical treatment based on their clinical judgment. *See* Ex. 17, Joshua Dep. Tr. 42:9-24.

195. In the correctional field, a jail or prison should review and keep up with both NCCHC standards and clinical literature. *See* Ex. 17, Joshua Dep. Tr. 50:14-22.

196. Defendants' expert, Dr. Joshua, is aware that the NCCHC states that medication-assisted treatment (MAT) is the standard of care, and that it includes buprenorphine, methadone, and naltrexone. *See* Ex. 17, Joshua Dep. Tr. 70:11-20.

197. Dr. Joshua also agreed that clinic providers in jail should follow ASAM guidelines in treating OUD. *See* Ex. 17, Joshua Dep. Tr. 72:15-19.

198. The American Society of Addiction Medicine (ASAM) states that "Access to evidence-based OUD treatment including all FDA-approved medications, either on site or through transport, is the standard of care for all detained or incarcerated persons." Ex. 32, ASAM Public Policy Statement at 2 (cited in Ex. 15, Santoro Rebuttal Rep.).

199. The National Commission on Correctional Healthcare (NCCHC) states that "MAT is the standard of care for individuals with opioid use disorder (OUD)." Ex. 37, NCCHC Powerpoint (cited in Ex. 15, Santoro Rebuttal Rep.).

200. A report by the National Commission on Correctional Healthcare and the National Sheriffs Association states that "medically managed withdrawal is not treatment. In fact, withdrawal is associated with high risk for overdose and death following release, underscoring the need for MAT." Ex. 36, Jail-Based Medication-Assisted Treatment at 20 (cited in Ex. 15, Santoro Rebuttal Rep.).

201. The Centers for Disease Control and Prevention (CDC) explains that "Clinicians should offer or arrange treatment with evidence-based medications to treat patients with opioid use disorder . . . Detoxification on its own, without medications for opioid use disorder, is not recommended for opioid use disorder because of increased risks for resuming drug use, overdose, and overdose death." Ex. 29, CDC Opioids Guidelines, Recommendation 12 (cited in Ex. 15, Santoro Rebuttal Rep.).

202. The WHO explains that "Prisoners should not be denied adequate health care because of their imprisonment. This would normally imply that the treatment options available outside prison should also be available in prison. Opioid withdrawal, agonist maintenance and naltrexone treatment should all be available in prison settings, and prisoners should not be forced to accept any particular treatment." Ex. 31, WHO Guidelines at 12 (cited in Ex. 15, Santoro Rebuttal Rep.).

Defendants' Blanket Policy Denying Medication for Opioid Use Disorder

203. At the time Mr. Strickland was incarcerated at George W. Hill Correctional Facility, Defendants, including Delaware County, GEO Group Inc., and GEO Secure Services, had a blanket policy prohibiting the provision of methadone or buprenorphine to anyone who was not pregnant. Ex. 9, Grady Dep. Tr. 58:12-20; 73:8-16; 91:21-23; Ex. 6, Response letter from GWH; Ex. 7, Strickland Dep. Tr. 47:17-48:12; 71:10-21.

204. The policy regarding individuals with opioid use disorder provided for "medically-assisted withdrawal" for individuals with OUD, regardless of whether they were prescribed MOUD at the time of their incarceration. *See* Ex. 19, Medically Supervised Withdrawal and Treatment Policy.

205. The policy did not provide for an individualized determination of whether methadone or another medication was necessary medically. *See* Ex. 19, Medically Supervised Withdrawal and Treatment Policy. George W. Hill tracked whether people entering the jail were going through withdrawal and was thus aware that a large percentage of the population was thus aware of the large number of people to whom this policy applied. *See* Ex. 25, George W. Hill Intake List.

206. At the time Mr. Strickland was incarcerated, the jail transported pregnant people with opioid use disorder to a nearby facility to be treated with methadone, and at other times, the jail administered take-home doses to pregnant incarcerated people. *See* Ex. 9, Grady Dep. Tr. 59:8-60:3; 60:10-21; 65:15-67:11; Ex. 22, Methadone Dosing List (showing redacted list of patients who received a "take-home" dose of methadone that was administered by staff at the jail).

207. At the time Mr. Strickland was incarcerated, the jail maintained a policy for a nurse to pick up methadone from the nearby clinic and bring it back to the jail in the event that transportation of incarcerated pregnant people would not be possible. *See* Ex. 9, Grady Dep. Tr. 60:22-61:1; Ex. 21, Methadone Pickup Procedure.

208. At the time Mr. Strickland was incarcerated, Vivitrol was available to individuals who were sentenced and had a specified release date. *See* Ex. 9, Grady Dep. Tr. 99:2-6.

209. Mr. Strickland was not eligible to receive Vivitrol under the program guidelines in place while he was incarcerated at George W. Hill. Grady Dep. Tr. 127:3-5.

210. Furthermore, Vivitrol was not an appropriate medication for him. *See* Ex. 14, Santoro Rep. at 3.

211. As of February 2023, George W. Hill provides methadone to men and women who were prescribed methadone prior to their incarceration, regardless of whether they are pregnant. *See* Ex. 15, Santoro Supp. Rep. at 8.

212. GEO Group, Inc. is a private company which held a contract to operate George W. Hill Correctional Facility at the time of the incident at issue in this case. *See* Ex. 26, Contract for the Operation of George W. Hill.

213. GEO Secure Services is a subsidiary of GEO Group, Inc. *See* Ex. 9, Grady Dep. Tr. 34:2-12.

214. The GEO Group Inc. receives federal funds via "public-private partnerships with federal, state, and local governmental agencies," and through contracts with the federal government. *See* Ex. 38, GEO Group SEC Filing at 9, 11.

215. GEO Secure Services is a national company that receives federal funding through federal contracts. *See* Ex. 39, GEO Secure Services Annual Report 2021 at 4, 22, 34, 59, 86, 87 (noting that "[o]ur GEO Secure Services business unit served over 260,000 individuals, while managing an average daily population of approximately 40,000 in our facilities in the United States" and that that six of their 13 contracts were with the federal government).

216. Policies related to medical care in place at GEO Group facilities originated with GEO and then local staff at George W. Hill would review and update them as necessary to apply to the facility. *See* Ex. 9, Grady Dep. Tr. 53:15-54:24; Ex. 12, Christakis Dep. Tr. 9:20-10:6.

217. As Chief Medical Officer (CMO), Defendant Christakis is responsible for "clinical oversight of the health care" at the facilities that GEO operates, which also included discussing cases (patients) with medical providers at least four times a week. Ex. 12, Christakis Dep. Tr. 7:23-8:2; 18:11-24.

218. As CMO, Defendant Christakis reviews and has oversight regarding policies related to medical care. *See* Ex. 12, Christakis Dep. Tr. 9:4-12.

219. Defendant Christakis has oversight over the clinical portion of a policy document, and it is his responsibility to ensure that policies are in line with professional guidelines including guidelines from the CDC, the American College of Physicians, and the American Society of Addiction Medicine. *See* Ex. 12, Christakis Dep. Tr. 10:22-11:22; 28:14-23; 31:16-32:25.

220. Defendant Christakis' signature on a policy indicates that he is in agreement with the policy. *See* Ex. 12, Christakis Dep. Tr. 9:4-16.

221. Defendant Christakis signed off on a policy that falls beneath the standard of care. *See* Ex. 19, Medically Supervised Withdrawal and Treatment Policy; Ex. 20, Intoxication and Withdrawal Policy; Ex. 14, Santoro Rep. at 8; Ex. 15, Santoro Rebuttal Rep. at 8.

222. As Health Services Administrator, Kristen Grady was responsible for "oversee[ing] the operation of the medical services" and "writing policy and procedure." Ex. 9, Grady Dep. Tr. 15:18-25.

223. Defendant Grady reviewed and signed all policies related to medical care in place at George W. Hill, including the policy regarding treatment of people with opioid use disorder. *See* Ex. 9, Grady Dep. Tr. 32-22; Ex. 19, Medically Supervised Withdrawal and Treatment Policy; Ex. 20, Intoxication and Withdrawal Policy.

224. Defendant Grady is responsible for ensuring that provisions in the contract for the operation of George W. Hill, which relate to medical, are being implemented. *See* Ex. 9, Grady Dep. Tr. 34:21-35:2.

225. Defendant Grady had a clear role in establishing and implementing the MAT policy at George W. Hill that did not meet the standard of care and denied necessary medical treatment for many incarcerated people with OUD, including Mr. Strickland. *See* Ex. 14, Santoro Rep. at 8.

226. Esker Lee Tatum was the Warden at George W. Hill at the time of the incident at issue in this case. *See* Ex. 8, Tatum Dep. Tr. 12:10-15.

227. As warden, Defendant Tatum was an employee of Delaware County. *See* Ex. 8, Tatum Dep. Tr. 12:16-18.

228. As warden, Defendant Tatum's job was to "maintain compliance" with the contract for the operation of George W. Hill. *See* Ex. 8, Tatum Dep. Tr. 16:4-15.

229. Defendants Christakis, Tatum, and Grady were all involved in the creation of the Vivitrol program at George W. Hill. *See* Ex. 12, Christakis Dep. Tr. 22:21-23:4; Ex. 8, Tatum Dep. Tr. 37:22-39:9; Grady Dep. Tr. 73:22-8.

230. Defendant Tatum signed a Memorandum of Understanding expanding the non-medication portion of the Vivitrol program on behalf of Delaware County. *See* Ex. 24, Vivitrol Program Memorandum of Understanding.

231. The Memorandum of Understanding is titled "Memorandum of Understanding Between GEO Secure Services, LLC And Delaware County To augment [*sic*] the Vivitrol Medically Assisted Treatment (MAT) Program and specifically states "GEO Secure Services, LLC and Delaware County enter this Memorandum of Understanding to augment the above indicated contract for the expressed purpose of maximizing participation in the Vivitrol MAT program at the George W. Hill Correctional Facility (GWHCF), Glen Mills, PA." *See* Ex. 24, Vivitrol Program Memorandum of Understanding.

232. When the Jail Oversight Board expressed frustration that the expansion of medication for opioid use disorder was not happening quickly enough, Defendant Tatum took it upon himself to initiate conversations about how to make the expansion happen. *See* Ex. 8, Tatum Dep. Tr. 85:3-86:14.

233. Defendants Christakis, Tatum, Grady, Phillips, individuals from GEO, and members of the Jail Oversight Board were involved in discussions regarding offering Suboxone, a form of buprenorphine, at George W. Hill. *See* Ex. 8, Tatum Dep. Tr. 53:23-55:14; Ex. 9, Grady Dep. Tr. 90:5-19; Ex. 12, Christakis Dep. Tr. 23:9-12.

234. Defendant Tatum had the role of coordinating what the Jail Oversight Board wanted with people from GEO. *See* Ex. 9, Tatum Dep. Tr. 56:1-5; 76:1-8. He described his role in

communicating the Jail Oversight Board's goals regarding the opioid problem to GEO as follows: "it had to be facilitated, it had to be adjusted, it had to be improved." Ex. 8, Tatum Dep, 94:10-11.

235. On February 11, 2020, the Delaware County Jail Oversight Board issued a resolution "calling for expansion of treatment for inmates with opioid use disorder," acknowledging that the Vivitrol program "while welcomed, is altogether inadequate considering the magnitude of the population at GWH with OUD and the life-or-death nature of this crisis." Ex. 18, Jail Oversight Board Resolution.

236. At the January 2021 Jail Oversight Board meeting, members of the Board expressed their frustration that GEO was dragging their feet on expanding access to medication for opioid use disorder. *See* Ex. 18, Jail Oversight Board Meeting Minutes.

237. At the June 2021 Jail Oversight Board meeting, Kevin Madden, Chair of the Jail Oversight Board and County Councilmember, expressed frustration that GEO continued to raise new barriers to expanding the availability of medication for opioid use disorder and said that he felt as if GEO was "more interested in blaming other parties than moving this in a constructive manner toward getting it up and running."[2]

238. At the July 2021 Jail Oversight Board meeting, the Board approved an amendment to the contract for the operation of George W. Hill to expand access to medication for opioid use disorder. The Board thanked Defendant Tatum for his work on this.[3]

239. A policy or program to provide medication for opioid use disorder was never started while GEO was operating George W. Hill. *See* Ex. 12, Christakis Dep. Tr. 23:9-19.

---

[2] Delaware County Jail Oversight Board, June 8, 2021 Meeting, YouTube, https://www.youtube.com/watch?v=juHjt3xfqiw at 46:59.
[3] Delaware County Jail Oversight Board, July 13, 2021 Meeting, YouTube, https://www.youtube.com/watch?v=FQFgkjyNXYQ at 8:46.

240. In September 2021, the Delaware County Jail Oversight Board voted to recommend to the County Council that the contract with GEO be terminated. Board Chair and Councilperson Kevin Madden specifically cited the obligation to help those addicted to drugs as a reason for the deprivatization. *See* Ex. 27, Inquirer Article Sept. 28, 2021.

241. In October 2021, the Delaware County Council voted to terminate the contract with GEO for the operation of George W. Hill and return the facility to public control. *See* Ex. 28, Inquirer Article Oct. 7, 2021.

Respectfully submitted,

/s/ Su Ming Yeh
Su Ming Yeh
PA Attorney No. 95111
smyeh@pilp.org

/s/ Sarah Bleiberg Bellos
Sarah Bleiberg Bellos
PA Attorney No. 327951
sbellos@pilp.org

Pennsylvania Institutional Law Project
718 Arch Street, Suite 304S
Philadelphia, PA 19106
(215) 925-2966

/s/ Evangeline Wright
Evangeline Wright
PA Attorney No. 200054
Pennsylvania Institutional Law Project
115 Farley Circle, Suite 110
Lewisburg, PA 17837
(570) 661-9045
ewright@pilp.org

Counsel for Plaintiff

DATE: December 20, 2023

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

SHAUN STRICKLAND, Plaintiff, v. DELAWARE COUNTY, et al., Defendants.	:	Civil Action No: 21-4141 Judge Michael M. Baylson

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that I have on this date of December 20, 2023 caused a copy of Plaintiff's Response to Defendants' Statement of Undisputed Material Facts and Plaintiff's Counterstatement of Material Facts, to be served via ECF upon the following counsel of record:

Matthew H. Fry
Burns White
1001 Conshohocken State Road, STE 1-515
West Conshohocken, PA 19428
mhfry@burnswhite.com
Counsel for Defendants

/s/ Su Ming Yeh,
Su Ming Yeh, PA Attorney No. 95111
Pennsylvania Institutional Law Project
718 Arch Street, Suite 304S
Philadelphia, PA 19106
(215) 925-2966

DATE: December 20, 2023