UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Keith Rogers, *et al.*,	)	
	)	
Plaintiffs,	)	
	)	No. 15-cv-11632
-vs-	)	
	)	Hon. Edmund E. Chang
Sheriff of Cook County and Cook County,	)	
	)	
Defendants.	)	

DEFENDANTS' LOCAL RULE 56.1 JOINT STATEMENT OF MATERIAL FACTS IN SUPPORT OF THEIR MOTION FOR SUMMARY JUDGMENT

Defendants Cook County and Sheriff Thomas Dart, by their attorney Eileen O'Neill Burke, Cook County State's Attorney, through her respective Assistant State's Attorneys, submit the following and Statement of Material Facts pursuant to LR 56.1. In support of Defendants' Motion for Summary Judgment, Defendants state as follows:

I. Description of the Parties

1. Plaintiffs Keith Rogers, James Hill, and Wanda Hollins are each individuals who were detained in the Cook County Department of Corrections (CCDOC) between September 2013 and February 2014, and each was legally prescribed Medication for Opioid Use Disorder (MOUD) at the time of their admission. Plaintiffs' Second Amended Complaint, Dkt. 133 at ¶¶ 2, 17-25.

2. The Court has certified this case as a class action, with two subclasses that after redefinition are defined as follows:

> a. **Class 1 (Pretrial Detainees)** comprises all pretrial detainees who (1) entered the Cook County Jail between December 23, 2013 and July 1, 2017, inclusive and (2) opted out of, or are otherwise excluded from, participation in *Parish v. Sheriff*, 07-cv-4369; and were, at the time of entry into the Jail, lawfully taking an opioid antagonist, as defined in 42 C.F.R. 8.12(h)(2), who were not then on parole or held on a warrant from another jurisdiction, who were not pregnant, and who received more than one does of methadone while detained;

b. **Class 2 (Post-sentence Prisoners)** comprises all post-sentencing prisoners who (1) entered the Cook County Jail between December 23, 2013 and July 1, 2017, inclusive and (2) opted out of, or are otherwise excluded from, participation in *Parish v. Sheriff*, 07-cv-4369; and were, at the time of entry into the Jail, lawfully taking an opioid antagonist, as defined in 42 C.F.R. 8.12(h)(2), who were not then on parole or held on a warrant from another jurisdiction, who were not pregnant, and who received more than one dose of methadone while detained.

Dkt, 243 at 14-15.

3. Thomas Dart at all times relevant to this case was the Sheriff of Cook County. Dkt 135 at ¶ 4.

4. Cook County, in coordination with Sheriff Dart, is responsible for the provision of medical services within the CCDOC. Dkt 138 at ¶ 6.

II. Jurisdiction and Venue

5. Plaintiff alleges claims under 42 USC § 1983 and the Fourteenth and Eight Amendments as to the Class Plaintiffs and under Americans with Disabilities Act, 42 U.S.C. § 12132 and Rehabilitation Act, 29 U.S.C. § 794(a) with regard to the individual Plaintiffs. Dkt. 133 at ¶ 1. Jurisdiction is proper under 28 U.S.C. § 1331 and § 1343.

6. All events occurred in this District, and therefore venue is proper pursuant to 28 U.S.C. §1391(b). Dkt 133.

III. Opioid Use Disorder and Treatments

7. "Opioid Use Disorder (OUD) is a problematic pattern of opioid use that causes significant impairment or distress." Preventing Opioid Use Disorder, Ctrs. Disease Control (May 8, 2024), www.cdc.gov/overdose-prevention/prevention/preventing-opioid-use-disorder.html[1]

[1] "Courts may take judicial notice of information from an official government website which is not subject to reasonable dispute." *Ziklag IP LLC v. Netflix, Inc.*, No. 24-cv-01789, 2025 U.S. Dist. LEXIS 55038, at *7 (N.D. Ill. Mar. 25, 2025) (collecting cases).

8. Treatment for OUD can include medications, counseling, and psychosocial support. *Id.*

9. The medications used in treatment are collectively referred to as Medications for Opioid Use Disorder (MOUD). *Id.* There are three approved medications for the treatment of OUD: methadone, buprenorphine, and naltrexone. Dep. of Jasdeep Mangat, at 60:5-16.

10. Naltrexone, brand name Vivitrol, is a full opioid antagonist. Mangat Dep at 67:1. It works by fully blocking the opioid receptors in the body to prevent opioids from binding to them. Mangat Dep at 67:1-6.

11. Buprenorphine is a partial opioid agonist. Mangat Dep at 64:20-65:12. It binds to opioid receptors in the body. Mangat Dep at 65:7-12. However, it has a ceiling effect, which prevents the euphoric "high" that many illicit opioids or full opioid agonists may produce. Mangat Dep at 64:20-65:6; Dep. of Adeyemi Fatoki at 18:16-19:1.

12. Methadone is a long-acting opioid that acts as a full agonist. Mangat Dep at 60:17-19, 64:21-23. It binds to the same receptors that other opioids do and acts on them similarly. Fatoki Dep at 18:1-8. However, because of its long half-life, correct dosing can eliminate withdrawal symptoms and cravings for illicit opioids without producing euphoria or sedation. Mangat Dep at 60:20-61:5.

13. Prescribing buprenorphine requires a physician to obtain special certification and waivers from oversight organizations. Fatoki Dep at 30:15-31:5. Not all doctors are able to prescribe buprenorphine. Fatoki Dep at 30:4-19.

14. Methadone generally must be dispensed from a licensed Opioid Treatment Program (OTP). Fatoki Dep at 38:18-39-1.

15. Licensing for OTPs involves obtaining certification from both state and federal oversight agencies. Fatoki Dep at 20:12-21-5, 49:2-50:2; Dep. of Stamatia Richardson at 19:2-13. The certification involves a review of the written policies of the OTP as well as site visits to the program facilities by an accrediting agency. Fatoki Dep at 60:20-61:2; Mangat Dep at 51:2-18.

16. Among the reasons that methadone in particular is so highly regulated are the risk of abuse and the danger of potential overdose. Fatoki Dep 65:2-22.

17. MOUD, also known as Medication Assisted Treatment (MAT) can be used for maintenance therapy of patients with OUD or may be part of supervised withdrawal off of opioid medications. Fatoki Dep at 42:23-43:4.

18. The use of MOUD for detoxification or medically supervised withdrawal from opioids is a well-recognized treatment protocol. Fatoki Dep at 101:5-102:20.

IV. Correctional Healthcare for Opioid Use Disorder

19. The availability of MOUD in correctional facilities during the class period was extremely limited and remains limited to this day. Richardson Dep at 20:16-22; Fatoki Dep 128:9-130:1; Mangat Dep at 70:19-71:19.

20. Many jails and prisons are resistant to offering MOUD in their facilities for a variety of reasons including stigmas and attitudes around addiction, lack of resources, and security concerns. Mangat Dep at 70:5-18; Fatoki Dep at 126:19-127:19.

21. Providing medications like methadone in a correctional environment provides a unique set of challenges for an already highly controlled substance, including requiring a secure area for storage of the medication and a secure area to dispense the medication, medical and correctional staff availability in getting the medication to detainees, and risk of diversion or abuse of the medication by detainees. Fatoki Dep at 97:3-98:1; Mangat Dep at 70:6-18.

22. No jail in the state of Illinois other than CCDOC provides methadone to detainees, nor does the Illinois Department of Corrections state prison system. Fatoki Dep at 124:21-24; Mangat Dep at 94:23-95:24.

23. During the class period, less than five percent of correctional institutions provided any MOUD treatment to detainees. Richardson Dep at 20:16-22; Fatoki Dep 128:9-130:1.

24. No expert presented by Plaintiffs is aware of any correctional facility where all patients who were admitted with a prescription for MOUD were maintained on their pre-incarceration dose during the class period. Fatoki Dep at 138:23-139:16; Mangat Dep at 142:9-12.

V. Cermak's Opioid Treatment Program

25. The Cermak OTP maintained its certification from all relevant bodies throughout the class period. Mangat Dep at 42:8-16.

26. As part of the accreditation, the OTP maintained written policies which were reviewed and approved at the federal level by the Substance Abuse and Mental Health Services Administration (SAMHSA) and at the state level by the Division of Substance Use Prevention and Recovery (SUPR).[2] Mangat Dep at 40:12-22, 49:7-15; Richardson Dep at 19:2-8; Fatoki Dep at 33:1-5. Because the OTP was within a correctional institution, accreditation was performed by the National Commission for Correctional Healthcare (NCCHC). Mangat Dep at 40:12-22, 50:11-20, 52:14-53:4.

27. During the class period, the CCDOC was certified by the DEA and DASA as a detoxification facility. Richardson Dep at 59:16-60:15; OTP Certification Documents, Bates Stamped 010349-53.

[2] At the time, the Illinois state accrediting agency now called SUPR was called the Division of Alcoholism and Substance Abuse (DASA). Illinois Recovery Oriented System of Care (ROSC) Council, Ill. Dep't of Human Serv., (last visited May 28, 2024) https://www.dhs.state.il.us/page.aspx?item=117096, ("In 2018, IDHS/SUPR changed its name from the Division of Alcoholism and Substance Abuse (DASA) to the Division of Substance Use Prevention and Recovery (SUPR).").

28. SAMHSA and the NCCHC each had protocols during the class period specifically relating to detoxification facilities or tapering/medically supervised withdrawal protocols. Richardson Dep at 58:8-59:20; Fatoki Dep at 66:21-67:18, 137:7-17.

29. During the relevant class period, it was the policy of the Cermak OTP that upon arrival, any detainee who had a prescription for methadone would need to have their dose verified with the previous methadone provider before receiving their first dose. Richardson Dep at 70:7-71:12. This is not unique to Cermak but is a standard precaution any time a patient transitions between OTPs. Fatoki Dep at 64:18-66:9. If the strength and timing of the previous dose are not verified, there is a risk that providing a patient with methadone could lead to a dangerous and potentially fatal overdose. Richardson Dep at 69:5-70:16, 109:17-111:12.

30. Cermak's OTP policy during the class period stated that any opioid-dependent pregnant detainee could be maintained on a consistent maintenance dose of methadone during the pregnancy. Fatoki Dep at 75:1-14. This is due to the possibility of additional risk to the fetus. Fatoki Dep at 76:18-77:8.

31. Cermak's policy during the class period stated that any non-pregnant detainees would be tapered from their initial dose of methadone down to zero in a linear taper, with a physician determining the rate of taper but never reducing the dose by more than seven milligrams per day. Fatoki Dep at 76:8-17; 85:1-4.

32. The policy also called for follow up review of the patient's symptoms including scheduling at least two follow up visits and allowed a physician to adjust or pause a taper depending on how the patient was tolerating the tapering. Fatoki Dep at 86:8-14; OTP Policy G06.1 (Ex. 5 to Fatoki Dep).

33. Both at intake into the CCDOC and during follow up appointments with the OTP, the policy instructs medical providers to "prescribe non-opioid medications for relief of withdrawal symptoms, as needed" and "[a]ssess for symptoms and signs of active opioid withdrawal and treat as needed." OTP Policy G06.1 (Ex. 5 to Fatoki Dep).

34. Patients in the OTP can also request to see a provider by submitting a health request form at any time if they do not have an upcoming appointment. Fatoki Dep at 87:2-11.

35. The CCDOC OTP offers mental health programming to patients. Richardson Dep at 59:21-60:12. Providing counseling is a key aspect of treating OUD and is required in order to run an OTP. Fatoki Dep at 153:8-14.

36. The policy also allowed physicians to seek a waiver to maintain an individual detainee on their full dose of methadone as continuous maintenance therapy if they believe that the situation warranted it. Fatoki Dep at 87:12-88:1.

37. Across the board tapering ended in the CCDOC OTP in July 2017 because new grant money became available to help administer the program. Richardson Dep at 38:13-39:9.

VI. Class-wide Allegations of Plaintiffs' Complaint

38. Plaintiffs allege that "each plaintiff experienced painful withdrawal symptom, *[sic]* including anxiety, chills, muscle pain (myalgia) and weakness, tremor, lethargy and drowsiness, restlessness and irritability, nausea and vomiting and diarrhea." Dkt 133 at ¶ 37.

39. Plaintiffs allege that these symptoms are common to the class of Plaintiffs in this case. Dkt 133 at ¶ 38.

40. Plaintiffs allege that many patients (approximately 35%) will leave the jail within three weeks. Dkt 133 at ¶ 16. Plaintiffs further allege that a substantial portion of patients leave the jail before they have been fully tapered off of MOUD. Dkt 133 at ¶ 40.

41. Plaintiffs acknowledge that they were treated for withdrawal symptoms with non-opioid medications prior or in addition to receiving MOUD. Dep. of Keith Rogers at 30:17-24, 43:19-22; Dep. of Wanda Hollins at 54:12-23. These included medications for nausea and diarrhea, among others. Rogers Dep at 30:17-24, 43:19-22; Hollins Dep at 54:12-23.

VII. Medical Expert Opinions[3]

42. Dr. Stamatia Richardson, called by Defendants as an expert, served as the Medical Director of the CCDOC OTP throughout the class period. Richardson Dep at 7:5-7.

43. Dr. Richardson graduated from medical school in 1990 and at the time of her deposition in May 2018 she had been employed as a physician with Cook County for approximately 25 years. Richardson Dep at 6:6-10.

44. Dr. Jasdeep Mangat, retained by Plaintiffs as an expert, graduated from medical school in 2014. Mangat Dep at 13:12-15.

45. Among his most relevant experience, after completing his residency in October 2017 (shortly after the close of the class period), Dr. Mangat began working at Rikers Island. Mangat Dep at 17:6-11. He became the deputy medical director for the OTP program in that facility in approximately July 2018, then the medical director of the program in January 2020, before leaving Rikers Island in September 2021. Mangat Dep at 19:2-7, 24:3-17.

46. Dr. Mangat believes that the Rikers Island OTP under his direction violated the standard of care that he advocates adopting. Mangat Dep at 116:10-117:14.

47. Dr. Adeyemi Fatoki, retained by Plaintiffs as an expert, graduated from medical school in 1990 and received a master's degree in addiction studies in 2011. Fatoki Dep at 11:22-23, 15:5-10.

[3] The opinions expressed by experts contained in this section of the Statement of Facts, except for those attributed to a particular expert, represent consensus or undisputed views.

48. He is now self-employed running two OTP locations but has previous experience in a number of correctional healthcare roles. *See, e.g.*, Fatoki Dep at 19:2-22, 21:14-20.

49. Dr. Fatoki concedes that at least some of the facilities that he worked at or oversaw during the class period (and later) violated the standard of care that he advocates adopting. Fatoki Dep at 108:15-109:19, 123:12-19.

50. During and after the class period, Plaintiffs' experts believe that the care they themselves provided fell below what they now propose should be considered the standard of care. Mangat Dep at 134:4-10; Fatoki Dep at 108:15-19.

51. When a patient stops taking an opioid or an opioid agonist medication, they experience withdrawal symptoms. Fatoki Dep at 40:18-41:6; Mangat Dep at 78:24-79:6.

52. Those symptoms may include nausea, vomiting, diarrhea, muscle and joint paint, insomnia, and mood disturbances. Fatoki Dep at 90:12-19; Mangat Dep at 79:4-6.

53. The specific symptoms, as well as the duration and the severity of the symptoms, varies from person to person and depends on a variety of factors including what drug or combination of drugs the person was taking and at what doses, their tolerance, and how their body metabolizes the drug. Fatoki Dep at 92:9-18; Mangat Dep at 78:8-23.

54. Medically supervised withdrawal including a tapering of a dose of opioid agonist medication will result in less severe symptoms than an abrupt cessation or "cold turkey" withdrawal from the medication. Mangat Dep at 72:16-73:5.

55. If an opioid agonist medication is to be stopped, tapering or medically supervised withdrawal is the more humane method of stopping the medication. Fatoki Dep at 164:5-13.

56. The speed at which a patient's dosage is tapered will contribute to what symptoms they may experience while withdrawing or "detoxing" from the opioid agonist. Fatoki Dep at 46:18-21; Mangat Dep at 76:11-24.

57. Some patients experience no symptoms during a medically supervised withdrawal. Fatoki Dep at 103:12-14; Mangat Dep at 76:12-14. While most will experience some symptoms, the duration and severity vary significantly. Fatoki Dep at 103:15-21; Mangat Dep at 76:12-77:10.

58. Medically supervised withdrawal or tapering of the dose of opioid agonist medication is preferable to abrupt "cold turkey" cessation of the medication. Fatoki Dep at 45:18-46:1; Mangat Dep at 73:2-8, 93:7-11; Richardon Dep at 84:7-10.

59. Because methadone is itself a long-acting opioid, the withdrawal from methadone is very clinically similar to withdrawal from other opioids. Fatoki Dep at 90:20-23; Mangat Dep at 58:5-9, 79:2-4.

60. If a patient is withdrawing from both methadone and illicit opioids such as heroin, it is not possible to distinguish symptoms of withdrawal from methadone from the symptoms of withdrawal from illicit opioids. Fatoki Dep at 91:10-16; Mangat Dep at 88:23-89:6; Richardson Dep at 67:5-20.

61. The CCDOC OTP was in compliance with accrediting body NCCHC guidelines regarding correctional facility opioid treatment programs generally and detoxification in particular during the class period. Fatoki Dep at 66:10-67:18; Mangat Dep at 52:24-53:4.

62. Any detainee who was tapered off of methadone while in the CCDOC and later transferred to a facility that offered no methadone at all in fact benefitted from the taper because they avoided the cold turkey withdrawal at the new facility. Mangat Dep at 94:15-96:8.

VIII. Individual Plaintiffs' Claims

63. Plaintiff Rogers entered the CCDOC on January 20, 2014. Dkt 138 at ¶ 17. He was released on February 16, 2014. *Id.*

64. Plaintiff Rogers received his first dose of methadone on January 26, 2014. Dkt 138 at ¶ 19.

65. Plaintiff Rogers experienced an atypical delay during the required process of verifying his prior dose of methadone and having his new prescription entered through the OTP. Richardson Dep at 105:24-107:20.

66. Plaintiff Hill entered the CCDOC on December 23, 2013. Dkt 138 at ¶ 21. He was released on December 31, 2013. *Id.*

67. Plaintiff Hill received his first dose of methadone on December 25, 2013. Dkt 138 at ¶ 23.

68. Community methadone clinics frequently take longer to respond on weekends and holidays. Mangat Dep at 39:9-18, 88:11-16; Fatoki Dep at 94:13-95:2.

69. Plaintiff Hollins entered the CCDOC on September 12, 2013. Dkt 138 at ¶ 25. She was released on October 5, 2013. *Id.*

70. Plaintiff Hollins received her first dose of methadone on September 13, 2013. Fatoki Dep at 93:10-94:12; Mangat Dep at 89:19-90:3.

Respectfully Submitted,

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CERTIFICATE OF SERVICE

I, Dortricia Penn, Assistant State's Attorney, hereby certify that I served a copy of the attached document on the parties of record via the ECF electronic filing system on June 9, 2025.

/s/ Dortricia Penn