

CRISIS IN TREATMENT ACCESS FOR INCOMPETENT TO STAND TRIAL INCARCERATED PERSONS IN THE COUNTY JAILS

SUMMARY

All individuals charged with a crime must be mentally competent to help in their defense. If they are determined to be incompetent, court proceedings are suspended for the defendant until they undergo competency restoration treatment. The 2022/2023 San Diego County Grand Jury (Grand Jury) looked at competency restoration treatment and mental health services offered in the San Diego County jails, to the incompetent to stand trial (IST) incarcerated persons (IPs). These individuals need treatment to assist them to return to court to resume trial proceedings. The State of California has determined there is currently a state-wide waitlist crisis for IPs who are IST awaiting transfer to a state hospital to receive treatment to restore their competency. It was stated in a 2021 report for the California Health and Human Services Agency and the California Department of Finance that "... the IST crisis in California has mirrored the crisis experienced across the country. However, the size of California's population has magnified the IST crisis in this state."¹

The Grand Jury assessed the number of San Diego County jail IPs found IST, the number of those undergoing competency restoration treatment in the San Diego County jail-based competency treatment (JBCT) program, the number awaiting state hospital transfer and how long that wait time is. This data is critical to determine where improvement can be made to lower the jail population, decrease county costs for individuals housing and treatment, and improve safety in the jails. This could also help to decrease suicides and deaths in the jails, provide competency restoration treatment to IPs in a more timely manner, and ultimately provide defendants a fair and speedy criminal trial.

The Grand Jury recommends the San Diego County Sheriff's Department (Sheriff's Department) continue the contracted operation of its 30 bed JBCT program, which is currently operated by NaphCare. JBCT programs are funded by the California Department of State Hospitals (DSH) to help address the DSH waitlist crisis. The Grand Jury also recommends competency restoration treatment and supporting mental health services be provided to IST IPs who are not selected for the JBCT program. There are approximately 100 IST IPs who are not offered competency restoration treatment and have access to only limited mental health treatment. IST IPs are at risk of harm to self and others in a jail environment, due to having a serious mental illness. This risk increases the longer the IST IP remains on the DSH waitlist.

The JBCT program does not accommodate female IPs, thus exposing a gender inequity in treatment access in the San Diego County jails. The Grand Jury recommends that treatment for competency restoration specifically targeting the female IST population, be implemented.

¹ https://www.chhs.ca.gov/wp-content/uploads/2021/12/IST_Solutions_Report_Final_v2.pdf

INTRODUCTION

All individuals charged with a crime must be mentally competent to help in their defense in court. In California, persons who have been determined to be IST due to a mental illness and have been charged with felonies are supposed to be transferred from county jail to a state hospital. The state hospital provides mental health treatment to restore the defendant to competency. However, over the past decade there has been a critical shortage of beds in the state hospitals to provide competency restoration treatment. This has led to a lengthy waitlist to be admitted to a state hospital for this treatment. Per California Penal Code section 1370, once a trial court finds a defendant mentally incompetent to stand trial and orders the defendant committed to a state mental hospital for treatment to restore competency, the state mental hospital has 90 days to make a written report to the court concerning the defendant's progress toward recovery of mental competence. In *Freddy Mille v. Los Angeles County*², the court ruled transfer to the state hospital must be within a reasonable amount of time to satisfy the 90-day statutory requirement.

San Diego County, like other counties throughout California, has found itself with a growing number of IST IPs in the jails resulting in a lengthy waitlist for transfer to DSH for treatment. Individuals with serious mental illness in a jail setting have an increased risk of harm to self and others, with self-harm being a leading cause of morbidity in IPs, as published in the medical journal *The Lancet*³. In jails nationwide, IPs, who experience serious psychological distress are also at risk of being written up for jail rules violations or charged with assault according to a 2017 Report from the U.S. Department of Justice.⁴ Jail rules violations and additional criminal charges can result in a lengthier incarceration.

METHODOLOGY

The Grand Jury conducted nine formal interviews and toured all the San Diego County jails as mandated by California Penal Code 919(b).

The Grand Jury reviewed the following documents:

- California Code of Regulations, Title 15, "Minimum Standards for Local Detention Facilities"⁵
- San Diego County Sheriff's Department Detention Services Policies and Procedures Manual⁶

DISCUSSION

Legal Background of Competency to Stand Trial

Federal standards for competency to stand trial include: whether a defendant has sufficient present ability to consult with his lawyer with a reasonable degree of understanding; and,

² <https://casetext.com/case/in-re-mille> ; *in re Mille*, (2010) 182 Cal.App.4th 635

³ [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30190-5/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30190-5/fulltext)

⁴ <https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf>

⁵ <https://www.bscc.ca.gov/wp-content/uploads/Adult-Titles-15-Effect-4-1-17.pdf>

⁶ <https://apps.sdsheriff.net/PublicDocs/SB978/Detention%20Services%20Bureau/>

whether the defendant has a rational and factual understanding of the proceedings against him. *Dusky v. United States*, (1960) 362 U.S. 402⁷.

Per California Penal Code section 1368, when an order for a hearing into the present mental competence of the defendant has been issued, all proceedings in the criminal prosecution shall be suspended until the present mental competence of the defendant has been determined.

Per California Penal Code section 1369, if the defendant or defendant's counsel informs the court that the defendant is not seeking a finding of mental incompetence in a rational manner as a result of a mental disorder.

As mentioned previously, per California Penal Code section 1370, once a trial court finds a defendant mentally incompetent to stand trial the court orders the defendant committed to a state hospital for treatment to restore competency.

State Hospital Transfer Waitlist Crisis

Over the last decade there has been a significant increase in the number of IST defendants committed and referred to DSH. This is not a California specific phenomenon. The same trend is happening throughout the country. Each year the number of IST referrals has outpaced DSH increasing its number of IST beds. The National Association of State Mental Health Program Directors Research Institute found that from 1999 to 2014 the number of IST patients increased by 72% nationwide.⁸ As of January 2022 there were over 1,700 California jail IPs pending placement to a DSH IST treatment program.⁹ An IP could be in jail 2 to 3 months, sometimes longer, at time of IST commitment. In San Diego County, the average wait time for DSH transfer is 5 to 6 months from time of IST commitment.

Together DSH and the University of California Davis (UCD) conducted a study¹⁰ to examine the reasons for the sustained increase in felony IST referrals to DSH. As part of the study, a national survey asked state mental health officials about the crisis in their states. The following are the top four responses ranked in order as to what respondents thought were the leading causes of the crisis:

1. Inadequate general mental health services in the community
2. Inadequate mental health crisis services in the community
3. Inadequate number of inpatient psychiatric beds in the community
4. Inadequate Assertive Community Treatment (ACT) services in the community. (These programs provide services in the community that include intensive case management, mental health services, vocational services, integrative services for mental health and substance abuse issues, and housing services.)

⁷ <https://casetext.com/case/dusky-v-united-states-3>

⁸ https://www.nasmhpd.org/sites/default/files/TACPaper.10.Forensic-Patients-in-State-Hospitals_508C_v2.pdf

⁹ https://www.chhs.ca.gov/wp-content/uploads/2021/12/IST_Solutions_Report_Final_v2.pdf

¹⁰ *ibid*

Based on the national survey and DSH/UCD review of the DSH IST population, the DSH/UCD report concluded that the surge in IST referrals to DSH is largely due to increased contact with police by persons suffering from schizophrenia and other serious mental disorders who find themselves homeless and untreated in the community.

Description of Competency Restoration Treatment

The focus of competency restoration treatment is to prepare the IST patient to return to court as soon as possible to be able to participate in their trial in a meaningful manner. Competency restoration treatment is different from the comprehensive treatment of the patient's underlying mental health disorder. However, the two are not mutually exclusive. The majority of IST patients have some type of severe mental disorder including psychotic disorders. The DSH/UCD study found that "Between the calendar years 2009 and 2016, the percent of IST patients admitted to Napa State Hospital diagnosed with a psychotic disorder, psychotic disorder not otherwise specified, or mood disorder ranged from 72.5% to 84.1%."¹¹ These types of disorders can be alleviated with psychiatric medication.

In *Freddy Mille v Los Angeles County*¹², heard in the Second District Court of Appeal, the court found that the limited medication treatment in the county jail was not equal to the broad services provided in a state hospital. In the California Legislative Analyst's Office (LAO) January 2012 report, *An Alternative Approach: Treating the Incompetent to Stand Trial*¹³ the LAO refers to *Freddy Mille v. Los Angeles County*. The LAO report stated, "The court specifically held that the provision of medications alone to mentally ill defendants within the confines of a jail – a common practice – did not legally constitute the kind of treatment efforts that are required to restore someone to mental competency." This same LAO report recommended expansion of IST treatment programs in county jails from the pilot program in San Bernardino County to include at least initially Los Angeles, Kern, and San Diego counties.

In *Stiavetti v. Clendenin*¹⁴, heard in the First District Court of Appeal, the court concluded the State "...violated the due process rights of all IST defendants in California by failing to commence substantive services designed to return those defendants to competency within 28 days of service of the transfer of responsibility document, which is the date of service of the commitment packet for all defendants committed to DSH..." Furthermore, the court also found that baseline medical services provided by county jails do not constitute "substantive services" for people of its order.

The focus of the competency restoration treatment is on the criminal procedures the patient will encounter upon returning to court. Patients receive individual and group instruction on the various aspects of court proceedings. Patients are instructed what their charges are, the various pleas available, what a plea bargain is, the roles of the court officials, the role of evidence in a trial, and their constitutional protections. To enhance the learning of criminal procedures, patients may also take part in mock trials where the patients and staff act out the roles of the

¹¹ https://www.chhs.ca.gov/wp-content/uploads/2021/12/IST_Solutions_Report_Final_v2.pdf

¹² <https://casetext.com/case/in-re-mille>

¹³ <https://www.lao.ca.gov/reports/2012/hlth/int/incompetent-stand-trial-010312.pdf>

¹⁴ <https://casetext.com/case/stiavetti-v-clendenin> ; *In re Stiavetti*, (2021) 65 Cal.App.5th 691

various court officials. Patients are evaluated throughout the treatment process and may be determined to be able to return to court for the judge to rule on proceeding with the trial.

In July 2021, DSH implemented a statewide four-year limited term IST Re-evaluation Program to address the waitlist crisis. The program provides for the re-evaluation of competency for IST IPs in county jails 60 days from the time of the IST commitment and who have not been selected for a JBCT program. If the psychologist finds the IP to have re-gained competency while waiting in jail for DSH transfer, a report will be sent to the court for possible resumption of court proceedings.

IST Treatment Gender Inequality in San Diego County Jails

The Sheriff's Department began operating a JBCT program in the Central jail in March 2017. As of November 1, 2022, there were approximately 111 male IST IPs and 19 female IST IPs in the San Diego County jails. The 30 bed JBCT program housed at San Diego County's Central jail provides IST treatment services to male IPs. Female IST IPs are not offered this treatment as there is no JBCT program at the Las Colinas facility, which houses the county's female IPs. An IP selected for the JBCT program is taken off the DSH transfer waitlist because the IP goes to the JBCT bed instead of a DSH bed. Female IST IPs, not having a JBCT program available, stay on the DSH waitlist until a DSH bed opens. Sheriff's Department officials report that the average length of stay from booking to DSH transfer for male IST IPs is 263 days and 206 days for female IST IPs.

Critical Lack of IST Treatment for IST IPs not Selected for JBCT Program

For the approximately 100 IST IPs who are not selected for the JBCT program, there is no treatment focused on restoration of competency other than psychiatric medication. The Sheriff's Department does not employ any psychiatrists. However, NaphCare does provide 5 psychiatrists to provide medication treatment to any IP who is determined to benefit from psychiatric medication.

For those IST IPs not selected for the JBCT program, which includes all female IST IPs, there is no treatment environment focusing on the court procedures the IP will encounter upon returning to court. For these IPs there is limited access to on-going structured mental health programming unless the IP's mental health status decompensates to the point they are placed in the Psychiatric Services Unit (PSU) which is a 30-bed unit providing on-site mental health treatment programming. There are PSUs at both the Central jail housing men, and the Las Colinas jail housing women.

There is no dedicated housing for any IPs with mental health disorders except for the 30-bed JBCT unit and the two 30-bed PSU housing units. It is estimated nationally, that 44% of IPs have a history of a mental health disorder and 26% reported experiences that met the threshold for recent serious psychological distress, according to a 2017 Report from the U.S. Department of Justice.¹⁵ The California Health Policy Strategies, L.L.C. analyzed data from the California Board of State and Community Corrections (BSCC) between 2009 and 2019.¹⁶ In 2019, 31% of

¹⁵ <https://bjs.ojp.gov/content/pub/pdf/imhrpji1112.pdf>

¹⁶ https://calhps.com/wp-content/uploads/2020/02/Jail_MentalHealth_JPSReport_02-03-2020.pdf

IPs in California’s county jails had an active mental health case while 26% of IPs were receiving psychotropic medication. The report also showed 50% of San Diego County jail IPs had an active mental health case and 22% of San Diego County IPs received psychiatric medication.

The high rate of San Diego County jail IPs with mental health disorders, combined with chronic jail mental health staffing shortages, makes it challenging for Sheriff’s Department mental health staff to provide services to mentally ill IPs who are housed in any of 4 of the 6 jails. Mentally ill IPs could also be housed in any type of housing unit including administrative separation units. Administrative separation units are solitary confinement housing. A study published in the American Journal of Public Health found that length of stay in jail, serious mental illness, and solitary confinement are important and independent predictors of self-harm in jail¹⁷.

The National Commission on Correctional Health Care (NCCHC) accredits jails and prisons to determine if a facility is providing constitutionally appropriate health care. NCCHC has adopted a standard requiring that basic on-site mental health services include, at a minimum; individual counseling, group counseling, and psychosocial/psychoeducational programs.¹⁸

The Sheriff’s Department has set a goal for all the county jails to become accredited by NCCHC. However, the NCCHC accreditation standards are not being met as the jails are not providing the basic on-site mental health services required by NCCHC. The San Diego County jail mental health program lacks continuity of care. There is also no structured treatment program that offers a spectrum of levels of care.

Although, the Sheriff’s Department has made significant efforts to improve the quality of mental health care services in recent years, more structured mental health programming needs to be implemented to meet NCCHC accreditation standards. Improving the overall general mental health services in the jails also improves the treatment provided to IST individuals.

The Sheriff’s Department employs approximately 27 licensed mental health clinicians. The Sheriff’s Department does not hire mental health clinicians who are pending licensure. However, Title 15 states that “Assessment and treatment shall be performed by either licensed health personnel or by persons operating under the authority and/or direction of licensed health personnel.”¹⁹

The contractor NaphCare provides approximately ten mental health clinicians who provide assessment/therapeutic services, some of whom are pending licensure and under supervision of licensed clinicians. Together, these mental health clinicians serve an average daily population of 4,000 IPs. Unless an IST IP is in the JBCT or PSU with dedicated staffing, the opportunity for sustained mental health care is limited and competency restoration treatment is non-existent.

As noted in a U.S. Department of Justice report “...the cost of housing an inmate with mental health issues is two to three times that of housing an inmate without mental illness and accounts

¹⁷ <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2013.301742>

¹⁸ <https://www.ncchc.org/spotlight-on-the-standards/basic-mental-health-services/>

¹⁹ <https://www.bscc.ca.gov/wp-content/uploads/Adult-Titles-15-Effect-4-1-17.pdf>

for the cost of security, health care, operations, administration, support, and rehabilitation programs.”²⁰ This would indicate that the cost of incarceration of San Diego County IST IPs is more than an IP without a mental disorder. The State of California does not contribute to this cost except in the following circumstance. “Jails do not receive state funding support for treatment and housing of individuals found IST on felony charges unless they have been admitted to a DSH funded jail-based competency program.”²¹ However, the expectation is that these IPs receive appropriate mental health care while awaiting DSH transfer. JBCT programs are an alternative to DSH placement.

A report published by NRI, a behavioral health analytics research institute, describes a stop-gap approach to competency restoration treatment in jail settings²². This approach is “...a time limited method to provide defendants with restoration services until they can be placed in an inpatient competency restoration program.” This method “...attempts to reduce the number of defendants on the waitlist for inpatient competency restoration services by attempting to restore them prior to that inpatient program.”

FACTS AND FINDINGS

Fact: In San Diego County, the time from jail intake to the IP being found IST can be 2 to 3 months, or longer.

Fact: In San Diego County, the wait time from being found IST to transfer to DSH for those not selected for the JBCT program is 5 to 6 months, sometimes longer.

Fact: In San Diego County, the total time from jail intake to transfer to DSH can take up to 9 months or longer for those IST IPs not selected for the JBCT program.

Fact: Only about 23% of IST IPs are selected for the JBCT program and receive restoration treatment while in the jail.

Fact: Individuals with a severe mental illness are at risk of self-harm when incarcerated.

Fact: Individuals who experience psychological distress in jails are at risk of being written up for rules violations or charged with assault while in jail.

Finding 01: Most IST IPs in the San Diego County jails spend a lengthy jail time awaiting DSH treatment and thus have an increased risk of harm to self or others.

Finding 02: IST IPs in the San Diego County jails have an increased risk of being written up for rules violations or charged with assault the longer they stay in jail. Jail rules violations and additional charges can result in a lengthier incarceration.

Fact: As of November 1, 2022, there were 130 IST IPs in the San Diego County jails.

²⁰ <https://cops.usdoj.gov/ric/Publications/cops-w0869-pub.pdf>

²¹ https://www.chhs.ca.gov/wp-content/uploads/2021/12/IST_Solutions_Report_Final_v2.pdf

²² https://www.nri-inc.org/media/1500/jbcr_website-format_oct2018.pdf

Fact: The Sheriff's Department receives funding from DSH to operate a 30 bed JBCT program which began operations in March 2017.

Finding 03: The JBCT program decreases the San Diego County jail DSH transfer waitlist by providing competency restoration treatment for 23% of San Diego County jail IST IPs.

Fact: Psychiatric medication is available to all IST IPs.

Fact: The First District Court of Appeal found that baseline medical services provided by county jails do not constitute substantive services for IST defendants.

Fact: No group counseling or multifaceted mental health programming is available for those IST IPs not in the JBCT program or on the PSU unit.

Fact: No competency restoration treatment is provided for IST IPs not selected for the JBCT program.

Finding 04: There is no competency restoration treatment and limited general mental health programming provided to IST IPs housed in the San Diego County jails who are not selected for the JBCT program.

Finding 05: Implementation of competency tutoring/support as a stop-gap measure may increase likelihood of IST IPs, at time of 60-day re-evaluation, being found ready to proceed with court proceedings.

Finding 06: Untreated or inadequately treated individuals with a serious mental illness, especially in a jail setting, have increased risk of self-harm, being written up for rules violations, or being charged with assault while in jail.

Fact: The JBCT program only accommodates male IST IPs to participate in the program. Females are not offered a JBCT program.

Fact: As of November 2, 2022, there were 19 female IST IPs in the San Diego County jail.

Finding 07: There is a gender inequity as female IPs are not provided equal access to treatment.

Fact: Unless selected for the JBCT program, there is no dedicated housing for IST IPs.

Fact: IST IPs are housed at any of the following jail facilities: Central jail, Vista Detention, Las Colinas, George Bailey.

Fact: IST IPs are housed in all types of housing units including administrative separation units which are solitary confinement housing.

Fact: No group counseling or other multifaceted mental health programming is available for those IST IPs not in the JBCT program or on the PSU unit.

Finding 08: IST IPs would have better access to mental health services in housing units which are staffed with assigned mental health professionals.

Finding 09: Dedicated housing for all IST IPs will create more opportunities for therapy.

Fact: The Sheriff's Department employs approximately 27 mental health clinicians who provide non-medication mental health services to a jail population of approximately 4,000 IPs.

Fact: NaphCare employs an additional ten mental health clinicians who provide non-medication mental health services to the jail population.

Fact: BSCC collected data which shows that in 2019, approximately 50% of San Diego County jail IPs had an active mental health case.

Fact: BSCC collected data which shows that in 2019, approximately 22% of IPs in San Diego County jails were prescribed psychiatric medication.

Finding 10: There is an insufficient number of mental health clinicians to provide appropriate basic on-site mental health services, as defined by NCCHC accreditation standards, to San Diego County jail IPs, including IST IPs.

Finding 11: An increase in general mental health services will increase likelihood of IST IPs, at time of the 60-day re-evaluation, being found ready to proceed with court proceedings.

Fact: The cost of housing an IST IP is 2 to 3 times the amount for housing an IP without a mental illness.

Fact: The State of California does not contribute to the cost of treatment and housing of IST IPs who are not selected for the JBCT program.

Finding 12: Costs of increased County funding for competency restoration treatment and/or general mental health services to IST IPs may be offset by cost savings from shorter IST IPs jail stay.

RECOMMENDATIONS

The 2022/2023 San Diego County Grand Jury recommends that the San Diego County Sheriff's Department:

23-10: Continue the partnership with DSH in funding the JBCT program. Request DSH expand the current 30 bed program to accommodate more IST IPs or find alternate funding from the County Board of Supervisors.

- 23-11: Provide a female JBCT program through requesting additional funding from DSH or finding alternate funding from the County Board of Supervisors.**
- 23-12: Provide competency tutoring/support as a stop-gap measure for IST male and female IPs who have not been selected for the JBCT program while they await DSH transfer.**
- 23-13: Provide dedicated housing for IST IPs who are not selected for the JBCT program to facilitate more efficient access to IST IPs by the limited number of mental health clinicians.**
- 23-14: Provide increased general mental health services to all IST IPs including individual counseling, group counseling, and psychosocial/psychoeducational programs.**
- 23-15: Increase jail mental health staffing.**
- 23-16: Increase collaboration with local universities to bolster recruiting efforts to work in the jails and to provide additional mental health services by students/interns, while under the supervision of Sheriff's Department licensed clinicians.**
- 23-17: Increase collaboration and sharing of staffing resources with other county agencies to provide enhanced mental health services to all county jailed IPs.**

REQUIREMENTS AND INSTRUCTIONS

The California Penal Code §933(c) requires any public agency which the Grand Jury has reviewed, and about which it has issued a final report, to comment to the Presiding Judge of the Superior Court on the findings and recommendations pertaining to matters under the control of the agency. Such comment shall be made *no later than 90 days* after the Grand Jury publishes its report (filed with the Clerk of the Court); except that in the case of a report containing findings and recommendations pertaining to a department or agency headed by an elected County official (e.g. District Attorney, Sheriff, etc.), such comment shall be made *within 60 days* to the Presiding Judge with an information copy sent to the Board of Supervisors.

Furthermore, California Penal Code §933.05(a), (b), (c), details, as follows, the manner in which such comment(s) are to be made:

- (a) As to each grand jury finding, the responding person or entity shall indicate one of the following:
 - (1) The respondent agrees with the finding
 - (2) The respondent disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.
- (b) As to each grand jury recommendation, the responding person or entity shall report one of the following actions:

- (1) The recommendation has been implemented, with a summary regarding the implemented action.
 - (2) The recommendation has not yet been implemented, but will be implemented in the future, with a time frame for implementation.
 - (3) The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a time frame for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This time frame shall not exceed six months from the date of publication of the grand jury report.
 - (4) The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation therefor.
- (c) If a finding or recommendation of the grand jury addresses budgetary or personnel matters of a county agency or department headed by an elected officer, both the agency or department head and the Board of Supervisors shall respond if requested by the grand jury, but the response of the Board of Supervisors shall address only those budgetary or personnel matters over which it has some decision-making authority. The response of the elected agency or department head shall address all aspects of the findings or recommendations affecting his or her agency or department.

Comments to the Presiding Judge of the Superior Court in compliance with the Penal Code §933.05 are required from the:

<u>Responding Agency</u>	<u>Recommendations</u>	<u>Date</u>
Sheriff, County of San Diego	23-10 through 23-17	7/10/2023

GLOSSARY

ACT – Assertive Community Treatment

BSCC – Board of State and Community Corrections

DSH – Department of State Hospitals

IP – Incarcerated Person

IST – Incompetent to Stand Trial

JBCT – Jail Based Competency Treatment

NCCHC – National Commission on Correctional Health Care

PSU – Psychiatric Services Unit

UCD – University of California Davis