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12 IN THE UNITED STATES DISTRICT COURT
 13 FOR THE EASTERN DISTRICT OF CALIFORNIA
 14 SACRAMENTO DIVISION

16 **RALPH COLEMAN, et al.,**
 17
 Plaintiffs,
 18
 v.
 19
 20 **GAVIN NEWSOM, et al.,**
 21
 Defendants.

2:90-cv-00520 KJM-DB (PC)

**FOURTEENTH JOINT UPDATE ON
 THE WORK OF THE COVID-19 TASK
 FORCE**

23 This report provides the parties’ fourteenth COVID-19 Task Force joint update and covers
 24 issues discussed since the thirteenth joint update filed on April 16, 2021.¹ This report covers the

25
 26 ¹ At the June 26, 2020 status, conference, the Court directed the parties to file a joint report with
 27 updates “on the work of the Task Force” by July 15, 2020 and “every two weeks thereafter.”
 28 (ECF No. 6741.) The Court modified this schedule on August 26, 2020, directing the parties to
 file COVID-19 Task Force updates every other Friday by 12:00 p.m., beginning on August 28,
 2020. (ECF No. 6837.) On September 25, 2020, the Court extended the deadline to file the sixth
 joint update to October 2, 2020 at 12:00 p.m. and directed that further joint updates be filed every

1 Fiftieth (April 27, 2021) COVID-19 Task Force meeting, which the Special Master has indicated
2 will be the final scheduled meeting of the COVID-19 Task Force due to the resumption of
3 monitoring tours, although the parties and Special Master agreed to discuss ongoing reporting
4 requirements related to COVID-19 impacts. This report also covers various small workgroup
5 meetings between representatives from Defendants and the Special Master's team. Unless
6 otherwise indicated, the small workgroup meetings include members of Defendants' leadership
7 and the Special Master's team, and not Plaintiffs. The Special Master typically holds weekly
8 meetings with Plaintiffs to update them on the status of the workgroups.

9 **I. UPDATE REGARDING COVID-19 CASES IN CDCR AND DSH**

10 **A. CDCR's Report On COVID-19 Cases, Testing, and Vaccines**

11 CDCR reports the following vaccination statistics as of April 26, 2021. Systemwide,
12 approximately 65% of COVID-19 naïve patients and 70% of all patients have been vaccinated.
13 At least first doses of vaccine have been offered to 97% of incarcerated patients, and the overall
14 acceptance rate is 72%. Acceptance rates are higher for at-risk populations, with 90% acceptance
15 among COVID-19 naïve people age 65 or greater, and 85% acceptance among COVID-19 naïve
16 people with a COVID-19 weighted risk score of 3 or greater. All clinical and custody staff
17 working at institutions have been offered vaccination. Approximately 24,410 or 44% of
18 institution-based staff have received at least first doses through CDCR and 27,895 or 43% of all
19 staff have received at least first doses through CDCR. On May 3, 2021, approximately 26,031 or
20 40% of all staff are fully vaccinated through CDCR. As of April 26, 2021, approximately 73% of
21 MHSDS staff have received at least first doses through CDCR. CDCR has a public-facing
22 COVID-19 vaccination tracker showing data on patient and staff vaccination, available at:
23 <https://www.cdcr.ca.gov/covid19/population-status-tracking/>.

24 Consistent with public health guidelines, CDCR will continue to offer vaccination to all
25 incarcerated people, including previously-infected patients. CDCR reported that it is taking
26 various actions to further encourage vaccination among staff and patients, including education,

27 _____
28 four weeks. (ECF No. 6886.)

1 repeatedly and consistently offering vaccination to those who have declined.

2 The following table shows CDCR's report as of April 26, 2021 on the total number of
3 confirmed COVID-19 cases, currently active, resolved to date, currently hospitalized,
4 hospitalized to date, deaths to date, and the number and percentage of those cases who are
5 *Coleman* class members and their level of care.

COVID Result	Total Patients	MHSDS Patients Only	MHSDS patients as % of total
Active	13	6 (4 CCCMS, 1 EOP, 0 ICF, 0 ACUTE, 1 MHCB)	46%
Resolved	43,113	12,761 (10,558 CCCMS, 1,991 EOP, 114 ICF, 61 ACUTE, 37 MHCB)	30%
TOTAL Active + Resolved	43,126	12,767 (10,562 CCCMS, 1,992 EOP, 114 ICF, 61 ACUTE, 38 MHCB)	30%
Currently Hospitalized	2	1 (1 CCCMS, 0 EOP, 0 ICF, 0 ACUTE, 0 MHCB)	50%
Cumulative Hospitalized	1,280	443 (358 CCCMS, 71 EOP, 12 ICF, 1 ACUTE, 1 MHCB)	35%
Deaths	222	87 (72 CCCMS, 13 EOP, 2 ICF, 0 ACUTE, 0 MHCB)	39%

16 CDCR reports that the resolved cases reported above only include patients who are in a
17 CDCR institution at the time the data is pulled. This is a subset of patients tracked on the public
18 COVID-19 tracker website, which includes patients who have left CDCR. CDCR reports the
19 above hospitalization numbers include re-admissions of some patients who were discharged and
20 then re-admitted, and includes hospitalizations of patients who are no longer in CDCR custody.
21 CDCR reports this number includes all hospitalizations since March 2020 that occurred 3 days
22 before through 21 days after a patient's first positive COVID test, but excludes patients who were
23 COVID-19 positive and admitted to outside hospitals for reasons other than COVID-19.

24 According to CDCR, as of May 3, 2021, it had tested 124,116 unique incarcerated people
25 and formerly incarcerated people. According to CDCR's publicly available Population COVID-
26 19 Tracking dashboard reports, as of May 3, 2021, CDCR's rate of confirmed cases per 1,000
27 incarcerated people (512.7 per 1,000) is higher than the rates in California (94.8 per 1,000) and
28

1 the United States (98.3 per 1,000).

2 On April 27, 2021, CDCR and CCHCS released to the field an updated version of the
3 COVID-19 Screening and Testing Matrix for Patient Movement (“Movement Matrix”).

4 **B. DSH Report Regarding COVID-19 Cases, Facilities, and Vaccines**

5 DSH reports that it continues to offer vaccination to all patients across its five hospitals and
6 has made vaccination information publicly available at the following website:

7 <https://www.dsh.ca.gov/COVID-19/Vaccination.html>. All DSH staff and patients are eligible.

8 DSH’s website reports, as of May 4, 2021, a cumulative total of 9,015 vaccine doses have been
9 administered to patients and 15,010 vaccines have been administered to staff, including first and
10 second doses and individuals no longer housed in or employed by DSH. Although the website
11 does not show data specific to the *Coleman* units, it shows among the active (current) populations
12 housed or employed at DSH at least first doses have been administered to 74% of patients and
13 69% of staff at DSH-Atascadero; 82% of patients and 56% of staff at DSH-Coalinga; and 73% of
14 patients and 61% of staff at DSH-Patton.

15 As of April 23, 2021, DSH reports it has performed 67,200 tests on a cumulative total of
16 7,477 patients across all five hospitals. A total of 1,893 patients (including non-*Coleman*
17 patients) and 2,016 staff have tested positive to date, with a total of 1 patient and 24 staff testing
18 positive in the past 14 days across the five hospitals. A total of 57 patients have died to date,
19 none of whom are *Coleman* class members.

20 DSH reports as of April 23, 2021, DSH-Atascadero has had a cumulative total of 19
21 COVID-19 positive *Coleman* patients. No *Coleman* patients are currently symptomatic or have
22 tested positive for COVID-19. As of April 23, 2021, DSH-Atascadero has 2 units on quarantine
23 and no active isolation units.

24 DSH reports as of April 23, 2021, DSH-Coalinga has had no COVID-19 positive *Coleman*
25 patients. No *Coleman* patients are currently symptomatic or positive for COVID-19. As of April
26 23, 2021, DSH-Coalinga has 1 unit on quarantine and no active isolation units.

1 DSH reports as of April 23, 2021, DSH-Patton has had a cumulative total of 2 COVID-19
2 positive *Coleman* patients. No *Coleman* patients are currently symptomatic or positive for
3 COVID-19. DSH-Patton has no units on quarantine, and no active isolation units.

4 **II. UPDATES ON DSH CENSUS, WAITLIST, AND ADMISSIONS**

5 DSH reported at the April 27, 2021 Task Force meeting that since DSH lifted its
6 temporary suspension of admissions effective April 16, 2020, DSH has admitted a total of 205
7 *Coleman* class members as of April 23, 2021, including 8 since the last Task Force update filed
8 on April 16, 2021. As of April 23, 2021, DSH reports there were 137 *Coleman* class members at
9 DSH-Atascadero (with 119 beds available to *Coleman* class members), 27 at DSH-Coalinga (with
10 23 available beds), and 13 at DSH-Patton (with 17 available beds).

11 As of April 23, 2021, DSH reports that it received a total of 6 new *Coleman* referrals from
12 CDCR since the last Task Force update filed on April 16, 2021. As of April 23, 2021,
13 Defendants report there are 11 patients awaiting admission to DSH-Atascadero, DSH-Coalinga,
14 and DSH-Patton. Of the 11 patients awaiting admission to DSH-Atascadero, DSH-Coalinga, and
15 DSH-Patton, none have been awaiting admission for more than 30 days.

16 On May 6, 2021, DSH notified Plaintiffs and the Special Master of its intent to transition
17 to a practice of directly admitting *Coleman* patients meeting certain criteria to DSH ICF units
18 without the need to be quarantined in an Admission Observation Unit (“AOU”). At DSH-ASH
19 (effective May 3) and DSH-PSH (effective May 5), *Coleman* patients who are fully vaccinated,
20 have no known COVID-19 exposure, are asymptomatic, and undergo a rapid antigen test are
21 permitted to skip the AOU quarantine, while *Coleman* patients not meeting these criteria will still
22 be admitted to the AOU and undergo PCR testing and a 10-day quarantine. At DSH-CSH
23 (effective May 7) vaccinated *Coleman* patients will still be PCR tested and quarantined for 1-2
24 days while awaiting results, while unvaccinated or symptomatic *Coleman* patients will continue
25 to be admitted to the AOU and undergo PCR testing and a 10-day quarantine. DSH stated its
26 intent to circulate updated transfer guidelines incorporating these guidelines shortly.

1 **III. UPDATES ON THE CDCR AND DSH SMALL WORKGROUP ACTIVITIES.**

2 The Special Master’s experts have held small workgroups with CDCR and DSH leadership,
3 without Plaintiffs or Defendants’ counsel, focused on specific topics.

4 **A. CDCR Workgroup**

5 The CDCR small workgroup discussed four policies related to the Psychiatric Inpatient
6 Program, Nursing Led Therapy Groups, transfers from desert institutions, and transfers to and
7 from Administrative Segregation units and inpatient units. In its ongoing effort to eliminate the
8 inpatient waitlist, CDCR reported initial numbers, still subject to finalization, on the status of an
9 ongoing clinical review of 122 medium custody ICF patients housed in single cells. The goal of
10 the clinical review is to determine whether any single-cell ICF patients may be eligible to be
11 housed in a less restrictive setting, thereby freeing up beds for patients on the waitlist with a
12 single-cell Least Restrictive Housing (LRH) designation. CDCR reported it had tentatively
13 identified 62 patients who may be appropriate for transfer to a lower LRH setting. Fifteen of the
14 patients may be appropriate for housing in unlocked dorms.

15 CDCR reported the workgroup also discussed a data issue whereby primary clinician and
16 psychiatry “Consult” appointments were being inadvertently miscounted as “Initial” or “Routine”
17 contacts thereby automatically re-setting the time clock for the next Initial or Routine contact.
18 CDCR first discovered this issue on April 12, 2021 during their review of the Performance Report
19 business rules, and effective May 7, 2021, CDCR is modifying its data reports such that Consult
20 appointments are no longer counted as Initial or Routine contacts prospectively. CDCR also
21 anticipates applying this change to all retrospective data, which is a project CDCR anticipates will
22 take place over a two month period ending July 12, 2021.

23 **B. DSH Workgroup**

24 Defendants report that the DSH small workgroup continued to meet weekly to
25 collaboratively review the CDCR waitlist to proactively assess the current treatment needs of the
26 individuals on the waitlist to identify patients who can be safely transferred to DSH. CDCR and
27 DSH provided an update, as of April 23, 2021, on the 73 cases under review for potential
28 admission to DSH. *See* ECF 7129 at 6. Between April 9 and April 23 the number of patients

1 determined not appropriate for admission to DSH increased from 32 to 33. The number
2 recommended for admission decreased from 41 to 40. Of those 40 cases, the number already
3 transferred to DSH increased from 16 to 25, a remaining 6 patients had been referred to DSH, 7
4 referrals remained rescinded, and 2 patients were still pending referral. In consultation with the
5 Special Masters' Experts, DSH and CDCR collaboratively discussed and re-reviewed the cases to
6 determine which patients should be referred to DSH. The small workgroup also discusses
7 individual cases, when needed.

8 DATED: May 7, 2021

Respectfully submitted,

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10
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14 DATED: May 7, 2021

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