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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA, OAKLAND DIVISION

MARCIANO PLATA, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

CASE NO. 01-1351 JST

**JOINT CASE MANAGEMENT
CONFERENCE STATEMENT**

Judge: Hon. Jon S. Tigar
Date: September 1, 2020
Time: 10:00 a.m.
Crtrm.: 6, 2nd Floor

1 The parties submit the following joint statement in advance of the September 1, 2020 Case
2 Management Conference.

3 **I. POPULATION REDUCTION**

4 **A. Status**

5 *Plaintiffs' Position:* Plaintiffs continue to believe that a significant reduction in population
6 is necessary to reduce sickness and death from COVID-19. The degree to which the State will
7 ultimately lower density in the prisons appears very limited, both because the number of those
8 eligible to be released is small compared to the current population, and so much depends on intake
9 remaining closed or severely limited.¹ Further, it's not clear whether or when a significant number
10 of people who are particularly at-risk will be released from prison, although it is increasingly
11 apparent that only a relatively small number will be released.

12 CDCR last month said that approximately 6,200 people are eligible for consideration of
13 release under the high risk medical release program, of which roughly 3,900 are serving
14 indeterminate terms. Defendants report below that currently only determinately sentenced people
15 are being considered under this program. Of the approximately 2,900 in that Group, Defendants
16 say that approximately 1,100 have been considered, with 41 approved for release (other
17 documents provided by Defendants shows that as of August 26 only 16 have been actually
18 released).² This approval rate of less than four percent, should it continue, would mean fewer than
19 120 among the nearly 3,000 determinately sentenced people eligible for consideration under the
20 high risk medical program will be released. While we hope to be proved wrong, it appears that for
21 most this particular ballyhooed release program will not reduce their risk from COVID-19.

22 On August 20, CDCR indicated it did not have a plan for considering release of the
23 approximately 3,900 indeterminately sentenced people eligible for release via the high risk
24

25 ¹ See ECF No. 3417 at 2-4 for a more detailed statement regarding the impact of population
26 reduction on prison crowding.

27 ² Defendants append redacted versions of four individual summaries as Exhibit A. Although
28 requested, Defendants did not provide these summaries to us until just before this Statement was
filed.

1 medical program. *See* ECF No. 3427 at 4:22-23. On August 24, we asked CDCR for its plan to
2 consider early release for this group. No plan was provided. Defendants below say they are
3 evaluating how to consider release for this group. Unfortunately, the lack of any process for this
4 group almost two months after the program was announced suggests eligible people may never be
5 considered for release at all, or perhaps only in the context of a formal parole suitability hearing,
6 which even if specially scheduled will, as we understand it, take approximately six months to
7 calendar. We hope to be proven wrong on this as well. But for the moment, the high risk medical
8 early release program provides no chance of reducing the risk from COVID-19 for the nearly
9 4,000 people serving indeterminate sentences who CDCR says are eligible for release
10 consideration.

11 CCHCS on August 28 said that its revised COVID-19 risk factors, updated to be consistent
12 with those listed by the Centers for Disease Control and Prevention, as well as revised individual
13 patient Weighted COVID Risk Scores, would be implemented on August 31. We appreciate that
14 this necessary updating, which we requested on July 20, has been completed. We expect the
15 revision will result in additional patients being eligible for early release consideration, given that
16 whether a person is considered at high risk for COVID-related complications is based on their
17 Weighted COVID Risk Score, as calculated by CCHCS. We will follow up with CCHCS and
18 CDCR regarding this matter.

19 *Defendants' Position:* 19,827 incarcerated people were released from CDCR institutions
20 and camps since the beginning of March 2020 through August 26, 2020, and CDCR's total
21 population remains below 100,000. From July 1, 2020 through August 28, 2020, 5,952 people
22 were released as a result of the COVID-19 early-release programs Defendants announced on July
23 10, 2020, and, 6,676 were released in accordance with their natural release date. These figures
24 represent an additional 917 releases under the early-release program since the Defendants'
25 reporting in the August 20, 2020 case management conference statement.

26 At the August 21, 2020 case management conference, the Court ordered Defendants to
27 provide a specific deadline by which they expect to complete reviewing the individual files of
28 incarcerated people eligible for early-release consideration in the high-risk medical early-release

1 program CDCR announced on July 10, 2020. CDCR anticipates completing its review of files for
2 determinately sentenced people by October 1, 2020. Defendants are currently considering how to
3 evaluate indeterminately sentenced people eligible for early release consideration in the high-risk
4 medical cohort. Defendants note that, as CDCR undergoes its transition in leadership, it will
5 continue to evaluate how indeterminately-sentenced individuals should be considered for release.
6 Defendants will provide an update regarding its consideration of indeterminately-sentenced
7 individuals in the next Case Management Conference statement. In the meantime, those
8 incarcerated persons who are approved for release as part of this medically high-risk early-release
9 program will continue to be processed for release.

10 Additionally, the Court ordered Defendants to indicate by what metrics it is prioritizing
11 this review. (Tr. 9:14-17.) The Secretary considers each person's COVID-19 weighted risk score,
12 current commitment offense, criminal history, length of time served and left to serve, in-custody
13 behavior, in-custody programming, and risk to public safety among other factors. The Secretary
14 prioritized the review of determinately sentenced people. Within this group, the Secretary
15 prioritized review by COVID-19 weighted risk score, moving from high COVID-19 weighted risk
16 score to low. When the outbreak at Folsom State Prison began, the Secretary adjusted the review
17 process to prioritize review of all eligible determinately sentenced people housed at Folsom State
18 Prison. Once these reviews were completed, the Secretary resumed individual reviews by
19 COVID-19 weighted risks core. As of August 29, 2020, the Board of Parole Hearings completed
20 1,540 individual summaries for medically high-risk people eligible for early-release consideration,
21 and the Secretary completed review of 1,073 individual summaries and approved 41 for early
22 release.

23 Additionally, at the August 21, 2020 case management conference, the Court suggested
24 that Defendants provide either a redacted version of an individual summary the Secretary
25 reviewed, or a hypothetical summary to provide the public with a better understanding of the
26 "challenges of weighing the need to protect an individual inmate's health and the public safety
27 challenges that are out there." (Tr. 12:3-14.) Defendants continue to believe that it is important
28 for all stakeholders to understand their efforts to reduce the spread of and harm from COVID-19

1 while simultaneously ensuring public safety. To this end, Defendants attach as **Exhibit A**
 2 redacted summaries of four incarcerated persons who were considered for early release. Two
 3 resulted in approval for early release, while the other two did not.

4 As reported in the previous case management conference statement, not all medically high-
 5 risk people are released through this particular cohort, because if some medically high-risk people
 6 are also eligible for release under other early-release categories that do not require individual
 7 review by the Secretary. For example, individuals may be released through the 180-day early-
 8 release cohort if they satisfy the release criteria. Individual summaries are not prepared for people
 9 who are released in this manner. From July 1, 2020, through August 31, 2020, 137 medically
 10 high-risk people have been released through CDCR's early-release programs, including 101
 11 through the 180-day cohort, 20 through the 365-day cohort, and 16 through the high-risk medical
 12 cohort. In other words, more medically high-risk people have been released early than just those
 13 through the high-risk medical early-release cohort. Additionally, the Secretary approved a one-
 14 time release of 14 medically high-risk individuals from San Quentin State prison early in the
 15 pandemic. Several additional medically high-risk individuals who did not qualify for the July 10
 16 early-release program, including gravely ill incarcerated persons, were approved for early release.

17 **B. Population Reduction Reports and Parties' Meet and Confer Efforts**
 18 **Regarding Same.**

19 Since the August 21, 2020 case management conference, Defendants started regular
 20 production of the reports listed in ECF No. 3427 at 5:6-14 to Plaintiffs, including (1) a report
 21 showing early-release numbers per early-release cohort, per institution, including statewide totals,
 22 which will be produced every two weeks; (2) a report showing both early releases and natural
 23 releases from institutions and camps since July 1, 2020, which will be produced every two weeks;
 24 (3) a report showing total populations for each institution, including a population breakdown by
 25 each facility, which will be produced once a month; and (4) a bed audit, which will be produced
 26 once a month. Additionally, once a month, Defendants will provide Plaintiffs with the name,
 27 number, institution, and release status of those approved by the Secretary for release under the
 28 high-risk medical early-release program announced on July 10. For those already released, the

1 release date will be provided. Also once a month, Defendants will provide Plaintiffs with the
 2 number of people who were eligible for early-release consideration in the high-risk medical early-
 3 release program, and were instead released through the 180-day or 365-day programs announced
 4 on July 10. Defendants will report in case management statements the number of individual
 5 summaries the Board of Parole Hearings has completed for people eligible for early-release
 6 consideration in the high-risk medical early-release program announced on July 10, the number
 7 the CDCR Secretary has reviewed, and the number approved for release. In the future, if case
 8 management statements are filed less than once per month, the parties will further discuss
 9 production of this data.

10 **II. TESTING AND TRANSFER PROTOCOLS**

11 On August 19, 2020, CCHCS released its revised “COVID movement Matrix,” setting
 12 forth protocols for testing and transfer of incarcerated persons (including intra- and inter-
 13 institution transfers).

14 *Plaintiffs’ Position:* Movement poses an enormous risk of introducing and spreading the
 15 virus between prisons, including via infections among those transported together. We continue to
 16 believe that no large-scale movements should be done until CDCR and CCHCS have determined
 17 that the new movement matrix is safe, effective, and carefully adhered to at all prisons.

18 Since the last Case Management Conference, we have reviewed the new movement matrix
 19 with our public health expert and, on August 25, provided written questions to CCHCS. Among
 20 other issues, we noted that at prisons where cell-based housing is not available, the matrix allows
 21 for pre- and post- transfer quarantine to occur in cohorts in a dorm. The matrix, however, is
 22 unclear on whether and how the transfer cohorts will be separated from other cohorts in the dorm.
 23 Despite implementation of the Receiver’s April 10 directive on cohorting in the dorms, *see* ECF
 24 No. 3276-6, there have been significant outbreaks of COVID-19 in numerous dorms, where the
 25 virus appears to have quickly spread between cohorts.³ We therefore believe additional separation
 26

27 ³ For example, there have been 1,916 confirmed cases at Avenal State Prison, which houses
 28

1 is necessary for transfer cohorts. The matrix is also unclear as to what happens when some people
2 test negative in a cohort, but others test positive—those who test positive will be placed in
3 isolation, but the matrix does not say whether those who test negative, but who have clearly been
4 exposed, will be permitted to transfer (if in pre-transfer quarantine) or be released from quarantine
5 (if in post-transfer quarantine), or whether additional precautions will be taken. We discussed
6 some of our questions with CCHCS on a call on August 31 at 10:30 AM. We understand CCHCS
7 will consider our suggestions when drafting the next iteration of the matrix.

8 Separately, we also believe CCHCS and CDCR must aggressively monitor implementation
9 of this new matrix. Transfers of patients not tested within appropriate timeframes have spread the
10 virus between prisons with disastrous results—including a devastating outbreak at San Quentin
11 State Prison (SQ) and a massive outbreak at California Correctional Center (CCC). The new
12 transfer policy is lengthy and complex: it is 9 pages long, and provides separate testing,
13 quarantining, and PPE procedures for 17 different types of movements (*e.g.*, from a reception
14 center to a prison, from one prison to another for specialized medical bed placement, and
15 admission to the department of state hospitals from CDCR). CCHCS has reported that the policy
16 was sent to all prisons, and that on August 21, CCHCS held an hour-long phone conference with
17 the prisons' leadership to explain and answer questions about the matrix. Because of the
18 complexity of this policy, the fact that many different staff members will need to understand and
19 follow it, and the incredible importance of ensuring movement is done as safely as possible, we
20 have suggested that CCHCS take further action to ensure the matrix is well understood and strictly
21 adhered to at all prisons. Specifically, we suggested CCHCS develop and require use of a
22 checklist verifying that necessary safety measures were followed at the sending and receiving
23 prisons for each type of transfer. We raised these concerns with CCHCS on a phone call on
24 August 26, and were told CCHCS will consider our recommendations.

25
26
27 approximately 3700 people in dormitories, and 1,054 confirmed cases at Chuckawalla Valley State
28 Prison, which houses approximately 2800 people in dormitories. *See* CDCR, *Population COVID-19 Tracking*, <https://www.cdcr.ca.gov/covid19/population-status-tracking/> (last accessed August 31, 2020).

1 *Defendants' Position:* The movement matrix went into effect on August 21, 2020, upon its
 2 release to the field. A statewide conference call between DAI, CCHCS and leadership teams at all
 3 institutions was held to discuss the movement matrix, including a detailed discussion of each
 4 section of the matrix. The statewide call also included a question-and-answer session. As
 5 explained during that call, movement will be limited and controlled and must be pre-approved by
 6 CDCR headquarters, which is working in collaboration with CCHCS (including Mr. Cullen and
 7 Dr. Bick).

8 **III. INTAKE**

9 *Plaintiffs' Position:* Defendants have re-opened intake as of August 28, reportedly
 10 accepting 50 people from each of two counties—Kings and San Joaquin—at the North Kern and
 11 Wasco Reception Centers.

12 On August 28, the parties met and conferred about Defendants' and the Receiver's intake
 13 plans. Plaintiffs have opposed re-opening of intake from county jails until (a) adequate space has
 14 been set aside for quarantine and isolation; (b) particularly vulnerable people have been moved
 15 from dorms to cells; and (c) the newly revised transfer matrix has been piloted with high-priority
 16 intra-system transfers (moving people to accessible housing, moving people out of segregation
 17 who have long completed their terms, etc.) to determine whether it can be done safely.

18 At the meet and confer, Defendants explained that they established the current intake
 19 number of 100 per week based on how many people they believe they can properly monitor and
 20 manage, in keeping with their requirements: for example, that all people transported from the
 21 county jails test negative for the virus within seven days before the transfer; that the test results be
 22 relayed to the Reception Center in advance of the transfer; that staff and incarcerated people wear
 23 N95 masks during transport; and that people received in CDCR be tested, quarantined for 14 days,
 24 and tested at the end of the quarantine period. Plaintiffs were assured that there is no current plan
 25 to expand intake beyond the current low numbers or to move the people arriving from county jails
 26 to other prisons, outside of the vacant housing units at North Kern and Wasco where they will be
 27 quarantined and then housed. Approximately an hour before this statement was filed, through
 28 edits to the statement, Plaintiffs discovered intake will be doubled this week.

1 Plaintiffs were also told that essential intra-system transfers continue to take place under
2 careful scrutiny by CCHCS, now using the protocols in the updated transfer matrix. Plaintiffs
3 continue to believe CCHCS and CDCR must ensure that the new protocols can be followed
4 appropriately and effectively before newly arrived people from the county jails are moved out of
5 the Reception Centers. Defendants also explained that they have chosen to prioritize intake from
6 those counties where people with state sentences face significantly crowded conditions. Plaintiffs
7 recognize the importance of and agree with this approach.

8 The parties also discussed the order by the Michigan Governor to condition state prison
9 transfers on local jail efforts to combat the coronavirus. The Receiver suggested that the Michigan
10 approach is neither warranted under the circumstances nor legally appropriate; Defendants did not
11 assert a position. At the last Case Management Conference, the Court directed the parties to
12 weigh in as to the advisability of a similar order in the present case. Plaintiffs support such an
13 order. Defendants have already imposed some obligations on the counties in order to reopen
14 intake: testing, mask-wearing, and a ban on confirmed cases. Plaintiffs believe that further efforts
15 along the lines of those included in Governor Whitmer's order, to ensure that the counties are
16 taking reasonable steps in accordance with generally accepted national standards to stem the
17 spread of the virus in their facilities, are appropriate to minimize the risk to those being
18 transported to and initially incarcerated in the Reception Centers. It is Plaintiffs' view that the
19 Court has the power to order Defendants to expand their requirements in this way. Plaintiffs
20 request the opportunity to brief this matter once Defendants make their position known, should
21 they disagree.

22 Plaintiffs appreciate the additional information about intake processes supplied by CDCR
23 and CCHCS and the prompt scheduling of a meet and confer regarding their approach and plans.
24 Plaintiffs continue to have questions and concerns about how CDCR and CCHCS will determine
25 when and whether intake should be increased, decreased, suspended, or restarted. Plaintiffs also
26 note that North Kern and Wasco State Prisons are currently experiencing COVID-19 outbreaks.
27 At North Kern, the number of positive cases more than doubled on August 27th, and now numbers
28 32. At Wasco, there have been more than 60 new cases in the last 14 days. We will continue to

1 engage in discussions of this matter with CDCR and CCHCS as appropriate.

2 *Defendants' Position:* CDCR resumed intake the week of August 24, and accepted a total
3 of 100 inmates into custody. Fifty inmates from San Joaquin County and Kings County each were
4 successfully transferred to the reception centers at Wasco State Prison and North Kern State
5 Prison. CDCR expects to receive another 200 incarcerated persons total from the following three
6 counties the week of August 31: San Bernardino, Kern, and Santa Cruz.⁴ This limited intake
7 allows CDCR and CCHCS to test its processes, mitigate risk and ensure that intake can be done
8 safely in compliance with the movement matrix. Limited intake will allow for modification of
9 intake processes, if necessary. CDCR will decide whether to increase, decrease, or suspend intake
10 in accordance with health care and public health guidance.

11 In advance of the resumption of intake, CDCR and CCHCS leaders worked closely with
12 the California State Sheriff's Association and prioritized intake from counties that have the
13 greatest need to create space in their facilities, with the understanding that the resumption of intake
14 must be done in a controlled and limited manner. CDCR and CCHCS worked closely with the
15 California Department of Public Health to set parameters for counties to follow in advance of any
16 transfer of incarcerated persons from jail to CDCR custody. In advance of transfer, counties must:
17 (1) ensure negative COVID-19 test results are received within 7 days of transfer⁵; (2) use N-95
18 mask for all incarcerated persons and transportation staff during transport; (3) conduct symptom
19 screening within 24 hours of transfer; and (4) provide a manifest of people transferring to the
20 reception center Classification and Parole Representative in advance. Counties have agreed to
21 comply with this protocol.

22 Upon arrival at a CDCR reception center, county transferees will again undergo COVID-
23 19 symptom screening and testing in accordance with the movement matrix. All new arrivals are
24 quarantined in single cells for 14 days following arrival in designated quarantine housing. While
25

26 ⁴ To date, the following counties have been approved for intake: San Joaquin, Kings, San
27 Bernardino, Kern, and Santa Cruz.

28 ⁵ Test results must be provided to health care staff at the reception center prior to transfer.
Individuals who refuse to test will not be transferred. The 7 day period may be subject to change
based upon, amongst other things, average statewide test turnaround times.

1 in quarantine, new arrivals are screened daily for COVID-19 symptoms. Tests are administered
2 within 24 hours of arrival, again on day 7, and again prior to release from quarantine (but no
3 sooner than day 12). Arrivals are then released from quarantine after 14 days if they are
4 asymptomatic and test negative for COVID-19. New arrivals who refuse testing must remain in
5 pre-transfer quarantine for at least 21 days and receive daily symptom screening. Their
6 disposition is then determined in consultation with the Chief Medical Executive in accordance
7 with the movement matrix.

8 Specific to the resumption of intake the week of August 24, CDCR and CCHCS jointly led
9 a telephone call with the wardens and Chief Executive Officers at both North Kern State Prison
10 and Wasco State Prison to walk through the entire process from the time the bus arrives through
11 the housing of new county transferees. CCHCS also dispatched an Associate Warden to both
12 institutions to confirm that they were prepared to resume intake in accordance with the mandates
13 of the movement matrix. CCHCS and CDCR were confident that both institutions were prepared
14 and knowledgeable of the process before intake resumed.

15 Finally, Defendants do not believe an order requiring CDCR to suspend intake from
16 counties that do not comply with certain COVID-19 protocols, like the Executive Order signed by
17 Michigan Governor Gretchen Whitmer on August 15, 2020, is necessary or appropriate in
18 California. By way of comparison, Michigan's current rate of reported cases of Coronavirus is
19 1,423 per 10,000 prisoners, whereas California's is 926 per 10,000 prisoners; Michigan's deaths
20 due to Coronavirus is 19 per 10,000 prisoners, while California's is 5 per 10,000 prisoners.⁶
21 California's county jails have already agreed to the parameters discussed above, and CDCR is
22 strictly adhering to the movement matrix. To the best of Defendants' knowledge, no other
23 jurisdiction in this country has implemented the robust procedures set forth in the movement
24 matrix developed by CCHCS. These steps will ensure the safety of incarcerated persons in CDCR
25 custody, new arrivals, and staff.

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27
28 ⁶ Information available at The Marshall Project: <https://www.themarshallproject.org/2020/05/01/a-state-by-state-look-at-coronavirus-in-prisons>.

1 **IV. QUARANTINE AND ISOLATION**

2 **A. Set Aside Space**

3 The Court's July 22 Order to Set Aside Isolation and Quarantine Space required CDCR to
 4 quickly identify and disclose (by August 5) and vacate or reserve (within 2 weeks of identifying
 5 such space) at least 100 beds for quarantine and isolation purposes at each prison. *See* ECF No.
 6 3401 at 3-4, ¶¶ 1-2. CDCR completed this process for 30 prisons on August 8, and for the
 7 remaining 5 prisons on or before August 27.

8 The Court's July 22 order also required CDCR to assess whether additional space is
 9 required at each prison, and to include the Receiver and the parties' health experts in this process.
 10 *See* ECF No. 3401 at 4, ¶ 3. This process was to be completed by August 19. *See id.* On August
 11 18, the Public Health Workgroup (comprised of Plaintiffs' Expert, Defendants' Expert, and
 12 CCHCS experts) issued guidance regarding quarantine and isolation space at each prison to both
 13 parties. Based on this guidance, CCHCS's Quality Management team also on that date
 14 recommended specific numbers of beds to reserve for quarantine and isolation purposes at each
 15 prison. On August 27, CDCR provided Plaintiffs with a document outlining how much space
 16 CDCR has proposed to dedicate to isolation and quarantine at 31 prisons, and whether all such
 17 space had been vacated. According to this document, 15 prisons have identified but still need to
 18 vacate additional space for quarantine and isolation purposes. Finally, CDCR provided isolation
 19 and quarantine plans for the remaining four prisons—California Health Care Facility (CHCF),
 20 Folsom State Prison (FSP), San Quentin State Prison (SQ), and California Rehabilitation Center
 21 (CRC)—to Plaintiffs on August 29, but reported that CDCR continues to look at ways to address
 22 the unique space needs at these four prisons.

23 *Plaintiffs' Position:* Plaintiffs are reviewing CDCR's August 27 and 29 proposed set
 24 asides for each prison. We intend to promptly raise our concerns about particular prisons with
 25 Defendants and the Receiver, request a meet and confer to discuss these concerns, and, if
 26 necessary, submit a joint letter brief to the Court to resolve any disputes, pursuant to the process
 27 described in the Court's July 22 Order at Paragraph 6. *See* ECF No. 3401 at 4, ¶ 6.

28 Plaintiffs further note that the *Armstrong* Court Expert has concluded that CDCR's set-

1 asides are insufficient for people with significant disabilities at 16 prisons. *See* Report and
 2 Recommendations Regarding Housing of *Armstrong* Class Members During the COVID-19
 3 Pandemic, *Armstrong v. Newsom*, No. CV 94-2307 CW (N.D. Cal. August 19, 2020), ECF No.
 4 3048. The Expert described some of the deficits as “extreme,” with set-aside space that is
 5 inaccessible to, among others, those who use wheelchairs despite sizeable populations that require
 6 such housing. *See id.* at 17.

7 *Defendants’ Position:* On August 18, 2020, CCHCS Quality Management issued
 8 recommended quarantine and isolation space reserves for the prisons based on the methodology
 9 devised by the Public Health Workgroup. At the August 21 case management conference, the
 10 Court ordered CDCR to provide its proposed isolation and quarantine space for each prison in
 11 response to the CCHCS recommendations. CDCR has now provided that response to Plaintiffs
 12 and the Receiver and identified what space it can reserve for isolation and quarantine purposes at
 13 each of the prisons.

14 CDCR has worked hard to address the recommendations for isolation and quarantine space
 15 and has identified and reserved vast quantities of space across the system for this purpose. As
 16 identified in CDCR’s response to the recommendations, the quarantine and isolation space already
 17 reserved at seventeen prisons⁷ meets or exceeds the recommended space reserves.⁸ For an
 18 additional eight prisons,⁹ CDCR has identified space that will meet or exceed the

21 ⁷ The seventeen prisons are California City Correctional Facility, California Correctional
 22 Center, Central California Women’s Facility, California Institution for Women, California Men’s
 23 Colony, California State Prison—Corcoran, Correctional Training Facility, Deuel Vocational
 Institution, Ironwood State Prison, Mule Creek State Prison, North Kern State Prison, Pelican Bay
 State Prison, Pleasant Valley State Prison, R.J. Donovan, California State Prison—Sacramento,
 Salinas Valley State Prison, and Valley State Prison.

24 ⁸ For one additional prison—Substance Abuse Treatment Facility—the space CDCR
 25 reserved exceeded the number of beds originally recommended by CCHCS. But CCHCS has now
 advised that it miscalculated the number of recommended beds, and that it will recommend that
 more beds be set aside than CDCR has currently reserved.

26 ⁹ The eight prisons are Calipatria State Prison, California State Prison—Centinela,
 27 California Institution for Men, Chuckawalla Valley State Prison, High Desert State Prison, Kern
 Valley State Prison, Sierra Conservation Center, and Wasco State Prison.

1 recommendations, but CDCR will need to conduct some inmate transfers to free up some of the
 2 identified space at these eight prisons. CDCR intends to work with the Receiver to safely conduct
 3 those transfers, but it will take time to safely complete them.

4 For an additional five prisons,¹⁰ even after needed transfers are completed, the space
 5 CDCR can currently set aside has fewer than the recommended number of single-cell beds. Three
 6 of the prisons in this group are only slightly under the recommended number of beds (short by
 7 eleven beds or less). CDCR will continue to consider ways to improve its ability to respond to an
 8 outbreak at these prisons, and if possible, increase the amount of reserved space.

9 Meeting the recommendation for the last four outstanding prisons—San Quentin, Folsom,
 10 California Rehabilitation Center, and California Health Care Facility—is not currently feasible.
 11 For these prisons, CDCR has identified the space that it can currently reserve, which is
 12 substantially less than the recommendation. CDCR has developed plans to augment the reserved
 13 spaces in the event of an outbreak at these prisons by installing tents and converting other spaces
 14 within the prisons into isolation and quarantine spaces. And CDCR intends to continue
 15 developing special plans for these four prisons.

16 Because transfers are required to vacate some of the identified isolation and quarantine
 17 spaces, CDCR will be unable to fully comply with the Courts directive that all identified space be
 18 ready for occupancy by September 2, 2020. CDCR intends to work with the Receiver to safely
 19 accomplish the transfers, but that process has not yet begun. Consequently, CDCR does not yet
 20 know how long it will take, but CDCR should be able to report more on timing by the next case
 21 management conference.

22 Defendants look forward to working with Plaintiffs and CCHCS to ensure adequate space
 23 for quarantine and isolation is reserved at all institutions.

24 **B. Policies and Practices**

25 *Plaintiffs' Position:* We believe the identification of adequate isolation and quarantine
 26 _____

27 ¹⁰ The five prisons are Avenal State Prison, California Correctional Institution, California
 28 Medical Facility, California State Prison—Los Angeles County, and California State Prison—
 Solano.

1 space is critical, but further guidance to the prisons is necessary so that patients are timely and
 2 appropriately isolated or quarantined in the designated space or elsewhere. Custody and medical
 3 officials have made housing decisions during the pandemic that put patients at risk or caused
 4 harm. For example, in April at the California State Prison, Los Angeles County (LAC), a patient
 5 known to have COVID-19 was housed with another person not known to have the condition, with
 6 the latter then becoming infected. *See* ECF No. 3304 at 6-7. At San Quentin in early June, staff
 7 reportedly disregarded clear directives from public health officials to quarantine people transferred
 8 from the California Institution for Men (CIM) apart from others, allowing the virus to spread. *See*
 9 Megan Cassidy, *San Quentin officials ignored coronavirus guidance from top Marin County*
 10 *health officer, letter says*, San Francisco Chronicle (Aug. 11, 2020),
 11 [https://www.sfchronicle.com/crime/article/San-Quentin-officials-ignored-coronavirus-](https://www.sfchronicle.com/crime/article/San-Quentin-officials-ignored-coronavirus-15476647.php)
 12 [15476647.php](https://www.sfchronicle.com/crime/article/San-Quentin-officials-ignored-coronavirus-15476647.php). In early July, we reported a group of more than 20 patients at CIM who were
 13 newly diagnosed with COVID-19 remained in the same dorm as patients who had tested negative.
 14 *See* ECF No. 3370 at 15. And in the last CMC Statement, we reported that we had recently
 15 identified and raised with CCHCS a failure to timely move COVID-confirmed patients from a
 16 dormitory at California Men's Colony to the designated isolation celled unit at that prison. *See*
 17 ECF No. 3427 at 11.

18 Since the last Case Management Conference, we have also recently identified and reported
 19 to CCHCS and CDCR related concerns at the Substance Abuse Treatment Facility and State
 20 Prison, Corcoran (SATF), Correctional Training Facility (CTF), and LAC. Specifically, we
 21 discovered patients on quarantine status at SATF were being housed together in a gym, rather than
 22 in the designated, celled housing unit for quarantine and isolation. We also discovered that
 23 COVID-confirmed patients at SATF and CTF had been moved to or remained in housing units
 24 other than the units identified by CDCR for quarantine and isolation purposes. Plaintiffs have
 25 asked whether those buildings also house people who are not confirmed or suspected to have
 26 COVID-19. We have not yet received a written response to our inquiries, but during a phone call
 27 on August 31, CCHCS reported that at CTF, while positive patients did not share a cell or dorm
 28 with those not confirmed to have COVID-19, some were in buildings that housed both confirmed

1 and non-confirmed patients, and that direction had been given to the prison to address this.
2 Finally, we reported that at LAC, a confirmed COVID-positive patient in administrative
3 segregation had not been moved to that prison's quarantine and isolation unit, even though doing
4 so would not seem to pose any security risk (because the prison has a celled isolation unit).¹¹

5 First, CCHCS and CDCR should issue a clear policy explaining when a patient must be
6 moved to the designated quarantine and isolation space, and when it is permitted for the patient to
7 isolate or quarantine in place or in some other building. CCHCS's current policies on this topic
8 are unclear. On August 28, CCHCS explained that its current policies for quarantine and isolation
9 can be found in the definitions section of the August 19 Screening and Testing Matrix for Patient
10 Movement. Regarding isolation, that document provides that "[c]onfirmed positive patients shall
11 not be housed in the same unit with those who are not known to have COVID-19," but that
12 patients can be housed in the same building with non-infected patients "[i]f there are no other
13 options." In Plaintiffs view, this is not sufficiently clear: does "no other options" mean that the
14 isolation and quarantine unit is full? Or that the isolation unit is a dormitory, and for security
15 reasons the person cannot be housed in a dormitory? Should someone in an inpatient medical or
16 mental health bed be moved to a quarantine or isolation unit? If not, how will those patients
17 access showers and yard without potentially exposing other non-positive patients who share the
18 same facilities? Plaintiffs believe the policy must be clarified to address these scenarios.

19 Second, we believe CCHCS and CDCR should draft a procedure that clearly lays out what
20 steps will be taken, and by whom, when a patient is confirmed to be COVID-19 positive, or needs
21 to be quarantined due to the risk of exposure. We believe such a procedure should outline the
22 steps both custody and medical staff must take related to the timeliness and appropriateness of
23 housing moves, as well as assigning a point-person who is ultimately responsible for monitoring
24 that all patients are housed appropriately and that there remain sufficient available isolation and
25

26 ¹¹ We are able to monitor where patients confirmed to have COVID-19 are housed by
27 regularly checking the COVID-19 Registry. However, we are not able to monitor where patients
28 who are on quarantine status are housed, as these patients are not reported in the Registry. We
have recently asked CCHCS and CDCR to produce weekly a list of patients on quarantine status
and in isolation, with their housing locations. We are awaiting a response to this request.

1 quarantine beds at the prison. This person should be required to report and elevate (to Regional or
 2 Headquarters staff) any concerns with the available isolation and quarantine space, as well as
 3 instances where a person could not be appropriately housed.

4 Plaintiffs wrote to CCHCS and CDCR, outlining our concerns and requests, on August 25.
 5 We have not yet received a written response, though on an informational call with CCHCS on
 6 August 28, CCHCS leadership indicated they did not feel any additional policies or procedures
 7 were necessary at this time. However, on August 31, CCHCS mentioned that CEOs from prisons
 8 with outbreaks will now be required to complete daily reports that will be forwarded to
 9 Headquarters, based on a template that has not yet been finalized. CCHCS has said they will share
 10 the template with Plaintiffs once completed. We continue to believe the policies and procedures
 11 described above are needed.

12 *Defendants' Position:* All prisons have been advised that they must use the reserved
 13 isolation and quarantine space to isolate COVID-19 positive inmates and to quarantine inmates
 14 who may have been exposed. All prisons with current outbreaks were directed to confirm their
 15 use of the designated spaces by Monday, August 31.

16 **V. SAFELY HOUSING MEDICALLY VULNERABLE PEOPLE**

17 *Plaintiffs' Position:* As previously reported, the Receiver has agreed that people who may
 18 be at the greatest risk of harm, based on their elevated weighted COVID-19 risk scores, should be
 19 prioritized for possible transfer from their dorms to a cell at their current prison. On August 18,
 20 CCHCS provided Plaintiffs with a list of 67 people with a weighted COVID-19 risk score of 11 or
 21 higher who are currently housed in dormitories at ten prisons. Of those, 30 were at either
 22 California Medical Facility (CMF) or at California Health Care Facility (CHCF), where CCHCS
 23 anticipates rehousing from dormitories to cells may not be possible. On August 28, CCHCS
 24 reported that it had initiated the process of offering moves from dormitories to cells to the
 25 remaining 37 patients. CCHCS reported that it set a "soft deadline" of September 4 for a report
 26 from the prisons offering such moves, and that it would share the results with the parties once this
 27 initial project was completed. CCHCS reported that it will assess the next group of possible
 28 patients after that, and after its internal revision of the COVID-19 risk score has been

1 implemented, as this will likely change some patients' scores (discussed above and expected to be
2 completed by August 31).

3 Plaintiffs are glad to hear this initial project is underway. We hope that it will be quickly
4 expanded to all patients who are at risk of severe complication or death if they contract COVID-
5 19.

6 *Defendants' Position:* Defendants remain committed to working with the Receiver to
7 facilitate moves of medically high-risk patients from dorms to cells, or any other moves, to safely
8 house medically high-risk patients when such moves are recommended and approved by the
9 appropriate public health and corrections experts. Working in close coordination with the
10 Receiver's Office, CDCR hopes to commence the rehousing of medically high-risk people this
11 week. These moves will be for people who agree to be relocated and where cell beds are
12 available. Defendants expect to further report on the success of these moves at the next case
13 management conference.

14 **VI. COVID-19 TESTING**

15 **A. Staff Screening**

16 *Plaintiffs' Position:* As described in the last Joint Case Management Conference
17 Statement, the Office of the Inspector General recently reported significant problems with
18 CDCR's COVID-19 screening process for individuals entering a prison. *See* ECF No. 3427 at 14-
19 15; Office of the Inspector General, *COVID-19 Review Series, Part One: Inconsistent Screening*
20 *Practices May Have Increased the Risk of COVID-19 Within California's Prison System* (August
21 2020), available at: [https://www.oig.ca.gov/wp-content/uploads/2020/08/OIG-COVID-19-](https://www.oig.ca.gov/wp-content/uploads/2020/08/OIG-COVID-19-Review-Series-Part-1-Screening.pdf)
22 [Review-Series-Part-1-Screening.pdf](https://www.oig.ca.gov/wp-content/uploads/2020/08/OIG-COVID-19-Review-Series-Part-1-Screening.pdf). The OIG recommended that CCHCS/CDCR provide more
23 specific screening instructions to the prisons, and develop a plan to monitor compliance with such
24 screening procedures on an ongoing basis. *See* OIG Report at 31.

25 On August 25, Plaintiffs emailed CDCR and CCHCS, asking what steps would be taken to
26 respond to the issues identified in the OIG's report. On August 26, CCHCS reported that it was
27 developing procedures to standardize the screening process at all prisons. Plaintiffs have asked to
28 review those procedures once drafted. We have also asked whether the new standardized

1 procedures will include instructions to the prisons on expectations for monitoring, as
 2 recommended by the OIG.

3 *Defendants' Position:* Plaintiffs sent an email with their above-referenced questions to
 4 CCHCS and CDCR yesterday (Sunday, August 30, 2020). CDCR will work with CCHCS to
 5 provide a response.

6 **B. Staff Testing**

7 At the last Case Management Conference, Defendants reported that CCHCS would take
 8 over the staff testing project from CDCR. *See* ECF No. 3427 at 18. The Court asked the Receiver
 9 to inform the parties the following week whether any improvements would be made to the August
 10 12 iteration of CDCR's staff testing plan. *See* ECF No. 3432 at 45:14-19.

11 *Plaintiffs' Position:* On August 26, CCHCS reported to the parties that it is still reviewing
 12 the August 12 plan to determine whether any changes are necessary. CCHCS also reported that a
 13 number of preliminary steps must be completed before CCHCS staff can begin testing employees,
 14 including: finding a vendor to process the employee tests, obtaining funding for and hiring staff at
 15 each prison to conduct necessary contact tracing, and developing a system to track and report
 16 employee test results. The time-frame for this work is not certain. Regarding staffing, CCHCS
 17 reported that it intended to hire an employee health nurse for every prison, with assigned contact
 18 tracers. CCHCS further reported such staff would be hired at five prisons this week (the week of
 19 August 31, 2020), and at the remaining 30 prisons by September 30, 2020.

20 CCHCS's taking over the staff testing program could be a step forward, and we support the
 21 hiring of additional medical staff at each prison to conduct necessary contact tracing. However,
 22 our concerns about the sufficiency of the August 12 iteration of the staff testing plan persist. We
 23 are eager to hear whether CCHCS will make any changes to the plan drafted by CDCR. We also
 24 are concerned about the as yet uncertain time-frame for CCHCS to fully assume operational
 25 authority for the program, including reporting.

26 *Defendants' Position:* CDCR will continue to work closely with CCHCS to continue the
 27 current staff testing procedures and to ensure a smooth and easy transition of the staff testing-
 28 responsibilities to CCHCS. CDCR also remains committed to continuing to work with CCHCS to

1 answer any questions Plaintiffs might have about the status of and processes for staff testing until
2 the transition to CCHCS has been completed.

3 **C. Incarcerated Population Testing**

4 *Plaintiffs' Position:* CCHCS reports that it has been meeting and considering revisions to
5 its patient COVID-19 testing guidelines and policies. It is not known whether or to what extent
6 CCHCS agrees with Plaintiffs' request that certain testing matters be mandated, such as serial re-
7 testing during an outbreak, or the testing of incarcerated workers who have frequent interaction
8 with staff or other incarcerated people. CCHCS said it will share revisions with us before they are
9 finalized, which we appreciate, and that the policy will probably be revised repeatedly in the
10 future, which we understand. That said, no time-frame for an initial revision was provided.

11 CCHCS also said it continues to work on a method to determine and, presumably, report
12 on the degree to which ordered serial re-testing of patients is done. It was indicated that such
13 reporting would not be available soon, but that additional information may be available this week.
14 We appreciate that work on this continues, and note that now that CCHCS is assuming
15 responsibility for staff testing (see above), it will similarly need to provide reports on compliance
16 with staff re-testing mandates at, for example, the prisons where all staff must be re-tested at least
17 once per month.

18 **VII. NOTIFYING PATIENTS OF COVID-19 LAB RESULTS**

19 *Plaintiffs' Position:* CCHCS reports that it continues to consider and work on what we
20 continue to request be a mandated template for prisons to use to notify patients of COVID-19 lab
21 results. We have asked this notification also include educational information related to symptoms,
22 medical isolation, and other key matters, including what happens when the infection is considered
23 "resolved." We provided CCHCS with a template. CCHCS said it continues to gather best
24 practices from the prisons, and that there are technical and work-flow issues being considered, as
25 currently notifications of lab results to patients must be individually generated by a Primary Care
26 Provider (PCP). CCHCS says it has no timeframe for resolution of this matter. This remains a
27 significant concern. Last week, we provided CCHCS notifications sent by PCPs at two prisons
28 that confusingly told patients that lab results were "essentially within normal limits" and that

1 COVID-19 had been detected. Neither notification provided educational information about
2 COVID-19.

3 *Defendants' Position:* Defendants understand that CCHCS is in the process of reviewing
4 communications sent by various institutions to patients in conjunction with test results and
5 identifying best practices. CCHCS plans to disseminate exemplars of communications to
6 incarcerated persons informing them of their test results to the Chief Medical Executives in the
7 coming weeks and suggest they share the exemplars with providers. Simultaneously, CCHCS is
8 evaluating whether they can write code that would issue a template letter to patients once their
9 results are entered into the system. This process is anticipated to take several weeks.

10 **VIII. PRISON UPDATES**

11 *Plaintiffs' Position:* We have asked CDCR or CCHCS about several matters related to
12 COVID-19 at particular prisons. On August 21, we asked CDCR if a report that a housing unit
13 ventilation system had been turned off at San Quentin was correct, and whether it had requested or
14 received an evaluation of whether the unusual ventilation system used in many of the prison's
15 housing units, in which air from the building as whole is drawn into the cells, plays any role in
16 transmission of the virus that causes COVID-19. On August 22, we asked CDCR about reports
17 that at Kern Valley State Prison people on quarantine were not provided yard or dayroom, and
18 were denied access to forms used to request medical services and present medical grievances.
19 Also on that date, we asked CDCR about reports from CHCF that some quarantined patients there
20 were not offered outdoor exercise or dayroom. On August 24, we asked CDCR about numerous
21 reports that in recent months some correctional officers at California State Prison – Los Angeles
22 County did not wear or properly wear face masks, including during the twice-daily delivery of
23 food trays to cell fronts. On August 27, we asked CCHCS about documentation by nurses in July
24 purporting to show that a patient, after meticulously documented "effective communication,"
25 refused to be assessed for COVID-19 symptoms, then refused to sign a form acknowledging that
26 the assessments had been refused (the patient in fact was at an outside hospital on the dates for
27 which the nurses documented these events). We have received a response to the last of these
28 inquiries, which raises additional questions, and are awaiting responses to the others.

1 **IX. OTHER UPDATES**

2 *Plaintiffs' Position:* On August 13, we asked CCCHS to provide the number of CDCR
3 incarcerated people currently receiving Medication Assisted Treatment (MAT) for substance use
4 disorder, the number newly started on such treatment in June and July, and whether there is a
5 Dashboard we can access that would provide such information on an on-going basis. We also
6 noted a huge increase in the number of addiction medicine appointments reported in recent months
7 and the substantial backlog of such appointments that nevertheless exists, and asked for
8 information about the pending appointments and plans to address the backlog.

9 We also on August 13 asked CCHCS about the sharp decrease in new HCV treatment
10 starts in recent months, from between 600 to 700 statewide in January, February, and March,
11 respectively, to an average of approximately 275 per month in April, May, and June, with
12 substantial decreases seen even at prisons without COVID-19 outbreaks. We noted that during
13 this same period, the number needing HCV treatment has risen since March, in all risk groups.

14 On August 25, we asked CCHCS about the status of a revised mortality review policy, and
15 regarding certain current practices which raise concerns about the adequacy of current reviews.
16 We are awaiting responses to these queries.

17 *Defendants' Position:*

18 **A. Secretary Diaz's Retirement**

19 As announced on August 28, 2020, Secretary Diaz will be retiring effective October 1,
20 2020, after almost three decades of service to the people of California. Governor Newsom
21 announced that Kathleen Allison will be named Secretary of CDCR upon Secretary Diaz's
22 retirement. Ms. Allison is currently serving as Undersecretary of Operations and began her career
23 at CDCR as a medical technical assistant in 1987 and is a registered nurse. Further details can be
24 found at: [https://www.cdcr.ca.gov/insidecdcr/2020/08/28/governor-newsom-announces-cdcr-](https://www.cdcr.ca.gov/insidecdcr/2020/08/28/governor-newsom-announces-cdcr-secretary-retirement-names-new-secretary/)
25 [secretary-retirement-names-new-secretary/](https://www.cdcr.ca.gov/insidecdcr/2020/08/28/governor-newsom-announces-cdcr-secretary-retirement-names-new-secretary/).

26 **B. Public-Private Partnership to Support Reentry**

27 The State of California has established a public-private partnership with nonprofit
28 organizations and philanthropies to support the reentry of incarcerated people who have been and

1 will be released from CDCR's institutions since July 1, 2020. The partnership is called
 2 "Returning Home Well" and provides essential services, such as housing, health care, treatment,
 3 transportation, direct assistance, and employment support. The State of California has made an
 4 initial commitment of \$15 million, which will be matched by philanthropic contributions for a
 5 total goal of \$30 million. The resources are going to organizations providing transportation home
 6 from prison, quarantine housing, emergency supportive housing, residential treatment, access to
 7 health care, employment services, direct assistance, and more.

8 C. Requests for Information

9 Finally, since the last case management conference on August 21, Plaintiffs have sent
 10 approximately twelve separate requests for information. Defendants are in the process of
 11 providing responses to same.

12 X. SCHEDULING REQUEST

13 Until circumstances regarding COVID-19 in the prisons indicate otherwise, the parties
 14 jointly request that the Court generally schedule Case Management Conferences every other
 15 Friday, with Case Management Conference statements due on Thursday before the conference
 16 date. This modification to the frequency of hearings, from approximately every 10 days to every
 17 14 days, should permit the parties to meet and confer more effectively, perhaps make more
 18 progress on issues between Conferences, and better enable the parties to obtain current
 19 information for the statement without the added challenge of obtaining such information over the
 20 weekend for Monday filings.

22 DATED: August 31, 2020

HANSON BRIDGETT LLP

24 By: /s/ Samantha Wolff

25 PAUL B. MELLO
 26 SAMANTHA D. WOLFF
 27 KAYLEN KADOTANI
 Attorneys for Defendants

28 DATED: August 31, 2020

XAVIER BECERRA
 Attorney General of California

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By: /s/ Damon McClain
DAMON MCCLAIN
Supervising Deputy Attorney General
NASSTARAN RUHPARWAR
Deputy Attorney General
Attorneys for Defendants

DATED: August 31, 2020

PRISON LAW OFFICE

By: /s/ Sophie Hart
STEVEN FAMA
ALISON HARDY
SARA NORMAN
SOPHIE HART
Attorney for Plaintiffs

Exhibit A



HIGH RISK MEDICAL REVIEW

Name: [REDACTED]

CDCR#: [REDACTED]

General Information and Risk Score

General Information and Risk Score

Inmate Name:	[REDACTED]	Registration Requirements:	N/A
CDCR#:	[REDACTED]	Classification Score:	0
COVID-19 Weighted Medical Risk Score:	6	Violent Felony Flag:	Yes
CA Static Risk Assessment [CSRA Score]:	2	Serious Felony Flag:	Yes
Comprehensive Risk Assessment (CRA)	N/A	Habitual Offender Flag (PC 667.61):	No
Potential Risk of Future Violence:	N/A	Striker:	2nd
Date of Last CRA:	N/A		
Current Age:	68	Total Number of Detainers:	N/A
Date of Birth:	[REDACTED] 1952	ICE Detain:	N/A
Ethnicity:	BLA	Other Law enforcement Detainer:	N/A
TABE Score:	07.2		
Facility:	CRC-B	BPH Static-99 Score:	N/A
CDCR Admission Date:	12/14/2009	DAPO Static-99 Score:	N/A
Sentence Type:	DSL		
Time Served:	11 Yr, 6 Mo		
% of Time Completed:	97%		
Time Left to Serve:	0 Yr, 4 Mo		

Medical and Disability

Medical and Disability

SOMS Medical Risk:	High	Mental Health Level of Care:	GP
Nursing Care Acuity:	Basic Nursing	DDP Code:	NCF
		DPP Mobility Code:	N/A

Custody

Custody

Housing Restrictions:	Ground Floor-Limited Stairs, Ground Floor-Limited Stairs, Lower/Bottom Bunk Only, Lower/Bottom Bunk Only	Administrative Determinants:	Medical Condition
Bed Type:	Dorm		

Security Threat Group

No STG Information found.

Sentencing

▼ Sentencing

Tate Term: No County of Last Legal Residence: Contra Costa
 Thompson Term: No County/Countries of Commitment: Alameda

Description of Offenses: On [REDACTED] 2009, [REDACTED] entered an electronic store and stole merchandise. [REDACTED] used a knife to remove a security alarm and concealed the merchandise before exiting. The store's loss prevention staff attempted to stop [REDACTED] and [REDACTED] simulated as he had a gun in his pocket and threatened to shoot the loss prevention staff. The staff let him go, and [REDACTED] was arrested shortly after. Officers did not find a gun on [REDACTED]

▼ Offenses

Code	Description
PC212.5(c)(02)	Robbery 2nd
PC212.5(c)(02)	Robbery 2nd

▼ Enhancements

Code	Description
PC667.5(b)(01)	Prior Prison Term/Non Violent new offense is any felony
PC667.5(b)(01)	Prior Prison Term/Non Violent new offense is any felony
PC667(a)(01)	Prior Felony Conviction of Serious Offense

Institutional Behavior & Programming

▼ Institutional Behavior & Programming

No. of RVRs in Last 3 Years: 1
 Date of Last RVR: 10/10/2018
 Last RVR Status: Guilty

▼ List of RVRs

RVR Date	Code	Description	RVR Outcome	Status
10/10/2018	3005(c)-(05)	Refusing to Accept Assigned Housing	Guilty	Final/Concluded

▼ Credits for Programming (since August 2017)

Effective Date	Credit Type	Course #	Course Name	Status
7/9/2020	ECC			Applied
4/30/2019	MCC	V00L100	Career Core Basics	Applied
4/30/2019	MCC	V00L101	NCCER Core Certification	Applied
6/5/2018	MCC	PREST04	Nat Restaurant Assn ServSafe Food Handler	Applied
6/2/2018	RAC			Applied

Assignment History (last 10 yrs)

Assigned Date	Assigned Type	Status	As Of Date
7/24/2020	Transitions	Assigned	7/24/2020
1/4/2019	Voc Carpentry	Unassigned	1/1/2020
8/18/2018	College (Onsite)	Unassigned	9/21/2018
5/9/2018	REENTRY PREPARATION PROGRAMS	Unassigned	9/5/2018
4/26/2018	REENTRY PREPARATION PROGRAMS	Unassigned	9/21/2018
3/21/2018	REENTRY PREPARATION PROGRAMS	Unassigned	4/2/2018
1/12/2018	REENTRY PREPARATION PROGRAMS	Unassigned	9/21/2018
12/19/2017	PIA Food & Beverage Packaging	Unassigned	9/21/2018
12/16/2017	PIA Food & Beverage Packaging	Unassigned	12/18/2017
12/1/2017	PIA Office & Administration	Unassigned	12/15/2017
11/16/2017	Clothing Dist	Unassigned	11/30/2017
10/27/2017	Porter	Unassigned	11/1/2017
10/7/2017	Porter	Reassigned	10/26/2017
9/26/2017	Voluntary ABE III	Unassigned	10/31/2017
5/6/2017	Porter	Reassigned	10/6/2017
4/26/2017	FAITH GROUPS (INMATE GROUPS - NOT WORSHIP SERVICES)	Unassigned	6/12/2017
4/26/2017	FAITH GROUPS (INMATE GROUPS - NOT WORSHIP SERVICES)	Unassigned	11/1/2017
4/18/2017	FAITH GROUPS (INMATE GROUPS - NOT WORSHIP SERVICES)	Unassigned	11/1/2017
4/18/2017	FAITH GROUPS (INMATE GROUPS - NOT WORSHIP SERVICES)	Unassigned	5/6/2017
4/6/2017	Porter	Unassigned	4/11/2017
3/30/2017	Recreational Aid	Reassigned	4/5/2017
3/25/2017	Dining Room Line Server	Reassigned	3/29/2017
3/17/2015	Clerk	Unassigned	3/20/2017
11/4/2014	College (Correspondence)	Reassigned	3/16/2015
10/2/2014	College (Correspondence)	Unassigned	11/3/2014
8/2/2014	Porter	Unassigned	3/16/2015
6/3/2014	Adult Basic Education II	Unassigned	7/18/2014
4/9/2014	Clerk	Unassigned	5/19/2014
3/4/2014	Porter	Unassigned	4/9/2014
2/5/2014	PIA Career Technical Education - Facilities Maintenance	Unassigned	2/19/2014
12/18/2012	Janitorial Services	Unassigned	2/4/2014
8/2/2012	Voc Computer & Related Technology	Unassigned	12/18/2012
8/18/2011	Teacher's Aide	Unassigned	3/17/2012

Parole Consideration

Parole Consideration

Hearing in Past:	No	Last Hearing Action Result:	N/A
Last Board Action Type:	N/A	Last Hearing Number:	N/A
Last Board Action Date:	N/A	Last Hearing Denial Length:	N/A
Last Board Action Result:	N/A		
Last Hearing Action Type:	N/A	Next Hearing Action Type:	N/A
Last Hearing Action Date:	N/A	Next Hearing Action NLT Date:	N/A

Change in Risk of Recidivism

Action Date	Finding	User	Workgroup	Submit Date
8/13/2020	Risk is Mitigated		BPH Staff	8/13/2020

Assigned Risk Cohort

Action Date	Finding	User	Workgroup	Submit Date
8/21/2020	Moderate		Exec Team	8/21/2020

Final Review

Action Date	Finding	User	Workgroup	Submit Date
8/24/2020	Approve Release	RALPH DIAZ	Secretary	8/24/2020



HIGH RISK MEDICAL REVIEW

Name: [REDACTED] CDCR#: [REDACTED]

General Information and Risk Score

General Information and Risk Score

Inmate Name:	[REDACTED]	Registration Requirements:	N/A
CDCR#:	[REDACTED]	Classification Score:	0
COVID-19 Weighted Medical Risk Score:	6	Violent Felony Flag:	Yes
CA Static Risk Assessment [CSRA Score]:	1	Serious Felony Flag:	Yes
Comprehensive Risk Assessment (CRA)	N/A	Habitual Offender Flag (PC 667.61):	No
Potential Risk of Future Violence:	N/A	Striker:	2nd
Date of Last CRA:	N/A		
Current Age:	67	Total Number of Detainers:	N/A
Date of Birth:	[REDACTED] 1952	ICE Detain:	N/A
Ethnicity:	WHI	Other Law enforcement Detainer:	N/A
TABE Score:	09.4		
Facility:	CHCF-B	BPH Static-99 Score:	N/A
CDCR Admission Date:	3/29/2011	DAPO Static-99 Score:	N/A
Sentence Type:	DSL		
Time Served:	11 Yr, 8 Mo		
% of Time Completed:	90%		
Time Left to Serve:	1 Yr, 3 Mo		

Detainers

No Detainer Information found.

Medical and Disability

Medical and Disability

SOMS Medical Risk:	High	Mental Health Level of Care:	ACUTE
Nursing Care Acuity:	Low-Intensity Nursing	DDP Code:	NCF
		DPP Mobility Code:	N/A

Custody

Custody

Housing Restrictions:		Administrative Determinants:	Medical Condition, Psychological Condition
Bed Type:	Cell		

Security Threat Group

No STG Information found.

Sentencing☺ **Sentencing**

Tate Term:

No

County of Last Legal Residence:

Los Angeles

Thompson Term:

No

County/Counties of Commitment:

Los Angeles

Description of Offenses:

On [REDACTED] 2009, the inmate entered a U.S. Bank, presented the teller with a demand note that said, "Robbery. Give me \$50s and \$100s." The teller, in fear, complied and gave the inmate \$6.225. The inmate thanked the teller and left the bank. The branch manager confronted the inmate outside of the bank; the inmate returned the money to the manager and fled the scene. Police officers arrested the inmate shortly after.

☺ **Offenses**

Code	Description
PC212.5(c)[02]	Robbery 2nd

☺ **Enhancements**

Code	Description
PC667(a)[01]	Prior Felony Convction of Serious Offense
PC667(a)[01]	Prior Felony Convction of Serious Offense

Institutional Behavior & Programming

☐ Institutional Behavior & Programming

No. of RVRs in Last 3 Years: 0
 Date of Last RVR: N/A
 Last RVR Status: N/A

☐ List of RVRs

No RVRs found.

☐ Credits for Programming (since August 2017)

Effective Date	Credit Type	Course #	Course Name	Status
7/9/2020	ECC			Applied
6/1/2020	MCC	MH10100	MHTP Each 60 hours of treatment plan activities completed	Applied
3/18/2020	MCC	MH10100	MHTP Each 60 hours of treatment plan activities completed	Applied
1/15/2020	MCC	MH10100	MHTP Each 60 hours of treatment plan activities completed	Applied
11/22/2019	MCC	MH10100	MHTP Each 60 hours of treatment plan activities completed	Applied
9/26/2019	MCC	MH10100	MHTP Each 60 hours of treatment plan activities completed	Applied
6/11/2019	MCC	MH10100	MHTP Each 60 hours of treatment plan activities completed	Applied
4/8/2019	MCC	MH10100	MHTP Each 60 hours of treatment plan activities completed	Applied
2/5/2019	MCC	MH10100	MHTP Each 60 hours of treatment plan activities completed	Applied
1/14/2019	MCC	MH10100	MHTP Each 60 hours of treatment plan activities completed	Applied
11/14/2018	MCC	MH10100	MHTP Each 60 hours of treatment plan activities completed	Applied
8/16/2018	MCC	MH10100	MHTP Each 60 hours of treatment plan activities completed	Applied
5/1/2018	MCC	MH10200	IP-MHTP Each 60 hours of treatment plan activities completed	Applied
2/21/2018	MCC	MH10200	IP-MHTP Each 60 hours of treatment plan activities completed	Applied
8/31/2017	MCC	MH10100	MHTP Each 60 hours of treatment plan activities completed	Applied

☐ Assignment History (last 10 yrs)

Assigned Date	Assigned Type	Status	As Of Date
6/26/2018	Adult Basic Education I	Unassigned	12/24/2018
3/23/2017	Voluntary ABE I	Unassigned	10/14/2017
3/16/2017	Adult Basic Education I	Unassigned	10/14/2017
12/30/2016	Adult Basic Education III	Reassigned	3/15/2017
4/18/2013	General Education Dev	Unassigned	8/5/2013

Parole Consideration

☐ Parole Consideration

Hearing in Past: No Last Hearing Action Result: N/A
 Last Board Action Type: N/A Last Hearing Number: N/A
 Last Board Action Date: N/A Last Hearing Denial Length: N/A
 Last Board Action Result: N/A
 Last Hearing Action Type: N/A Next Hearing Action Type: N/A
 Last Hearing Action Date: N/A Next Hearing Action NLT Date: N/A

Change in Risk of Recidivism

Action Date	Finding	User	Workgroup	Submit Date
8/14/2020	Risk is Unchanged		BPH Staff	8/14/2020

Assigned Risk Cohort

Action Date	Finding	User	Workgroup	Submit Date
8/14/2020	Moderate		Exec Team	8/14/2020

Final Review

Action Date	Finding	User	Workgroup	Submit Date
8/21/2020	Approve Release	RALPH DIAZ	Secretary	8/21/2020



HIGH RISK MEDICAL REVIEW

Name: [REDACTED]

CDCR#: [REDACTED]

General Information and Risk Score

General Information and Risk Score

Inmate Name:	[REDACTED]	Registration Requirements:	N/A
CDCR#:	[REDACTED]	Classification Score:	27
COVID-19 Weighted Medical Risk Score:	4	Violent Felony Flag:	Yes
CA Static Risk Assessment [CSRA Score]:	5	Serious Felony Flag:	Yes
Comprehensive Risk Assessment (CRA)		Habitual Offender Flag (PC 667.61):	No
Potential Risk of Future Violence:	N/A	Striker:	N/A
Date of Last CRA:	N/A		
Current Age:	21	Total Number of Detainers:	N/A
Date of Birth:	[REDACTED] 1999	ICE Detain:	N/A
Ethnicity:	HIS	Other Law enforcement Detainer:	N/A
TABE Score:	03.0		
Facility:	VSP-C	BPH Static-99 Score:	N/A
CDCR Admission Date:	7/16/2019	DAPO Static-99 Score:	N/A
Sentence Type:	DSL		
Time Served:	1 Yr, 7 Mo		
% of Time Completed:	42%		
Time Left to Serve:	2 Yr, 2 Mo		

Detainers

No Detainer Information found.

Medical and Disability

Medical and Disability

SOMS Medical Risk:	Medium	Mental Health Level of Care:	CCCMS
Nursing Care Acuity:	Basic Nursing	DDP Code:	NCF
		DPP Mobility Code:	N/A

Custody

Custody

Housing Restrictions:	Lower/Bottom Bunk Only	Administrative Determinants:	Sensitive Needs Yard, Violent History Noted
Bed Type:	Dorm		

Security Threat Group

STG Name	Affiliation Level	Affiliation Status	Validation Status	STG Source
II - NORTENO	Suspect	Dropout	Referred to STG Investigator	Staff

Sentencing

Sentencing

Tate Term: No County of Last Legal Residence: Stanislaus
 Thompson Term: No County/Countries of Commitment: Stanislaus

Description of Offenses: On 1/1/2018, the inmate and two co-defendants went to the victims' neighborhood while armed with a baseball bat and a machete. The inmate and co-defendants attacked a male victim with the baseball bat and the machete, while yelling gang slogans. The male victim's girlfriend attempted to intervene and was also hit. The male victim suffered a 15-centimeter deep laceration to his head and a 10-centimeter deep laceration to his left forearm.

Offenses

Code	Description
PC245(a)(1)[01]	Assault with a Deadly Weapon

Enhancements

Code	Description
PC12022.7(a)[01]	Inflict GBI

Institutional Behavior & Programming

Institutional Behavior & Programming

No. of RVRs in Last 3 Years: 2
 Date of Last RVR: 2/4/2020
 Last RVR Status: Guilty

List of RVRs

RVR Date	Code	Description	RVR Outcome	Status
2/4/2020	3315(a)(3)(M)	Pattern of administrative rule violations for same offense	Guilty as Charged	Final/Concluded
1/31/2020	3041(a)-[02]	Absent from work Assignment	Guilty as Charged	Final/Concluded

Credits for Programming (since August 2017)

Effective Date	Credit Type	Course #	Course Name	Status
7/9/2020	ECC			Applied

Assignment History (last 10 yrs)

Assigned Date	Assigned Type	Status	As Of Date
11/14/2019	Voc Carpentry	Assigned	11/14/2019
10/26/2019	VISUAL AND PERFORMING ARTS	Reassigned	11/13/2019
10/4/2019	YOUTH DIVERSION PROGRAMS	Reassigned	11/13/2019

Parole Consideration

Parole Consideration

Hearing in Past: No Last Hearing Action Result: N/A
 Last Board Action Type: N/A Last Hearing Number: N/A
 Last Board Action Date: N/A Last Hearing Denial Length: N/A
 Last Board Action Result: N/A
 Last Hearing Action Type: N/A Next Hearing Action Type: N/A
 Last Hearing Action Date: N/A Next Hearing Action NLT Date: N/A

Action Date	Finding	User	Workgroup	Submit Date
8/26/2020	Risk is Aggravated		BPH Staff	8/26/2020

Action Date	Finding	User	Workgroup	Submit Date
8/26/2020	Moderate		Exec Team	8/26/2020

Action Date	Finding	User	Workgroup	Submit Date
8/27/2020	Do Not Approve Release	RALPH DIAZ	Secretary	8/27/2020



HIGH RISK MEDICAL REVIEW

Name: [REDACTED]

CDCR#: [REDACTED]

General Information and Risk Score

General Information and Risk Score

Inmate Name:	[REDACTED]	Registration Requirements:	Sex Offender Registration (PC 290/290.6)
CDCR#:	[REDACTED]	Classification Score:	19
COVID-19 Weighted Medical Risk Score:	5	Violent Felony Flag:	Yes
CA Static Risk Assessment [CSRA Score]:	1	Serious Felony Flag:	Yes
Comprehensive Risk Assessment (CRA)	N/A	Habitual Offender Flag (PC 667.61):	No
Potential Risk of Future Violence:	N/A	Striker:	N/A
Date of Last CRA:	N/A		
Current Age:	78	Total Number of Detainers:	N/A
Date of Birth:	[REDACTED] 1941	ICE Detain:	N/A
Ethnicity:	WHI	Other Law enforcement Detainer:	N/A
TABE Score:	06.6		
Facility:	CMC-E	BPH Static-99 Score:	N/A
CDCR Admission Date:	6/25/2019	DAPO Static-99 Score:	N/A
Sentence Type:	DSL		
Time Served:	2 Yr, 8 Mo		
% of Time Completed:	34%		
Time Left to Serve:	5 Yr, 1 Mo		

Detainers

No Detainer Information found.

Medical and Disability

Medical and Disability

SOMS Medical Risk:	High	Mental Health Level of Care:	GP
Nursing Care Acuity:	Uncomplicated Nursing	DDP Code:	NCF
		DPP Mobility Code:	DNM,DNH

Custody

Custody

Housing Restrictions:	Lower/Bottom Bunk Only	Administrative Determinants:	Medical Condition, Sensitive Needs Yard, Sex Offender, Violent History Noted
Bed Type:	Dorm		

Security Threat Group

No STG Information found.

Sentencing

▼ Sentencing

Tate Term: **No** County of Last Legal Residence: **Fresno**
 Thompson Term: **No** County/Counties of Commitment: **Fresno**

Description of Offenses: The inmate molested various family member victims. Victim #1 reported she was age 9-12, between August of 2010 and 2014. During that time her step-grandfather, the inmate, molested her multiple times touching her pelvic area and breasts over and under her clothes, sometimes skin to skin. On one occasion he exposed his penis to her. Victim #2 reported the inmate was her biological father and he sexually abused her on and off from age 5 to 18. It consisted of fondling but on one occasion he digitally penetrated her vagina with his finger. Victim #3 reported she was a step-daughter of the inmate. He started molesting her when she was 4 years old when he rubbed her vagina in the bathtub. The molests progressed to mutual oral copulation starting at age 6. She was also aware of victim #2 being molested during that same time period. Sometimes it occurred daily. When she was 12 he put his finger in her vagina and tried to force intercourse, she kicked him in the groin and told him to never touch her again. Victim #4 is Victim #1's mother and the inmate's stepdaughter. When she was 14, the inmate 'fingered' her while she laid on her bed. She yelled and got angry and he offered to buy her things if she would have sex with him. She refused, and he left her alone after that. When arrested he admitted to 40 years of molesting but claimed it was only these 4 victims. He entered a plea to the most recent activity involving victim #1.

▼ Offenses

Code	Description
PC288(a)[03]	L&L Child Under 14 Years
PC288(a)[03]	L&L Child Under 14 Years

▼ Enhancements

No Enhancements found.

Institutional Behavior & Programming

▼ Institutional Behavior & Programming

No. of RVRs in Last 3 Years: **0**
 Date of Last RVR: **N/A**
 Last RVR Status: **N/A**

▼ List of RVRs

No RVRs found.

▼ Credits for Programming (since August 2017)

Effective Date	Credit Type	Course #	Course Name	Status
7/9/2020	ECC			Applied

▼ Assignment History (last 10 yrs)

Assigned Date	Assigned Type	Status	As Of Date
7/31/2020	Voc Computer & Related Technology	Assigned	7/31/2020

Parole Consideration

▼ Parole Consideration

Hearing in Past: **No** Last Hearing Action Result: **N/A**
 Last Board Action Type: **N/A** Last Hearing Number: **N/A**
 Last Board Action Date: **N/A** Last Hearing Denial Length: **N/A**
 Last Board Action Result: **N/A**
 Last Hearing Action Type: **N/A** Next Hearing Action Type: **N/A**
 Last Hearing Action Date: **N/A** Next Hearing Action NLT Date: **N/A**

Action Date	Finding	User	Workgroup	Submit Date
8/13/2020	Risk is Unchanged		BPH Staff	8/13/2020

Action Date	Finding	User	Workgroup	Submit Date
8/14/2020	Moderate		Exec Team	8/14/2020

Action Date	Finding	User	Workgroup	Submit Date
8/25/2020	Do Not Approve Release	RALPH DIAZ	Secretary	8/25/2020