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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)

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

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

four weeks. (ECF No. 6886.) This report provides the parties' tenth COVID-19 Task Force joint update and covers issues discussed since the ninth joint update filed on January 6, 2021. This report covers the Forty-Fourth (January 19) COVID-19 Task Force meeting¹ and various small workgroup meetings between representatives from Defendants and the Special Master's team. Unless otherwise indicated, the small workgroup meetings include members of Defendants' leadership and the Special Master's team, and not Plaintiffs. The Special Master holds meetings with Plaintiffs to update them on the status of the workgroups.

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

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

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

COVID Result	Total Patients	MHSDS Patients Only	MHSDS patients as % of total
Active + Resolved²			
TOTAL Active + Resolved (as of 1/21/21 at 1:50 pm)	45,699		
Currently Hospitalized (as of 1/18/21)	75	30 (19 CCCMS, 10 EOP, 1 ICF)	40%
Cumulative Hospitalized (as of 1/18/21)	1,219	425 (346 CCCMS, 70 EOP, 9 ICF)	35%
Deaths (as of 1/15/21)	179	67 (59 CCCMS, 7 EOP, 1 MHCb)	37%

¹After the Forty-Third meeting, the Special Master modified the schedule for holding Task Force meetings to take place every other week.

²Due to server issues, Defendants were unable to download and tabulate data on active and resolved COVID-19 cases by the filing deadline. Some of the data can be viewed at <https://www.cdc.ca.gov/covid19/population-status-tracking/>.

1 CDCR reports the above hospitalization numbers include re-admissions of some patients
2 who were discharged and then re-admitted. It also reports that the numbers exclude patients who
3 were COVID-19 positive and admitted to outside hospitals for reasons other than COVID-19.

4 According to CDCR, as of January 19, it had tested 116,167 unique incarcerated people
5 and formerly incarcerated people, approximately 39% of whom have tested positive, and 92,425
6 of whom are still in CDCR custody. Of the total number of currently in-custody prisoners tested,
7 28,984 or 31% of those tested were part of the MHSDS. CDCR's rate of tests per 1,000
8 incarcerated people (972.4 per 1,000) is lower than the rates in California (987.7 per 1,000) and
9 higher than the United States as a whole (860.1 per 1,000); according to CDCR's publicly
10 available Population COVID-19 Tracking dashboard reports, as of January 19, 2021, CDCR's
11 rate of confirmed cases per 1,000 incarcerated people (477.6 per 1,000) is higher than the rates in
12 California (77.3 per 1,000) and the United States (73.6 per 1,000).

13 As of January 20, 2021, CDCR has designated thirty-four of thirty-five institutions as
14 closed to movement of incarcerated people not considered "resolved" COVID-19 patients. The
15 closed designations for California Correctional Women's Facility, North Kern State Prison, and
16 Wasco State Prison are qualified by an exception for Reception Center intake.

17 As of December 22, 2020, CDCR has begun distribution of COVID-19 vaccine. As of
18 January 20, 2021, 26,440 individuals have received the first round of vaccines statewide. CDCR
19 has so far administered at least the first of two vaccine doses to 21,793 staff. Defendants initially
20 prioritized staff vaccinations by age bracket, and have since moved on to offering vaccination to
21 all staff who work at the institutions. As of January 20, 2021, CDCR has administered first
22 vaccine doses to approximately 4,647 incarcerated patients, and the acceptance rate for
23 incarcerated patients is approximately 80%. CDCR confirmed that some patients have begun to
24 receive their second vaccine doses. Defendants initially offered vaccination to all COVID-19
25 naïve patients at skilled nursing facilities including all of CMF and CHCF, and certain units at
26 CCWF. Subsequently, Defendants offered vaccination to patients age 65 or greater at all CDCR
27 institutions and anticipate first doses for this group will be completed this week. Defendants
28 indicated that their next focus will be to offer vaccination to all COVID-19 naïve patients who

1 have a weighted risk score of 6 or greater, then to all COVID-19 naïve patients with a weighted
2 risk score of 3-5, then to the rest of the COVID-19 naïve population, and eventually to the entire
3 CDCR population. Defendants noted that they have had to closely manage the vaccine supply
4 due to limited quantity and authority to move vaccine between populations, but these challenges
5 have not forced a stop to vaccinations.

6 **A. DSH Report Regarding COVID-19 Cases, Facilities, and Vaccines**

7 At the January 19, 2021 Task Force meeting, DSH reported that it has begun offering
8 vaccination to all patients across its five hospitals and has made vaccination information publicly
9 available at the following website: <https://www.dsh.ca.gov/COVID-19/Vaccination.html>. DSH
10 reports it started offering vaccination to high-risk patients and has now opened up vaccination to
11 all patients. DSH's website reports, as of January 14, 2021, a total of 2,176 vaccines have been
12 administered to patients and 6,224 vaccines have been administered to staff, including some
13 second doses.

14 As of January 19, 2021, DSH has performed 53,294 tests on a cumulative total of 6,731
15 patients across all five hospitals. A total of 1,641 patients (including non-*Coleman* patients) and
16 1,744 staff have tested positive to date, with a total of 204 patients and 223 staff testing positive
17 in the past 14 days across the five hospitals. A total of 48 patients have died to date, none of
18 whom are *Coleman* class members.

19 As of January 19, 2021, DSH-Atascadero has had a cumulative total of 17 COVID-19
20 positive *Coleman* patients. Currently, 2 *Coleman* patients are symptomatic or positive for
21 COVID-19. As of January 15, 2021, DSH-Atascadero has 19 housing units on quarantine,
22 including *Coleman* units 23 and 33, due to positive staff or patient exposures. *Coleman* unit 24
23 was released from quarantine on December 22, 2020, and *Coleman* unit 30 was released from
24 quarantine January 7, 2021. DSH-Atascadero has two isolation units active.

25 As of January 19, 2021, DSH-Coalinga has not had any COVID-19 positive *Coleman*
26 patients. As of January 15, 2021, DSH-Coalinga has 21 housing units on quarantine. The
27 *Coleman* unit was released from quarantine on January 4, 2021. Temporary housing in the
28

1 gymnasium was deactivated on December 17, 2020. DSH-Coalinga has three isolation units
2 active.

3 As of January 19, 2021, DSH-Patton has had a cumulative total of 2 COVID-19 positive
4 *Coleman* patients. Currently, 1 *Coleman* patient is symptomatic or positive for COVID-19. As
5 of January 15, 2021, DSH-Patton has 27 housing units on quarantine, including the *Coleman* unit,
6 Unit 33, due to positive staff exposure. DSH-Patton has three isolation units active.

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

8 Since DSH lifted its temporary suspension of admissions effective April 16, 2020, DSH
9 has admitted a total of 144 *Coleman* class members, including two since the last Task Force
10 update filed on January 6, 2021. Both transferred patients are “resolved” COVID-19 cases who
11 are considered currently presumptively immune. As of January 20, 2021 there were 158 *Coleman*
12 class members at DSH-Atascadero (with 97 available beds and 1 bed on hold), 32 at DSH-
13 Coalinga (with 18 available beds), and 12 at DSH-Patton (with 18 available beds). On
14 January 12, 2021, due to a surge in COVID-19 cases, DSH suspended admissions of all patient
15 categories for 30 days except for *Coleman* patients and patients categorized as Offenders with
16 Mental Health Disorders.

17 As of January 20, 2021, Defendants report there are 27 patients awaiting admission to
18 DSH-Atascadero, DSH-Coalinga, and DSH-Patton, including 23 ICF patients awaiting admission
19 for more than 30 days. Of the 27 patients awaiting admission to DSH-Atascadero, DSH-
20 Coalinga, and DSH-Patton, all are housed at institutions CDCR has closed to movement.

21 At the January 21, 2021 Task Force meeting, Plaintiffs inquired about what appears to be
22 a slowing rate of referrals from CDCR to DSH, with only six new referrals made in the last four
23 weeks. Members of the CDCR small workgroup noted that this was a topic of discussion in the
24 prior week and that CDCR expects to provide more detailed information.

25 Also at the January 21, 2021 Task Force meeting, Defendants reported that they plan to
26 meet internally to discuss planning for how transfers of vaccinated patients will be handled,
27 including the timing of transfers for patients who have received their first dose and are awaiting
28 their second dose.

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 the Positive Behavior Support Team (PBST)
6 program at CHCF, which CDCR confirmed continues to operate with some restructuring. The
7 small workgroup also discussed that CDCR is not currently including any ISUDT hours in its
8 tracking of EOP group hours, and CDCR confirmed it would provide additional information once
9 such a tracking system is developed. The small workgroup also continued to discuss the ICF and
10 acute waitlists and lengths of stays, as well as policies that are in development, including the draft
11 STEP policy, draft medication nonadherence policy, updated transfer guidelines, and CIT policy.

12 **B. DSH Workgroup**

13 The DSH small workgroup continued to meet weekly to discuss individual and
14 institutional level public health data for the purpose of ensuring safe transfers during the recent
15 statewide COVID-19 surge and moving forward, including transfers of patients pursuant to the
16 January 4, 2021 updated temporary transfer guidelines addressing patients with presumed
17 immunity. Additionally, unrelated to the subject of COVID-19, the small workgroup discussed
18 the creation of a new workgroup focused on DSH's quality improvement system.

19 **IV. ADDITIONAL COVID-19 RELATED UPDATES.**

20 **A. Movement Matrix**

21 CDCR and CCHCS released the updated COVID-19 Screening and Testing Matrix for
22 Patient Movement ("Movement Matrix") to the field on January 12, 2021. During the January 19
23 Task Force meeting, Plaintiffs again requested information about current practices and guidance
24 for transferring patients to or from closed units or institutions. CDCR confirmed that transfers to
25 MHCB and PIP units are deemed "necessary" and therefore transfers to and from such units at
26 closed institutions will generally continue, however if the receiving units have an active COVID-
27 19 outbreak, transfers may be limited or diverted to a different open MHCB or PIP bed. CDCR
28 confirmed it had provided trainings to the field on the new Movement Matrix. CDCR also stated

1 that there had been internal discussions regarding the point at which programming could resume
2 generally, as a result of widespread immunity to COVID-19 (due to vaccination and/or prior
3 infection in staff and patient populations), but no specific decisions had been made.

4 **B. Stipulation for EOP Quarantine Space**

5 The parties briefly discussed the draft stipulation regarding EOP quarantine space,
6 acknowledging that Defendants had received Plaintiffs' January 19, 2021 revisions to
7 Defendants' January 13, 2021 proposal and would review them further.

8 **C. Use of Force – Medical Emergencies and Involuntary Medications Policy**

9 The parties further discussed the recent draft of CDCR's medical emergencies and
10 involuntary medications policy, provided to Plaintiffs on January 5, 2021. Plaintiffs committed to
11 send a letter on January 22, 2021 with further comments and Defendants committed to reviewing
12 Plaintiffs' concerns and revising the language as consistent with the intent of the policy.

13 DATED: January 22, 2021

Respectfully submitted,

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