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UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

RALPH COLEMAN, et al.,  
Plaintiffs,  
v.  
GAVIN NEWSOM, et al.,  
Defendants.

Case No. 2:90-CV-00520-KJM-DB

**APRIL 21, 2021 JOINT REPORT  
ADDRESSING CURRENT COVID-19  
RELATED DEPARTURES FROM  
PROGRAM GUIDE REQUIREMENTS**

Judge: Hon. Kimberly J. Mueller

1 On April 17, 2020, the Court ordered the parties to file a stipulation identifying  
 2 “temporary departures from certain Program Guide requirements” for the provision of  
 3 mental health care arising from Defendants’ efforts to respond to the COVID-19  
 4 pandemic. ECF No. 6622 at 2-3 (Apr. 17, 2020). On May 20, 2020, the parties submitted  
 5 a stipulation and proposed order as the Court directed. *See* ECF No. 6679 (May 20, 2020).  
 6 That stipulation set forth a process whereby the parties, on a monthly basis, would meet  
 7 and confer, under the supervision of the Special Master, and report to the Court on updated  
 8 changes to the stipulation and its attachment, Appendix A. *See id.* at 4-5. The parties filed  
 9 updates to Appendix A, along with stipulations, on June 15, 2020, *see* ECF No. 6718, and  
 10 July 15, 2020, *see* ECF No. 6761.

11 The Court disposed of the parties’ May 20 stipulation without adopting it in the  
 12 July 28, 2020 Order, ECF No. 6791 (“July 28 Order”). By minute order, the Court  
 13 required the parties to continue to provide monthly updates regarding changes to  
 14 Appendix A on the fifteenth of every month except for August 2020. *See* Minute Order,  
 15 ECF No. 6814 (Aug. 14, 2020). On August 21, 2020, the parties submitted their  
 16 August monthly update, along with “their positions on the path to full resumption of  
 17 Program Guide level mental health care assuming the COVID-19 pandemic has not abated  
 18 and will not abate for some time,” July 28 Order at 3, and their agreement that the monthly  
 19 update process should continue, *see* Jt. Report Addressing Current COVID-19-Related  
 20 Departures from Program Guide Requirements & Resumption of Program Guide Mental  
 21 Health Care, ECF No. 6831 (Aug. 21, 2020).

22 The parties hereby submit the attached updated version of Appendix A, which  
 23 captures as of the date of this filing the status of COVID-19-related departures from  
 24 requirements set forth in the Program Guide and/or policies listed in the “Compendium of  
 25 Custody Related Measures,” *see* ECF No. 6661 at 2, jointly filed by the parties on  
 26 December 19, 2019, ECF No. 6431 (“Compendium policies”).

27 ///

28 ///

[3723630 2]

1           1.       The chart attached hereto as **Appendix A** identifies policies that depart from  
2 the Program Guide and/or Compendium policies in Defendants’ efforts to manage the  
3 delivery of mental health care during COVID-19. An April 9, 2021 revision to the  
4 Movement Matrix’s cover page is added. One policy and part of a second have been  
5 removed from Appendix A as a result of the March 26, 2021 directive to decommission the  
6 Temporary Mental Health Units (TMHUs) (**Exhibit 8**), including the April 17, 2020  
7 COVID-19 Emergency Mental Health Treatment Guidance for MAX Custody Patients and  
8 parts of the April 10, 2020 COVID-19 Emergency Mental Health Treatment Guidance and  
9 COVID-19 Temporary Transfer Guidelines and Workflow. Additionally, three other  
10 policies, the April 17, 2020 COVID-19 EOP Temporary Transfer Guidelines and  
11 Workflow, May 11, 2020 COVID-19 Patient Movement for Mental Health Treatment, and  
12 November 9, 2020 COVID-19 Risk Transfers Revised, were removed as a result of the  
13 Movement Matrix revision. A true and correct copy of the revised April 9 Movement  
14 Matrix cover page is attached as part of Appendix A.

15           2.       One of the Appendix A policies added to the September 2020 update—the  
16 August 14, 2020 Institutional Roadmap to Reopening (“Roadmap”)—addresses the  
17 quantity and modalities of mental health treatment provided within CDCR. Defendants  
18 have agreed to report on institutions’ movement between Roadmap “phases” prior to each  
19 COVID Taskforce Meeting, or every two weeks. True and correct copies of two Roadmap  
20 phase reports, including point-in-time data as of April 3, 2021 and April 12, 2021, are  
21 attached hereto as **Exhibit 6**. These reports show the progress of each facility by phase,  
22 with phase one being the most restrictive and phase four being the least restrictive. The  
23 parties will continue to meet and confer regarding the Roadmap phase report, including as  
24 to its content and format, as appropriate.

25           3.       Defendants continue to update their pandemic policies to reflect current  
26 public health guidelines. Because Defendants’ pandemic policies are in flux and because  
27 Plaintiffs believe the current policies do not always match the practices on the ground,  
28 Plaintiffs remain unclear on the status of several policies and will continue to seek

1 clarification from Defendants. In September, Defendants indicated that the Roadmap and  
2 the August 19 version of the Movement Matrix resulted in the need to revise some existing  
3 pandemic policies and/or to recognize that some had been superseded. The parties  
4 previously reported on Defendants' draft COVID Guidance, circulated in November 2020.  
5 As a result of the resumption of inpatient movement in February 2021 and CDCR's  
6 decision to end the use of the TMHUs in March 2021, Defendants will no longer pursue  
7 revision to policies governing those processes, including the draft COVID Guidance.  
8 Defendants remain focused on eliminating the remaining inpatient waitlist. In addition,  
9 Defendants will file an updated Roadmap to Reopening with the Court on or before April  
10 22, 2021. The updated Roadmap will be discussed at the May 14, 2021 status conference.  
11 (ECF No. 7112.) Defendants are also in the process of revising the March 25, 2020  
12 COVID-19 Mental Health Delivery of Care Guidance & Tier Document and anticipate  
13 finalizing revisions prior to the next update.

14 Also on January 12, Defendants circulated a revised January 8, 2021 version of the  
15 Movement Matrix. The January 8 Movement Matrix incorporates some of Plaintiffs'  
16 comments and feedback, provided in a December 4, 2020 letter, and by email and  
17 teleconference on December 9, 2020. Defendants updated the Movement Matrix's cover  
18 page on April 9, 2021 and provided Plaintiffs with a draft revision to the entire Matrix on  
19 April 12, 2021. Plaintiffs provided comments on the revised Movement Matrix on April  
20 19, 2021. Among other things, the April 9, 2021 Movement Matrix cover page eliminates  
21 the concept of "closed" institutions or facilities entirely.

22 On February 11, 2021, Defendants provided Plaintiffs and the Special Master the  
23 February 8 Directive, which modifies in part both the April 10 and 17 COVID Emergency  
24 Mental Health Treatment Guidance policies. Specifically, while certain COVID-19 safety  
25 protocols for PIP and MHCB transfers remain in place, individual transfers to and from  
26 PIP and MHCB units will no longer be subject to review for emergent circumstances.  
27 Instead, PIP and MHCB transfers will return to being governed by Program Guide  
28 requirements and processes, and individual class members' vaccination status will not

1 prevent them from transferring to inpatient levels of care. Due to the backlog of patients  
2 awaiting inpatient transfers, patients will be prioritized according to the following criteria:  
3 “emergency transfers in progress, requests for expedited transfers, patients waiting longest  
4 on the wait list, transfers to less restrictive housing, and other transfers to open up bed  
5 space in inpatient settings as necessary.” February 8 Directive at 1; *see also* **Exhibit 5**  
6 (COVID-19 Dashboard showing patients awaiting inpatient transfers). As Defendants  
7 prioritize and work through the backlog, there will be residual delays in PIP transfers. The  
8 parties will continue to discuss this issue within the COVID Taskforce.

9 On March 26, 2021, Defendants, due to the progress made in eliminating the  
10 inpatient waitlist backlog, issued a directive to end the use of TMHUs (“March 26  
11 Directive”). The March 26 Directive required TMHU use to end by April 2, 2021.  
12 Defendants plan to issue further directives superseding early COVID policies when the  
13 backlog is eliminated.

14 The parties will continue to meet and confer, under the supervision of the Special  
15 Master, to clarify any other implications of the February 8 and March 26 Directives and  
16 address any concerns with the Directives’ operation and implementation, as appropriate.

17 4. Defendants have indicated they are in the process of reviewing all policies in  
18 Appendix A to ensure they are up to date and consistent with each other. Defendants also  
19 indicated that a memo or memos to the field will be necessary to clarify the status of these  
20 policies, once the review is complete. The March 26 Directive is one such memo as it  
21 supersedes seven COVID policies.

22 Plaintiffs believe that a clarifying memo to the field should also address the status  
23 of the COVID-19 Surge Mitigation and Management Plan attached as Exhibit 7 to the  
24 September 15, 2020 Program Guide Departures Update.

25 The parties will continue to meet and confer regarding these policies to clarify  
26 terms and intent; work out implementation of the policies with regard to *Coleman* class  
27 members; and address Defendants’ reporting on the impacts of the memos.

28 5. In their May 20, 2020, stipulation, Defendants agreed to provide certain

1 reports to the Special Master and Plaintiffs. *See* ECF No. 6679 at 3-5, ¶ 2. Defendants  
2 began producing reports the week of May 25, 2020. Redacted copies of those reports are  
3 appended hereto:

4 a. Tier Reports, March 8-12, 2021; March 15-19, 2021; March 22 – 26,  
5 2021; March 29 – April 2, 2021. **Exhibit 1;**

6 b. Shower and Yard in Segregation Compliance Report for March 2021,  
7 **Exhibit 2;**

8 c. TMHU 114-A Tracking Log Report for March 2021, **Exhibit 3.** This  
9 report also integrates the report on the custody reviews of Max Custody patients referred to  
10 a TMHU. *See* ECF No. 6679 at 3-4, ¶ 2(c); and

11 d. On Demand Patient’s Pending Inpatient Transfer Registry accessed  
12 April 21, 2021, **Exhibit 4.**

13 e. COVID-19 Mental Health Dashboard, accessed April 21, 2021,  
14 **Exhibit 5.**

15 The parties have agreed on the form of the Tier Reports.<sup>1</sup> *See* ECF No. 6679 at 3,  
16 ¶ 2(a). On October 9, 2020, Defendants finalized updating the TMHU Registry, *see id.*,  
17 ¶ 2(b), and replaced it with the Patient’s Pending Inpatient Transfer Registry. The Patients  
18 Pending Inpatient Transfer Registry includes data on (1) all patients housed in a TMHU,  
19 (2) patients referred to an acute bed and not housed in a TMHU, crisis bed, or psychiatric  
20 inpatient program, and (3) patients referred to intermediate care and not housed in a  
21 TMHU, crisis bed, or psychiatric inpatient program. Because the report logic has not been  
22 updated to reflect the decommissioning of the TMHUs, some patients are noted to be  
23 housed in a TMHU after April 2, 2021, while in reality those patients were housed in  
24 inpatient beds pending transfer to the appropriate level of care. This issue appears on the  
25 COVID-19 Mental Health Dashboard as well. CDCR will decommission the Registry  
26

27  
28 <sup>1</sup> In contrast to the Roadmap Phase Report, the first tier of the Tier Report is the least  
restrictive, while the fourth tier is the most restrictive.

1 once the inpatient backlog is resolved and is still considering future steps on the  
2 Dashboard.

3 Plaintiffs provided written comments on the Patients Pending Inpatient Transfer  
4 Registry on November 24, 2020. Defendants responded by letter December 11, 2020. The  
5 parties met and conferred regarding the Patients Pending Inpatient Transfer Registry on  
6 January 8, 2021, resolving several outstanding issues. Plaintiffs continue to have concerns  
7 that Defendants' reporting mechanisms do not capture class members referred to an  
8 MHCB but not housed in an MHCB. Defendants confirmed they are continuing to work to  
9 make several updates to the Registry based on Plaintiffs' feedback. The parties will  
10 continue to meet and confer as necessary.

11 The parties have had ongoing discussions regarding the Shower and Yard in  
12 Segregation Compliance Report, *id.* at 4, ¶ 2(d), and the TMHU 114-A Tracking Log  
13 Report, *id.* at 3, 4 ¶¶ 2(c), (e). *See* ECF No 6761 at 3 (July 15, 2020). During a January 8,  
14 2021 meet and confer, Plaintiffs exhausted their questions regarding the Shower and Yard  
15 in Segregation Compliance Report ("Shower and Yard Report"). During the January 8  
16 meet and confer, Defendants explained that then-planned revisions to the TMHU 114-A  
17 Tracking Log Report, incorporating input from the Special Master's team, awaited  
18 finalization of the Draft COVID Guidance. Defendants have since resolved the need for a  
19 revised COVID Guidance, updates to the TMHU 114-A Tracking Log Report will not be  
20 pursued, and the report will also be decommissioned.

21 At the March 2, 2021 Taskforce meeting, the Special Master raised additional  
22 questions regarding the Shower and Yard Reports and the TMHU 114-A Tracking Logs.  
23 Specifically, Defendants confirmed that the Shower and Yard Report does not report  
24 whether class members in TMHUs located within existing segregation units are offered  
25 shower and yard. At the institution level, individuals in TMHUs located within existing  
26 segregation units are administratively separated, for tracking purposes, from other  
27 individuals in segregations units. Defendants agreed to add a footnote to future Shower  
28 and Yard Reports to identify this exclusion from the reported data.



1 In addition, CDCR did not receive adequate documentation to confirm whether  
2 certain individuals in TMHUs have been offered showers. In the past, when CDCR did  
3 not receive adequate documentation for any field on the TMHU 114-A Tracking Logs,  
4 including showers, CDCR noted on the Log that the activity did not occur or was not  
5 offered. CDCR is working with the institutions on fixing the documentation issue to  
6 improve the accuracy of reporting on the TMHU 114-A Tracking Logs going forward.  
7 Plaintiffs have asked Defendants to identify in the 114-A Tracking Logs where they are  
8 lacking documentation sufficient to accurately report on programs or services provided.  
9 Given that the TMHUs have been decommissioned, further modifications to the TMHU  
10 114-A Tracking Log Report will not be made and the report will be decommissioned.

11 The parties will continue to meet and confer regarding the Shower and Yard  
12 Reports.

13 6. On May 20, 2020, the parties reported that they were still negotiating the  
14 data Defendants can provide regarding the average number of hours of out-of-cell  
15 treatment, including yard and recreation time, offered per week, as well as the status of  
16 available entertainment devices and other in-cell activities for all class members in mental  
17 health segregation units. In meet and confer discussions, Defendants reported that they do  
18 not have the capability to report on this information because none of this data is currently  
19 automated and they lack a single source of tracking information that could be used to  
20 provide a report on these issues. Defendants reported that, in lieu of a headquarters-level  
21 automated tracking report, their typical practice is to regularly audit many of these items  
22 via on-site audits by Mental Health Regional Administrators. While on-site audits were  
23 temporarily paused due to the COVID-19 pandemic, they resumed in mid-July 2020.  
24 Since that time, Defendants have inspected twenty-eight institutions and collected data on  
25 the operation of mental health segregation units at those institutions.

26 During the January 8, 2021 meet and confer, the parties discussed the status of these  
27 segregation audits, the methodology for performing the audits, and the status of  
28 Defendants' reporting on them. Defendants agreed to provide all mental health



1 segregation unit data and information collected during the audit process to Plaintiffs,  
2 including data and information collected since the resumption of onsite monitoring in  
3 July 2020. Defendants provided some of this data and information and the parties filed it  
4 with the January 15, 2021 Program Guide Departures update. Attached hereto as  
5 **Exhibit 7** are true and correct copies of six additional onsite audits, conducted at CCWF,  
6 CMC, LAC, SVSP, COR, and KVSP.

7 During the January 8, 2021 meet and confer, Defendants explained that the on-site  
8 audits use a portion of the Continuous Quality Improvement Tool (CQIT). The parties  
9 agree that any questions about the process or methodology of these on-site custody audits  
10 should be raised through the existing CQIT update process.

11 Plaintiffs remain concerned about Defendants' inability to effectively track and  
12 report on these requirements at the headquarters level, and about Defendants' reliance on  
13 on-site audits as a general matter given Plaintiffs' concerns about the PSU and EOP ASU  
14 hub certification process. The parties nonetheless agree to continue to meet and confer  
15 about these issues as necessary under the supervision of the Special Master.

16 DATED: April 21, 2021

ROSEN BIEN GALVAN & GRUNFELD LLP

17  
18 By: /s/ Jessica Winter

19 Jessica Winter

20 Attorneys for Plaintiffs

21  
22 DATED: April 21, 2021

XAVIER BECERRA

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23  
24 By: /s/ Lucas Hennes

25 Lucas Hennes

Deputy Attorney General

26 Attorneys for Defendants  
27  
28

# APPENDIX A

## Appendix A

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
<p><b>*COVID-19 Mental Health Delivery of Care Guidance &amp; Tier Document (Mar. 25, 2020)</b></p>	<p>Stipulation and Order Approving CDCR's Telepsychiatry Policy, ECF No. 6539 (Mar. 27, 2020)</p> <p>Program Guide 12-1-12 &amp; Attachment A (confidentiality)</p>	<ul style="list-style-type: none"> <li>• Permits telepsychiatry broadly, including in PIPs and MHCBS, without a finding of emergency</li> <li>• Telepsychiatry not treated as a supplement, but rather a substitute, for in-person psychiatry at EOP and higher levels of care</li> <li>• Permits use of tele-psychology</li> <li>• Approval for use of telepsychiatry is made by the hiring authority, and may be preferred modality of providing psychiatry services</li> <li>• Telepsychiatrists may provide telepsychiatry services from their homes during regular work hours, rather than from telepsychiatry hubs</li> <li>• Each institution can decide which telepresenters can be used, including: MA or CNA, and any healthy staff unable to perform their assigned duties during the crisis (with training).</li> <li>• Telepsychiatry providers not required to conduct site-visits at any particular frequency</li> <li>• Registry telepsychiatrists may be used without limitation</li> </ul>

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
		<ul style="list-style-type: none"> <li>• Patients may not have an option to refuse telepsychiatry as a treatment modality</li> <li>• On-site psychiatrists may not be available if a clinical emergency occurs during a telepsychiatry session</li> <li>• Confidential space for telepsychiatry contacts may not be available</li> <li>• Nurse practitioners may provide telepsychiatry services</li> <li>• Requires telepresenters for telepsychiatry, but clinical and other telepsychiatry support-staff may not be available</li> </ul>
	<p>Mental Health Services Delivery System Program Guide, 2020 Revision (“Program Guide”) at 12-1-16 (timelines for level of care transfers)</p> <p>Program Guide at 12-3-1 to 2, 12-3-12 to 14, 12-4-1, 12-4-6 to 8, 12-4-13, 12-4-16, 12-4-20 to 21, 12-5-1, 12-5-3 to 10, 12-5-15, 12-5-26 to 29, 12-5-32, Chapter 6, 12-7-2 to 8, 12-7-11, 12-7-12, 12-8-1, 12-8-5 to 7,</p>	<p>Decisions on admission and discharge subject to day-to-day analysis of staffing, individual patient needs, space availability, social distancing, restrictions on movement, quarantine and isolation status, and the degrees of risk when making these decisions.</p>

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	12-8-9, 12-8-11 to 12, 12-9-2 to 3, 12-9-4 to 5, 12-9-6, 12-9-12 to 14, 12-10-12 to 13, 12-10-19 to 21 (access to higher levels of care)	
	Program Guide at 12-3-2 to 4, 12-3-11, 12-4-1 to 2, 12-4-8 to 12, 12-4-18 to 21; 12-5-14, 12-5-33 to 34, 12-7-7, 12-7-10, 12-8-4, 12-8-10, 12-9-7 to 9, 12-10-14 (availability of treatment modalities)	<p>Groups may not be offered, depending on space, staffing, and quarantine or isolation status. Groups that do continue may be reduced in size in order to adhere to social distancing requirements.</p> <p>Larger classrooms or vocational space could be used to allow for smaller groups.</p> <p>Patients in isolation and/or quarantine will not attend groups but shall be provided with activities and receive daily rounding.</p>
	Program Guide 12-1-12 & Attachment A (confidentiality requirements)	Groups may not be confidential if placed in an alternative location (e.g. day room, classrooms) or due to social distancing purposes.
	Program Guide 12-1-12 & Attachment A (confidentiality requirements)	Contacts with IDTT may be cell front and non-confidential.
	Program Guide at 12-3-2 to 4, 12-3-11, 12-4-1 to 2, 12-4-8 to 12, 12-4-18 to 21; 12-5-14, 12-5-33 to 34, 12-7-7, 12-7-10, 12-8-4,	<p>Patients may be limited to in-cell activities only.</p> <p>Patients housed in a MHCB awaiting transfer to a higher level of care and patients in alternative housing awaiting</p>

<b>Policy, Memorandum, or Guidelines</b>	<b>Program Guide or Related Policy Provision</b>	<b>Summary of Departure</b>
	12-8-10, 12-9-7 to 9, 12-10-14 (availability of treatment modalities)	transfer to a MHCB will be provided enhanced out-of-cell time and therapeutic activities as well as daily rounds, as operations allow.
	Program Guide at 12-5-7 to 8, 12-5-10, 12-5-31, 12-10-7 to 12	Patients may not receive SRASHEs if suicidal, but may instead be screened using the Columbia screening tool.
	Program Guide at 12-1-6, 12-1-16, 12-3-1 to 2, 12-5-4  Order, ECF No. 5710 (Oct. 10, 2017)  CCHCS Policy 12.05.301: Housing of Patients Pending Mental Health Crisis Bed Transfers	Depending on the institution's Tier level, patients may be placed in alternative housing for longer than 24 hours. Within 24 hours of placement or if patient remains longer than 24 hours, a full SRASHE must be completed.
	Program Guide at 12-3-2 to 4, 12-3-11, 12-4-1 to 2, 12-4-8 to 13, 12-4-18 to 21, 12-5-14, 12-5-33 to 34, 12-7-7, 12-7-10, 12-8-4, 12-8-10, 12-9-7 to 9, 12-10-14 (availability of treatment modalities)  Program Guide Chapters 5, 6	As patients wait for inpatient referrals to process, they may not receive treatment commensurate with their level of care.
	Program Guide 12-1-16 (timelines for level of care transfers)	Symptomatic patients shall be isolated from other patients in the general population and will not transfer absent showing of legal or medical necessity.

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	<p>Program Guide at 12-3-1 to 2, 12-3-12 to 14, 12-4-1, 12-4-13, 12-4-16, 12-4-20 to 21, 12-5-2, 12-5-3 to 10, 12-5-15, 12-5-26 to 29, 12-5-32, Chapter 6, 12-7-2 to 8, 12-7-11, 12, 12-8-1, 5 to 7, 9, 11 to 12, 12-9-2 to 3, 4 to 5, 6, 12 to 14, 12-10-12 to 13, 19 to 21 (access to higher levels of care)</p> <p>Program Guide at 12-3-2 to 4, 12-3-11, 12-4-1 to 2, 12-4-8 to 12, 12-4-18 to 21, 12-5-14, 12-5-33 to 34, 12-7-7, 10, 12-8-4, 10, 12-9-7 to 9, 12-10-14 (availability of treatment modalities)</p>	
	<p>Program Guide at 12-1-4, 12-3-3 to 4, 12-4-10 to 11, 12-4-13</p> <p>Memo: Release Planning for Inmates Participating in the Institution's Mental Health Services Delivery System (Mar. 11, 2010), Program Guide, Appendix C, <i>see</i> ECF No. 5864-1 at 276-82.</p>	<p>Pre-release planning activities may be limited to varying degrees.</p> <p>All required activities to occur when social distancing can be followed.</p>



<b>Policy, Memorandum, or Guidelines</b>	<b>Program Guide or Related Policy Provision</b>	<b>Summary of Departure</b>
	<p>Program Guide at 12-3-2 to 4, 12-3-11, 12-4-1 to 2, 12-4-8 to 12, 12-4-18 to 21, 12-5-14, 12-5-33 to 34, 12-7-7, 12-7-10, 12-8-4, 12-8-10, 12-9-7 to 9, 12-10-14 (availability of treatment modalities)</p> <p>Program Guide at 12-3-14 to 15, 12-4-9, 12-4-14 to 15, 12-4-19, 20, 12-5-14, 12-5-33, 12-7-4, 12-7-6, 12-7-7, 12-7-10, 12-7-13, 12-8-4, 12-8-9 to 11, 12-9-6 to 8 (primary clinician contacts)</p>	<p>1:1 contacts with psychiatrists may not occur within timeframes.</p>
	<p>Program Guide at 12-3-2 to 4, 12-3-11, 12-4-1 to 2, 12-4-8 to 12, 12-4-18 to 21, 12-5-14, 12-5-33 to 34, 12-7-7, 12-7-10, 12-8-4, 12-8-10, 12-9-7 to 9, 12-10-14 (availability of treatment modalities)</p> <p>Program Guide at 12-3-14 to 15, 12-4-9, 12-4-14 to 15, 12-4-19, 20, 12-5-14, 12-5-33, 12-7-4, 12-7-6, 12-7-7, 12-7-10, 12-7-13, 12-8-4, 12-8-9 to 11,</p>	<p>1:1 contacts with psychologists or social workers may not occur within timeframes.</p>

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	12-9-6 to 8 (primary clinician contacts)	
	Program Guide at 12-3-2 to 4, 12-3-11, 12-4-1 to 2, 12-10-15 to 19 (availability of treatment modalities)	1:1 suicide watch may not occur where clinically indicated.
	<p>Program Guide 12-3-2 (psychiatrists as primary clinicians)</p> <p>Program Guide at 12-3-14 to 15, 12-4-9, 12-4-14 to 15, 12-4-19, 20, 12-5-14, 12-5-33, 12-7-4, 12-7-6, 12-7-7, 12-7-10, 12-7-13, 12-8-4, 12-8-9 to 11, 12-9-6 to 8 (primary clinician contacts)</p>	Any physician, nurse practitioner, or physician assistant can serve as a psychiatrist.
	<p>Program Guide at 12-3-2 to 4, 12-3-11, 12-4-1 to 2, 12-4-8 to 12, 12-4-18 to 21, 12-5-14, 12-5-33 to 34, 12-7-7, 12-7-10, 12-8-4, 12-8-10, 12-9-7 to 9, 12-10-14 (availability of treatment modalities)</p> <p>Program Guide at 12-3-14 to 15, 12-4-9, 12-4-14 to 15, 12-4-19, 20, 12-5-14, 12-5-33, 12-7-4, 12-7-6, 12-7-7, 12-7-10, 12-7-13,</p>	Psychiatrist duties may be triaged only to serve urgent or emergent needs.

<b>Policy, Memorandum, or Guidelines</b>	<b>Program Guide or Related Policy Provision</b>	<b>Summary of Departure</b>
	12-8-4, 12-8-9 to 11, 12-9-6 to 8 (primary clinician contacts)	
<b>COVID-19 Pandemic – Guidance Regarding Field Operations (Mar. 18, 2020, revised Mar. 20, 2020)</b>	<p>Program Guide at 12-3-2 to 4, 12-3-11, 12-4-1 to 2, 12-4-8 to 12, 12-4-18 to 21, 12-5-15, 12-5-33 to 34, 12-7-7, 10, 12-8-10, 12-9-7 to 9, 12-10-14 (availability of treatment modalities)</p> <p>February 14, 2017 memorandum titled Mental Health Crisis Bed Privileges Revision, Program Guide, Appendix C, <i>see</i> ECF No. 5864-1 at 349.</p>	Not congregating in groups of 10 or more individuals and suspending group programs where participants are likely to be in close contact.
<b>Restricted Housing, Reception Centers, PIP Phone Calls (Apr. 8, 2020)</b>	September 22, 2016 memorandum regarding Reception Center Privileges for EOPs, <i>see</i> ECF No. 6431 at 4.	Extends phone call privileges for those in segregated housing, reception centers, and PIPs beyond what is permitted by privilege group.
<b>*COVID-19 Programming Opportunities for Inmates Participating in the MHSDS in Restricted Housing (Apr. 1, 2020)</b>	Program Guide at 12-3-2 to 4, 12-3-11, 12-4-1 to 2, 12-4-8 to 12, 12-4-18 to 21, 12-5-14, 12-5-33 to 34, 12-7-7, 12-7-10, 12-8-4, 12-8-10, 12-9-7 to 9, 12-10-14 (availability	Implementation of third watch programming opportunities within restricted housing. If mental health groups and 1:1 clinical contacts cannot occur in the restricted housing units, wardens will ensure PM yard is offered to those in the MHSDS.

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	<p>of treatment modalities)</p> <p>Program Guide at 12-3-14 to 15, 12-4-9, 12-4-14 to 15, 12-4-19, 20, 12-5-14, 12-5-33, 12-7-4, 12-7-6, 12-7-7, 12-7-10, 12-7-13, 12-8-4, 12-8-9 to 11, 12-9-6 to 8 (primary clinician contacts)</p>	
<b>COVID-19 Electronic Appliance Loaner Program (Apr. 1, 2020)</b>	<p>January 22, 2014 Memo – Multi-Powered Radio Loaner Program in Administrative Segregation Units; and March 12, 2007 Memo – Televisions in Segregation Units, <i>see</i> ECF No. 6431 at 4.</p>	Increase patient access to loaner electronic appliances.
<b>*COVID-19 Emergency Mental Health Treatment Guidance and COVID-19 Temporary Transfer</b>	<p>Program Guide 12-1-12 &amp; Attachment A (confidentiality)</p> <p>Program Guide 12-1-16 (timelines for level of care transfers)<sup>1</sup></p>	<p>Enhanced Treatment-in-Place</p> <ul style="list-style-type: none"> <li>When a patient is referred to an inpatient level of care and is unable to transfer to an inpatient bed or is not already in an inpatient setting, treatment will</li> </ul>

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<sup>1</sup> While the February 8 Directive eliminated the emergent transfer review process for PIP and MHCB transfers, there continue to be delays in transfers while CDCR works through the backlog of waitlisted patients. The parties will continue to meet and confer, under the supervision of the Special Master, and will update Appendix A when these timelines are no longer impacted. In the meantime, Plaintiffs will not seek contempt

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
<b>Guidelines and Workflow (Apr. 10, 2020) (As modified by February 8, 2021 direction to resume Pre-COVID-19 PIP and MHCB movement processes and March 26, 2021 direction to end use of TMHUs April 2, 2021.)</b>	<p>Program Guide at 12-3-1 to 2, 12-3-12 to 14, 12-4-1, 12-4-13, 12-4-16, 12-4-20 to 21, 12-5-2, 12-5-15, 12-5-26 to 29, 12-5-32, Chapter 6, 12-7-2 to 8, 12-7-11, 12-7-12, 12-8-1, 12-8-5 to 7, 12-8-9, 12-8-11 to 12, 12-9-2 to 3, 12-9-4 to 5, 12-9-6, 12-9-12 to 14, 12-10-12 to 13, 12-10-19 to 21 (access to higher levels of care)</p> <p>Program Guide at 12-3-2 to 4, 12-3-11, 12-4-1 to 2, 12-4-8 to 12, 12-4-18 to 21, 12-5-14, 12-5-33 to 34, 12-7-7, 12-7-10, 12-8-4, 12-8-10, 12-9-7 to 9, 12-10-14 (availability of treatment modalities)</p> <p>Program Guide at 12-3-14 to 15, 12-4-9, 12-4-14 to 15, 12-4-19, 20, 12-5-14, 12-5-33, 12-7-4, 12-7-6, 12-7-7, 12-7-10, 12-7-13,</p>	<p>be provided in the patient's housing unit until transfer can occur ("treatment-in-place")</p> <ul style="list-style-type: none"> <li>• When possible, all treatment, including groups and clinical contacts, shall be provided in confidential setting, however that may not always be possible</li> <li>• Primary clinical contacts may not occur on a daily basis</li> <li>• Group therapy may be reduced to 3-4 people and may be eliminated. If no groups can be run, then yard time in the evening should be considered.</li> <li>• If in-person huddles cannot be conducted safely, then huddles should but are not required to occur telephonically</li> </ul>

sanctions for failures to transfer patients in a timely manner when the failure resulted from COVID-19, although Plaintiffs reserve the right to challenge the scope of Defendants' claimed exceptions in this regard. *See, e.g.*, Pls' Response to OSC re Inpatient Admissions Ev'ry Hrg., ECF No. 7119, at 6-9 (Apr. 9, 2021).

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	<p>12-8-4, 12-8-9 to 11, 12-9-6 to 8 (primary clinician contacts)</p> <p>Orders, ECF Nos. 6095, 6314 (Feb. 20, 2019, Oct. 8, 2019) (requirement implementation of Custody and Mental Health Partnership Plan, including inter-disciplinary huddles)</p>	
<p><b>Department of State Hospitals Directive on Suspension of Admissions from CDCR to DSH (Apr. 15, 2020)</b></p>	<p>Program Guide 12-1-9</p> <p>Program Guide 12-1-16 (timelines for level of care transfers)</p> <p>Program Guide at 12-3-1 to 2, 12-3-12 to 14, 12-4-1, 12-4-13, 12-4-16, 12-5-15, 12-5-26 to 29, 12-5-32, Chapter 6, 12-7-2 to 8, 12-7-11, 12-7-12, 12-8-1, 12-8-5 to 7, 12-8-9, 12-8-11 to 12, 12-9-2 to 3, 12-9-4 to 5, 12-9-6, 12-9-12 to 14, 12-10-12 to 13, 12-10-19 to 21 (access to higher levels of care)</p> <p>CDCR-DSH MOU and PIP Policy 12.11.2101(A) –</p>	<p><i>Coleman</i> admissions to DSH resumed after a 30-day suspension with additional guidelines and protocols required to effectuate transfers from CDCR to DSH.</p>

<b>Policy, Memorandum, or Guidelines</b>	<b>Program Guide or Related Policy Provision</b>	<b>Summary of Departure</b>
	Referrals and Admissions	
<b>COVID-19 Temporary Transfer Restriction Psychiatric Inpatient Programs FLEX Guidance (May 14, 2020)</b>	Program Guide Chapter 6	<ul style="list-style-type: none"> <li>The treatment team shall not be required to complete a new intake evaluation because the treatment team will be the same, as the patient continues to remain in the same licensed unit; however, an intake IDTT and updated treatment plan for the new level of care will be required.</li> <li>While patients receiving intermediate and acute inpatient care typically will have different treatment goals, there currently is not a significant difference in treatment modalities provided to patients at the intermediate and acute inpatient levels of care.</li> </ul>
<b>*Tele-Mental Health Memorandum (May 22, 2020)</b>	Stipulation and Order Approving CDCR's Telepsychiatry Policy, ECF No. 6539 (Mar. 27, 2020)	<ul style="list-style-type: none"> <li>Permits the provision of tele-mental health services beyond those permitted by the parties' stipulated telepsychiatry policy, including by psychologists and social workers</li> </ul>
<b>COVID-19 Guidance for Daily Program Regarding Social Distancing for Cell or Alternative/Dorm Style Housing of</b>	Program Guide at 12-3-2 to 4, 12-3-11, 12-4-1 to 2, 12-4-8 to 12, 12-4-18 to 21, 12-5-15, 12-5-33 to 34, 12-7-7, 12-7-10, 12-8-10, 12-9-7 to 9, 12-10-14	<ul style="list-style-type: none"> <li>Goal of having patients maintain at least six feet apart from each other, and attendant impacts on programming:</li> <li>Requires social distancing in the workplace</li> </ul>



Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
<b>Eight Persons (May 11, 2020) and COVID-19 Operational Guidelines Monitoring and Accountability (May 27, 2020)</b>	(availability of treatment modalities)  February 14, 2017 memorandum titled Mental Health Crisis Bed Privileges Revision, see Dkt. 5864-1 at 349.	<ul style="list-style-type: none"> <li>• Reduced numbers to allow for increased social distancing may result in no dayroom activities</li> <li>• Educational programs shall be provided in such a manner as to allow for social distancing, once group activities resume. Until such time, education materials will be provided to housing unit/dorm/cells.</li> <li>• The May 27 memo operationalizes and creates an accountability procedure to assure that the modifications to programming directed by the May 11 Social Distancing Guidance are being implemented; enforces departures directed by the May 11 Guidance</li> </ul>
<b>Updated Draft COVID-19 Temporary Guidelines for Transfer to DSH Inpatient Care (March 1, 2021, superseding April 15, 2020, May 15, 2020, June 12, 2020, June 19, 2020, July 16, 2020, October 20,</b>	<p>Program Guide 12-1-16 (timelines for level of care transfers)</p> <p>CDCR-DSH MOU and PIP Policy 12.11.2101(A) – Referrals and Admissions &amp; Exceptions Addendum</p> <p>Program Guide at 12-3-1 to 2, 12-3-12 to 14, 12-4-1, 12-4-13, 12-4-16, 12-4-20 to 21, 12-5-2, 12-5-15,</p>	<ul style="list-style-type: none"> <li>• Provides direction on transfers between DSH and CDCR that may impact timeframes</li> <li>• Provides additional individualized clinical review and a COVID-19 screening process.</li> <li>• Delays certain individuals who otherwise qualify for transfer from CDCR to DSH from doing so, where the patient tests or screens positive for COVID-19.</li> </ul>

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
<b>2020, and January 4, 2021 versions)<sup>2</sup></b>	12-5-26 to 29, 12-5-32, Chapter 6, 12-7-2 to 8, 12-7-11, 12-7-12, 12-8-1, 12-8-5 to 7, 12-8-9, 12-8-11 to 12, 12-9-2 to 3, 12-9-4 to 5, 12-9-6, 12-9-12 to 14, 12-10-12 to 13, 12-10-19 to 21 (access to higher levels of care)	<ul style="list-style-type: none"> <li>• CDCR must order a PCR COVID-19 test no more than five days before the projected admission date for any patient accepted to DSH.</li> <li>• For referrals to DSH from a CDCR institution closed due to a COVID-19 outbreak, patient transfers to DSH will occur where CDCR and DSH decide there is adequate public health data demonstrating an acceptably low risk of COVID-19 exposure. To make this decision, CDCR and DSH leadership will discuss relevant public health information on a patient by patient basis, including exposure risk, availability and use of PPE, testing and results, physical plant effects on exposure risks, and the extent of staff crossover between units with active cases and those without cases to evaluate the possibility of transfer. Patients considered for transfer pursuant to this process will be quarantined for 14 days, and tested for COVID-19, followed by a further discussion between CDCR and DSH leadership regarding any</li> </ul>

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<sup>2</sup> Plaintiffs maintain their objection to the guidelines, as stated in the October 23, 2020 evidentiary hearing and in Plaintiffs' post-trial brief, ECF No. 6948 (Nov. 13, 2020).

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
		<p>interim exposure risks that occurred during the quarantine period.</p> <ul style="list-style-type: none"> <li>Provides direction as to the transfer of class members with presumed immunity to COVID-19 due to prior infection.</li> <li>Transfers to DSH will not be held based on a patient's vaccination status, unless the receiving DSH facility cannot complete the patient's vaccination series in accordance with public health guidance.</li> <li>DSH collaborates at least weekly with the Special Master's experts in small group meetings to discuss and refine the referral process, resolve conflicts and respond to COVID-19 related impacts on referrals and transfers due to the changing nature of the pandemic.</li> <li>The Special Master continues to closely monitor all referrals, rejections and completed transfers to and from the DSH inpatient programs, and to evaluate compliance with the Court's April 24, 2020 Order. See ECF Nos. 6622 at 3; 6639.</li> </ul>
<b>Memo re 90-Day Supply of</b>	Program Guide 12-3-14 (prescribed	<ul style="list-style-type: none"> <li>Permits the provision of a 90-day supply of certain</li> </ul>

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
<b>Medications for Expedited Releases (July 7, 2020)</b>	<p>medication supply for CCCMS patients who parole)</p> <p>Memorandum: Release Planning for Inmates Participating in the Institution's Mental Health Services Delivery System (Mar. 11, 2010) at 4-5, 6</p>	<p>medications for individuals subject to expedited release due to COVID-19 population density reduction measures.</p> <ul style="list-style-type: none"> <li>Psychiatric providers are directed to write medication orders, as clinically appropriate and within legal confines, for a 90-day, rather than 30-day, duration for those subject to expedited release.</li> </ul>
<b>Memo re Cell-Front Nursing Activities (June 26, 2020)</b>	<p>Program Guide 12-5-32, 12-10-4, 12-10-15 to 19 (describing suicide watch and observation procedures)</p> <p>Memorandum: Level of Observation and Property for Patients in Mental Health Crisis Beds (Mar. 15, 2016) at 2 (describing suicide watch as primarily observation)</p>	<ul style="list-style-type: none"> <li>Permits IDTTs to recommend that nursing staff provide cell-front activities to patients</li> <li>Requires these activities to be performed while designated nursing staff are performing 1:1 observations of patients; in the past, nursing staff had only one primary task during 1:1 observation—observing the patient</li> <li>Provides a library of cell-front nursing activities for patients</li> </ul>
<b>*Institutional Roadmap to Reopening (August 14, 2020); Memo re Reintroduction of In-Person Rehabilitative Programming (Sept. 25, 2020) (directing institutions to</b>	<p>Program Guide at 12-3-2 to 4, 12-3-11, 12-4-1 to 2, 12-4-8 to 12, 12-4-18 to 21, 12-5-15, 12-5-33 to 34, 12-7-7, 12-7-10, 12-8-10, 12-9-7 to 9, 12-10-14 (availability of treatment modalities)</p>	<p>Based on several factors, including the number of new COVID-19 cases, the availability of adequate testing, nursing and custody staff, and PPE, adequacy of physical distancing practices, and status of employee testing and contract tracing, each institution may be placed, at the discretion of its Warden and Chief Executive Officer, in one of four “phases.” The phases range from</p>

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
<p><b>create plans to implement portions of Roadmap to Reopening); Memo – Clarification – COVID-19 Pandemic and Guidance Regarding Field Operations (Mar. 3, 2021)</b></p>	<p>Program Guide 12-1-16 (timelines for level of care transfers)</p> <p>Program Guide at 12-3-1 to 2, 12-2-8 to 10, 12-3-12 to 14, 12-4-1, 12-4-13, 12-4-16, 12-4-20 to 21, 12-5-2, 12-5-15, 12-5-26 to 29, 12-5-32, Chapter 6, 12-7-2 to 8, 12-7-11, 12-7-12, 12-8-1, 12-8-5 to 7, 12-8-9, 12-8-11 to 12, 12-9-2 to 3, 12-9-4 to 5, 12-9-6, 12-9-12 to 14, 12-10-12 to 13, 12-10-19 to 21 (access to higher levels of care)</p> <p>Memorandum: Transfer of Correctional Clinical Case Management System Inmate-Patients to Male Short Term Restricted Housing Units (Mar. 3, 2016)</p> <p>Memorandum: Creation of Correctional Clinical Case Management System Short Term and Long Term Restricted Housing (Jan. 15, 2015)</p>	<p>most to least restrictive on the institution's general operation, healthcare services, and inmate programs. Depending on an institution's phase, restrictions may be placed on:</p> <ul style="list-style-type: none"> <li>• Mental health treatment modalities and quantities that can be provided</li> <li>• Movement between or within institutions or facilities, including movement to and from restricted housing, to and from desert institutions, and between levels of care, which may result in class members remaining in settings not designed to provide the level of treatment and programming contemplated by the Program Guide and other negotiated policies for their level of care.</li> <li>• Out of cell and other yard time</li> <li>• When a facility can safely resume in-person programming, incarcerated people can participate in assigned rehabilitative programs with incarcerated people from different housing units in the same facility. They may not participate in rehabilitative programming with individuals from different facilities within the same institution.</li> </ul>

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	<p>Memorandum: Short-Term Restricted Housing Mental Health Requirements (Feb. 8, 2016) (mandates movement of CCCMS class members with an ASU term to STRH)</p> <p>Memorandum: Long Term Restricted Housing Mental Health Requirements (Feb. 8, 2016) (mandates movement of CCCMS class members with a SHU term to LTRH)</p> <p>Memorandum: Short-Term and Long-Term Restricted Housing Policies (Feb. 4, 2016) (mandates movement of CCCMS class members with ASU and SHU terms to STRH and LTRH, respectively)</p> <p>Stipulation &amp; Order, ECF No. 6296 (Sept. 27, 2019) (approving and attaching policy for reducing transfer timeframes from desert institutions)</p>	

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
<p><b>*Movement Matrix (revised Jan. 8, 2021, cover page revised April 9, 2021), as modified by Memo – COVID-19 Screening &amp; Testing Matrix for Movement of Newly Resolved Reception Center Patients to Institutions (Feb. 19, 2021)</b></p>	<p>Program Guide 12-1-16 (timelines for level of care transfers)</p> <p>Program Guide at 12-3-1 to 2, 12-2-8 to 10, 12-3-12 to 14, 12-4-1, 12-4-13, 12-4-16, 12-4-20 to 21, 12-5-2, 12-5-15, 12-5-26 to 29, 12-5-32, Chapter 6, 12-7-2 to 8, 12-7-11, 12-7-12, 12-8-1, 12-8-5 to 7, 12-8-9, 12-8-11 to 12, 12-9-2 to 3, 12-9-4 to 5, 12-9-6, 12-9-12 to 14, 12-10-12 to 13, 12-10-19 to 21 (access to higher levels of care).</p> <p>CDCR-DSH MOU and PIP Policy 12.11.2101(A) – Referrals and Admissions</p> <p>Memorandum: Transfer of Correctional Clinical Case Management System Inmate-Patients to Male Short Term Restricted Housing Units (Mar. 3, 2016)</p> <p>Memorandum: Creation of</p>	<p>For each type of movement between and within institutions, sets the COVID-19 testing strategy, required type of quarantine housing, and process for moving an inmate who refuses a COVID-19 test. In certain circumstances, precludes transfer, at least temporarily.</p> <ul style="list-style-type: none"> <li>• Defines movement of MHSDS patients to meet Program Guide requirements as a necessary transfer.</li> <li>• Testing, quarantine, and transfer procedures in some cases may impact timeframes for transfers to higher levels of care, from desert institutions and reception centers, and to and from restricted housing units, which may result in class members remaining in settings not designed to provide the level of treatment and programming contemplated by the Program Guide and other negotiated policies for their level of care.</li> <li>• Limits COVID-19 related processes for transfer of recently resolved COVID-19 patients from the Wasco State Prison and North Kern State Prison Reception Centers to the patients' endorsed institutions.</li> <li>• In certain circumstances, including where a patient is</li> </ul>



Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	<p>Correctional Clinical Case Management System Short Term and Long Term Restricted Housing (Jan. 15, 2015)</p> <p>Stipulation &amp; Order, ECF No. 6296 (Sept. 27, 2019) (approving and attaching policy for reducing transfer timeframes from desert institutions)</p>	<p>currently housed in isolation or quarantine due to a COVID-19 exposure, or where the patient tests or screens positive for COVID-19, the patient will not transfer until their COVID-19 status is resolved. These prohibitions on transfers apply to transfers into CDCR institutions from reception centers; to and from levels of care and mental health segregation units within the same institution; and external transfers other than transfers to an MHCB or PIP.</p> <ul style="list-style-type: none"> <li>• Precludes incarcerated people with a COVID-19 risk score of 3 or higher from transferring to six institutions (ASP, CIM (Facilities A and D), CRC, CVSP, FSP, CMC-West, and SQ) or facilities within those institutions unless they have completed the COVID vaccine.</li> </ul>
<p><b>COVID-19 Operations EOP Hub Certification Process &amp; Addendum for Certifying Met with Explanation due to COVID-19 Restrictions (Sept. 11, 2020)</b></p>	<p>Program Guide Chapters 7, 8, 9</p> <p>Order, ECF No. 5131 (Apr. 10, 2014); Order, ECF No. 5196 (Aug. 11, 2014)</p> <p>Defs' Plans &amp; Policies Submitted in Resp. to Apr. 10, 2014 and</p>	<ul style="list-style-type: none"> <li>• Permits audits of PSU and EOP ASU units to be conducted remotely, by video equipment or telephone, due to COVID-19-related staffing limitations</li> <li>• If no institution staff are available to conduct remote audits, then those audits will be</li> </ul>

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	May 13, 2014 Orders, ECF No. 5190 at 17-19 (Aug. 1, 2014)	<p>conducted by a regional staff member</p> <ul style="list-style-type: none"> <li>COVID-19-related limitations or changes to standard audit procedure or mental health treatment provisions—including whether audits are conducted remotely or by regional staff, groups or other treatment are not offered, and IDTTs or ICCs are held in absentia—shall be documented on the audit form</li> <li>If an institution’s failure to meet certification requirements is due purely to COVID-19-related restrictions, the institution may pass certification “with explanation,” assuming certain criteria are met. Documentation of the rationale for any such “with explanation” certification is required.</li> </ul>
<b>COVID-19 Psychiatric Inpatient Program Admission Bed Policy and Procedure (Oct. 23, 2020)</b>	<p>PIP Policy 12.11.2101(A) – Referrals and Admissions</p> <p>PIP Policy 12.11.2111 – Housing Review/Least Restrictive Housing</p>	<ul style="list-style-type: none"> <li>Creates a process by which patients newly admitted to a PIP will be housed in a single-cell admission bed in the PIP before they are placed in their endorsed program. If local medical or public health staff deem it necessary, patients transferring within a PIP will also initially be placed in an admission bed.</li> <li>Patients typically will remain in a PIP admission bed for 14 to</li> </ul>

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
		<p>21 days following their admission to a PIP.</p> <ul style="list-style-type: none"> <li>• Creates Admission Units, or groupings of admission beds in PIPs.</li> <li>• Creates and implements COVID-19 safety protocols applicable to each patient in an admission bed, including quarantine, testing and screening.</li> <li>• If identified admission beds are full but vacant patient beds exist in the PIPs, intake of new patients will not stop. In this circumstance, PIP leadership will identify additional admission beds for quarantining new admissions to ensure patient admissions can continue.</li> <li>• Local PIP leadership will monitor admission unit bed numbers and identify overflow admission beds in advance to ensure the admission units do not reach capacity.</li> <li>• While PIP patients are housed in an admission bed, their endorsed non-admission bed in the PIP will be reserved for them.</li> <li>• While patients are in admission units, they will receive all</li> </ul>

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
		<p>available PIP mental health services, focusing on patient orientation, intake evaluation, and initial treatment planning. The treatment plan developed by the admission unit clinical team will be coordinated with the receiving treatment team to which the patient will transition. Patients in admission units will also be offered property, phone calls, yard, and all other privileges consistent with current policy for all PIP patients.</p>
<p><b>Guidance for Mental Health Milestone Completion Credits During COVID-19 (December 2, 2020)</b></p>	<p>Program Guide at 12-3-2 to 4, 12-3-11, 12-4-1 to 2, 12-4-8 to 12, 12-4-18 to 21, 12-5-15, 12-5-33 to 34, 12-7-7, 12-7-10, 12-8-10, 12-9-7 to 9, 12-10-14 (availability of treatment modalities)</p> <p>Enhanced Outpatient Program Milestone Credit Group Therapy – Required Materials (Sept. 24, 2015)</p> <p>15 C.C.R. § 3043.3(f)(2), as incorporated into Compendium of Custody-Related Remedies, 2020 Program Guide</p>	<ul style="list-style-type: none"> <li>• Provides guidance to institutional mental health staff for allowing class members to continue to earn milestone completion credits during the pandemic and while receiving modified mental health treatment activities</li> <li>• Describes pandemic-related modifications to group mental health treatment typically offered to class members and a means of measuring milestone credits earned pursuant to these modified offerings</li> </ul>

<b>Policy, Memorandum, or Guidelines</b>	<b>Program Guide or Related Policy Provision</b>	<b>Summary of Departure</b>
	Revision, Appendix E at 1	

**Covid-19: Interim Guidance for****Health Care and Public Health Providers****COVID-19 SCREENING AND TESTING MATRIX FOR PATIENT MOVEMENT**

1. *To reduce the likelihood of COVID-19 spreading from one location to another, movement shall be limited to that which is necessary for clinical care, medical isolation or quarantine, reduction of overcrowding, and serious custody concerns. Movement of MHSOS patients to meet Program Guide requirements shall be considered necessary transfers.*
2. *COVID-19 screening consists of a verbal symptom questionnaire and temperature screening.*
3. *All COVID-19 testing shall be by Polymerase Chain Reaction (PCR) unless specifically stated otherwise.*
4. *When rapid point of care (POC) testing is utilized, one positive rapid POC will preclude movement. Isolate the patient and obtain a PCR test as soon as possible, preferably within 24 hours. A negative PCR test and no evidence for active COVID on clinical assessment will be required before movement is allowed.*
5. *Inmates and transportation staff shall wear N95 masks during transfer. Masks shall cover the nose, mouth, and chin. Transportation vehicles shall be operated at 75% occupancy and shall be disinfected after each trip.*
6. *Every effort shall be made to avoid layovers during transportation. If a layover is essential, patients shall layover in cell-based housing and only be housed with others coming from the same location at the same time.*
7. *Precautionary quarantine shall usually take place post-transfer in the receiving institution. Pre-transfer precautionary quarantine shall only be utilized when transferring to MCCF, ACP, CCTRP, MCRP, or fire camp.*
8. *Precautionary post-transfer quarantine of inmates who have not completed COVID vaccination shall take place in celled housing with a solid door.*
9. *Inmates shall be considered to have completed COVID vaccination 14 or more days post the last recommended dose of the COVID-19 vaccine series.*
10. *Vaccinated inmates may be moved as a cohort of up to 50 inmates moving on the same day from one single institution (reception center or otherwise) to a dedicated, unoccupied dorm at any other institution. These inmates shall undergo 14 days of post-transfer precautionary quarantine and testing in a dedicated dorm at the receiving institution.*
11. *Symptomatic inmates shall be isolated alone in celled housing with a solid door and tested for COVID-19.*
12. *Inmates with a PCR-confirmed diagnosis of COVID-19 may be housed together as a cohort on isolation status.*
13. *Movement of COVID resolved inmates shall be subject to the same testing and quarantine requirements as COVID naïve patients.*
14. *Transferring inmates who have a COVID Risk Score of three or more and have not completed the COVID vaccine shall only be housed in cells with solid front doors.*
15. *Inmates with COVID risk scores of three or more who have not completed the COVID vaccine shall not transfer to SQ, FSP, ASP, CVSP, CRC, CMC-West, or CIM FAC-A and D.*
16. *Inmates who have completed the COVID vaccine may be housed at SQ, FSP, ASP, CVSP, CRC, CMC-West, or CIM FAC-A and D, regardless of COVID risk score.*
17. *Inmates who have completed the COVID vaccine may be housed in dorm settings regardless of COVID risk score.*

# EXHIBIT 1



March 8, 2021 - March 12, 2021			
Region	Institution	MH Program	Current Tier
I	CMF PIP	Acute	4
I	CMF PIP	ICF	4
I	PBSP	CCCMS	3
I	PBSP	MHCB	3
I	SAC	PSU	4
I	SAC	ASU	4
I	SAC	STRH	4
I	SAC	LTRH	4
I	SAC	EOP	4
I	SAC	CCCMS	4
I	SAC	TMHU	4
I	SAC	MHCB	4
II	CCWF	CCCMS	4
II	CMC	CCCMS	3
II	CMC	EOP	3
II	CMC	ASU	3
II	SCC	CCCMS	3
II	SCC	TMHU	3
II	SVSP	EOP (A)	3
II	VSP	EOP	3
III	COR	ASU	3
III	COR	EOP	3
III	COR	LTRH	3
III	COR	STRH	3
III	NKSP	RC EOP	3
III	WSP	RC EOP	3
III	WSP	CCCMS	3
III	WSP	RC STRH	3
III	WSP	MHCB	3
IV	CAL	NA	3
IV	CAL	TMHU	3
IV	ISP	TMHU	3
IV	RJD	CCCMS	3
IV	RJD	EOP	3
IV	RJD	MHCB	3
IV	RJD	TMHU	3

March 15, 2021 - March 19, 2021			
Region	Institution	MH Program	Current Tier
I	CMF PIP	Acute	4
I	CMF PIP	ICF	4
I	PBSP	CCCMS	3
I	PBSP	MHCB	3
I	SAC	PSU	4
I	SAC	ASU	4
I	SAC	STRH	4
I	SAC	LTRH	4
I	SAC	EOP	4
I	SAC	CCCMS	4
I	SAC	TMHU	4
I	SAC	MHCB	4
II	CCWF	CCCMS	4
II	CMC	CCCMS	3
II	CMC	EOP	3
II	CMC	ASU	3
III	COR	ASU	3
III	COR	EOP	3
III	COR	LTRH	3
III	COR	STRH	3
III	NKSP	RC EOP	3
III	WSP	RC EOP	3
III	WSP	CCCMS	3
III	WSP	RC STRH	3
III	WSP	MHCB	3
IV	ISP	TMHU	3
IV	RJD	CCCMS	3
IV	RJD	EOP	3
IV	RJD	MHCB	3
IV	RJD	TMHU	3

March 22, 2021 - March 26, 2021			
Region	Institution	MH Program	Current Tier
I	PBSP	CCCMS (A)	3
I	PBSP	MHCB	3
II	CCWF	CCCMS	4
II	CMC	CCCMS	3
II	CMC	EOP	3
III	COR	ASU	3
III	COR	EOP	3
III	COR	LTRH	3
III	COR	STRH	3
III	NKSP	RC EOP	3
III	WSP	RC EOP	3
III	WSP	CCCMS	3
III	WSP	RC STRH	3
III	WSP	MHCB	3
IV	ISP	TMHU	3
IV	RJD	CCCMS	3
IV	RJD	EOP	3
IV	RJD	MHCB	3
IV	RJD	TMHU	3

March 29, 2021 - April 2, 2021			
Region	Institution	MH Program	Current Tier
I	PBSP	CCCMS	3
I	PBSP	MHCB	3
II	CCWF	CCCMS	4
II	CMC	CCCMS	3
II	CMC	EOP	3
II	DVI <sup>1</sup>	CCCMS	3
II	SVSP <sup>2</sup>	STRH	4
III	COR	ASU	3
III	COR	EOP	3
III	COR	LTRH	3
III	COR	STRH	3
III	NKSP	RC EOP	3
III	WSP	RC EOP	3
III	WSP	CCCMS	3
III	WSP	RC STRH	3
III	WSP	MHCB	3

<sup>1</sup> DVI changed from Tier 2 to Tier 3 as of 03/30/21.

<sup>2</sup> SVSP changed from Tier 1 to Tier 4 as of 03/29/21, back to Tier 1 as of 03/30/21, returned to Tier 4 on 04/02/21.

# **EXHIBIT 2**

MARCH 2021

**SHOWER AND YARD COMPLIANCE IN SEGREGATION**

<b>Institution</b>	<b>Facility</b>	<b>3 Showers Offered/Week</b>	<b>10 Hours Yard Offered/Week</b>
CAC	ASU	100%	100%
CAL	ASU	100%	100%
CCC	C	100%	100%
CCI	ASU	100%	100%
CCWF	A	100%	100%
CEN	Z	100%	100%
CHCF	E-1A	100%	100%
CIM	B	100%	100%
CIW	ASU	100%	100%
CMC	ASU	100%	100%
CMF	A	100%	100%
COR	ASU	100%	100%
DVI	K&L WING	99%	100%
FOL	ASU	100%	100%
HDSP	ASU	100%	100%
ISP	ASU	100%	100%
KVSP	ASU	100%	100%
LAC	ASU	100%	100%
MCSP	C	100%	100%
NKSP	ASU	100%	100%
PBSP	ASU	100%	100%
PVSP	STRH	100%	100%
RJD	B6 & B7	100%	100%
SAC	ASU	100%	100%
SATF	ASU	100%	100%
SCC	C	100%	100%
SOL	B	100%	100%
SQ	A	100%	100%
SVSP	ASU	100%	100%
VSP	ASU	100%	100%
WSP	D	100%	100%

Data Source-Monthly Certification Provided by Institutions

This report does not report on whether MAX TMHU patients received yard or shower. That data is reflected in the TMHU 114-A Tracking Log.

# **EXHIBIT 3**

[illegible]







[illegible]



# **EXHIBIT 4**



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ICF not housed in PIP or MHCB or TMHU	03/17/2021	Region I	MCSPI	ASU	ASUHub	ICF	3/17/2021 11:37:00 AM	3.38								09:02:00 Cef Front NonConf for 0:05 Hrs. s.	0	1		0	0	0	11:12:00 Standard Conf for 0:53 Hours	0		0.05	0	2	2	0	0.05	0.05	2	2.05	
ICF not housed in PIP or MHCB or TMHU	03/18/2021	Region I	MCSPI	ASU	ASUHub	ICF	3/17/2021 11:37:00 AM	3.38								11:30:00 Cef Front NonConf for 0:05 Hrs. s.	0	2		0	0	0		0		0.1	0	0	0	0	0.1	0.1	0	0.1	
ICF not housed in PIP or MHCB or TMHU	03/19/2021	Region I	MCSPI	ASU	ASUHub	ICF	3/17/2021 11:37:00 AM	3.38								12:3:00 Cef Front NonConf for 0:02 Hrs. s.	0	1		0	0	0		0		0.02	0	2	2	0	0.02	0.02	2	2.02	
ICF not housed in PIP or MHCB or TMHU	03/20/2021	Region I	MCSPI	ASU	ASUHub	ICF	3/17/2021 11:37:00 AM	3.38									0			0	0	0		0		0	0	0	0	0	0	0	0		
ICF not housed in PIP or MHCB or TMHU	03/21/2021	Region I	MCSPI	ASU	ASUHub	ICF	3/17/2021 11:37:00 AM	3.38									0			0	0	0		0		0	0	0	0	0	0	0	0		
ICF not housed in PIP or MHCB or TMHU	03/22/2021	Region I	MCSPI	ASU	ASUHub	ICF	3/17/2021 11:37:00 AM	3.38									0			0	0	0		0		0	0	0	0	0	0	0	0		
ICF not housed in PIP or MHCB or TMHU	03/23/2021	Region I	MCSPI	ASU	ASUHub	ICF	3/17/2021 11:37:00 AM	3.38								10:15:00 Cef Front NonConf for 0:08 Hrs. s.	0	1		0	0	0		0		0.08	0		0	0	0.08	0.08		.08	
ICF not housed in PIP or MHCB or TMHU	03/24/2021	Region I	MCSPI	ASU	ASUHub	ICF	3/17/2021 11:37:00 AM	3.38									0			0	0	0		0		0	2	0	2	2	0	2	0	2	
ICF not housed in PIP or MHCB or TMHU	03/25/2021	Region I	MCSPI	ASU	ASUHub	ICF	3/17/2021 11:37:00 AM	3.38								10:3:00 Cef Front NonConf for 0:17 Hrs. s.	0	1		0	0	0		0		0.17	0	0	0	0	0	0.17	0.17	0	0.17
ICF not housed in PIP or MHCB or TMHU	03/26/2021	Region I	MCSPI	ASU	ASUHub	ICF	3/17/2021 11:37:00 AM	3.38									0			0	0	0		0		0	0	2	2	0	0	2	2	0	
ICF not housed in PIP or MHCB or TMHU	03/27/2021	Region I	MCSPI	ASU	ASUHub	ICF	3/17/2021 11:37:00 AM	3.38									0			0	0	0		0		0	0	0	0	0	0	0	0	0	
ICF not housed in PIP or MHCB or TMHU	03/28/2021	Region I	MCSPI	ASU	ASUHub	ICF	3/17/2021 11:37:00 AM	3.38									0			0	0	0		0		0	0	0	0	0	0	0	0	0	
ICF not housed in PIP or MHCB or TMHU	03/29/2021	Region I	MCSPI	ASU	ASUHub	ICF	3/17/2021 11:37:00 AM	3.38								12:09:00 Cef Front NonConf for 0:05 Hrs. s.	0	1		0	0	0		0		0.05	0	2	2	0	0.05	0.05	2	2.05	
ICF not housed in PIP or MHCB or TMHU	03/30/2021	Region I	MCSPI	ASU	ASUHub	ICF	3/17/2021 11:37:00 AM	3.38									0			0	0	0		0		0	0	0	0	0	0	0	0	0	
ICF not housed in PIP or MHCB or TMHU	03/31/2021	Region I	MCSPI	ASU	ASUHub	ICF	3/17/2021 11:37:00 AM	3.38									0			0	0	0		0		0	0	0	0	0	0	0	0	0	
ICF not housed in PIP or MHCB or TMHU	04/01/2021	Region I	MCSPI	ASU	ASUHub	ICF	3/17/2021 11:37:00 AM	3.38								09:03:00 Standard Conf for 0:28 Hours	1	0		0	0	0		0		0	0	2	2	0.28	0	0.28	2	2.28	
ICF not housed in PIP or MHCB or TMHU	04/02/2021																																		

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TMHU	03/30/2021	Region II	VSP	ICF not housed in PIP or MHCB or TMHU	Medium (A)	ML	VAR	MHCB	3/29/2021 11:21:00 PM	9.	3/29/2021 11: 9:59 PM	3/30/2021 :09:56 PM	0.68	MHCB	09:30:00 Cell Front Cn. 1A, n. 264A, s.	1	0	0	0	0	0	0	0	0.25	0	0	0	0.25	0	0.25	0	0.25	
ICF not housed in PIP or MHCB or TMHU	03/25/2021	Region II	VSP			ML	EOP	EOP							12:03:00 Conf for 0.10 Hours	0							0	0	0	0	0	0	0	0	0		
ICF not housed in PIP or MHCB or TMHU	03/26/2021	Region II	VSP			ML	EOP	ICF	3/25/2021 12:5 00 PM	26.33					11:00:00 Standard Conf for 0.33 Hours	1	0	0	0	0	0	0	0	0	0	1	1	0.33	0	0.33	1	1.33	
ICF not housed in PIP or MHCB or TMHU	03/27/2021	Region II	VSP			ML	EOP	ICF	3/25/2021 12:5 00 PM	26.33													0	0	0	0	0	0	0	0	0		
ICF not housed in PIP or MHCB or TMHU	03/28/2021	Region II	VSP			ML	EOP	ICF	3/25/2021 12:5 00 PM	26.33													0	0	0	0	0	0	0	0	0		
ICF not housed in PIP or MHCB or TMHU	03/29/2021	Region II	VSP			ML	EOP	ICF	3/25/2021 12:5 00 PM	26.33													0	0	0	0	0	0	0	0	0		
ICF not housed in PIP or MHCB or TMHU	03/30/2021	Region II	VSP			ML	EOP	ICF	3/25/2021 12:5 00 PM	26.33					08:33:00 Standard Conf for 0.53 Hours	1	0	09:06:00 Standard Conf for 0. 7 Hours	2	0	0	0	0	0	0	0	1. 7	0	1. 7	0	1. 7		
ICF not housed in PIP or MHCB or TMHU	03/31/2021	Region II	VSP			ML	EOP	ICF	3/25/2021 12:5 00 PM	26.33													0	0	0	0	0	0	0	0	0		
ICF not housed in PIP or MHCB or TMHU	04/01/2021	Region II	VSP			ML	EOP	ICF	3/25/2021 12:5 00 PM	26.33													0	0	1	0	1	1	0	1	0	1	
ICF not housed in PIP or MHCB or TMHU	04/02/2021	Region II	VSP			ML	EOP	ICF	3/25/2021 12:5 00 PM	26.33					09:16:00 Standard Conf for 0.37 Hours	1	0	0	0	0	0	0	0	0	1	0	1	1.37	0	1.37	0	1.3	
ICF not housed in PIP or MHCB or TMHU	04/03/2021	Region II	VSP			ML	EOP	ICF	3/25/2021 12:5 00 PM	26.33													0	0	0	0	0	0	0	0	0		
ICF not housed in PIP or MHCB or TMHU	04/04/2021	Region II	VSP			ML	EOP	ICF	3/25/2021 12:5 00 PM	26.33													0	0	0	0	0	0	0	0	0		
ICF not housed in PIP or MHCB or TMHU	04/05/2021	Region II	VSP			ML	EOP	ICF	3/25/2021 12:5 00 PM	26.33													0	0	0	0	0	0	0	0	0		
ICF not housed in PIP or MHCB or TMHU	04/06/2021	Region II	VSP			ML	EOP	ICF	3/25/2021 12:5 00 PM	26.33					08: :00 Standard Conf for 0.27 Hours	1	0	0	0	0	0	0	0	0	0	1	1	0.27	0	0.27	1	1.27	
ICF not housed in PIP or MHCB or TMHU	04/07/2021	Region II	VSP			ML	EOP	ICF	3/25/2021 12:5 00 PM	26.33													0	0	0	0	0	0	0	0	0		
TMHU	03/23/2021	Region II	VSP		Medium (A)	ML	PF	CCCMG			3/23/2021 10:17:13 PM	3/23/2021 10:52:11 AM	0.53	VAR	EOP	0	0	1 : 15:00 Standard Conf for n. 904A, s.	1	0	0	0	0	0	0	0	0.5	0	0.5	0	0.5		
TMHU	03/23/2021	Region II	VSP		Medium (A)	ML	VAR	MHCB	3/22/2021 9:33:00 PM	0.53	3/23/2021 10:17:13 PM	3/23/2021 10:52:11 AM	0.53	VAR	EOP	09:00:00 Bedside Cn. 1A, n. 24A, s.	1	0	0	0	0	0	0	NSG at 17:16	0	0	0	0	0	0. 2	0	0. 2	0
TMHU	03/25/2021																																

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TMHU	04/05/2021	Reg on III	KVSP					Maximum	ML	VAR	EOP			3/22/2021 9:00:58 PM	/9 2021 8 : : 6 AM	17 . 9		GP	EOP					10:56:00 Cei Front NonConf for 0:08	0	1		0	0			0			0.08	0	1.5	1.5	0	0.08	0.08	1.5	1.58						
TMHU	04/06/2021	Reg on III	KVSP					Maximum	ML	VAR	EOP			3/22/2021 9:00:58 PM	/9 2021 8 : : 6 AM	17 . 9		GP	EOP																														
TMHU	04/07/2021	Reg on III	KVSP					Maximum	ML	VAR	EOP			3/22/2021 9:00:58 PM	/9 2021 8 : : 6 AM	17 . 9		GP	EOP																														
TMHU	04/08/2021	Reg on III	KVSP					Maximum	ML	VAR	EOP			3/22/2021 9:00:58 PM	/9 2021 8 : : 6 AM	17 . 9		GP	EOP					08:28:00 Cei Front NonConf for 0:08	0	1		0	0			0			0.08	0	0	0	0	0.08	0.08	0	0.08						
TMHU	04/09/2021	Reg on III	KVSP					Maximum	ML	VAR	EOP			3/22/2021 9:00:58 PM	/9 2021 8 : : 6 AM	17 . 9		GP	EOP																														
TMHU	03/16/2021	Reg on III	KVSP					Maximum	ML	VAR	MHCBS			3/15/2021 6: 7:00 PM	3/15/2021 6: 2:2 PM	0:68		GP	MHCBS					06: 0:00 Therapeu icModule Pre-15: 15:00:00 Cei Front NonConf for 0:25 Hou s	2	0		13:15:00 Therapeut (Module Conf) or 0:23 Hours	1	0		0	0		0	0	0	0	0	0	0	0	0	0	0.65	0	0.65	0	0.65
ICF not housed in PIP or MHCB or TMHU	03/16/2021	Reg on III	KVSP						ML	SNY	ICF			3 3 2021 3 35:00 PM																																			
ICF not housed in PIP or MHCB or TMHU	03/17/2021	Reg on III	KVSP						ML	SNY	ICF			3 3 2021 3 35:00 PM																																			
ICF not housed in PIP or MHCB or TMHU	03/16/2021	Reg on III	KVSP						ASU	SRH	ICF			8/21 2020 10:1 :00 AM																																			
ICF not housed in PIP or MHCB or TMHU	03/17/2021	Reg on III	KVSP						ASU	SRH	ICF			8/21 2020 10:1 :00 AM																																			
ICF not housed in PIP or MHCB or TMHU	03/18/2021	Reg on III	KVSP						ASU	SRH	ICF			8/21 2020 10:1 :00 AM																																			
ICF not housed in PIP or MHCB or TMHU	03/19/2021	Reg on III	KVSP						ASU	SRH	ICF			8/21 2020 10:1 :00 AM																																			
ICF not housed in PIP or MHCB or TMHU	03/20/2021	Reg on III	KVSP						ASU	SRH	ICF			8/21 2020 10:1 :00 AM																																			
ICF not housed in PIP or MHCB or TMHU	03/21/2021	Reg on III	KVSP						ASU	SRH	ICF			8/21 2020 10:1 :00 AM																																			
ICF not housed in PIP or MHCB or TMHU	03/22/2021	Reg on III	KVSP						ASU	SRH	ICF			8/21 2020 10:1 :00 AM																																			
ICF not housed in PIP or MHCB or TMHU	03/23/2021																																																

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# **EXHIBIT 5**





Glossary

04/21/21 2:45:00 PM

Last Date / Time Refresh (PST)

# COVID-19 MH Operational Impact Dashboard - Safety

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Note: data are not reported in conjunction with census

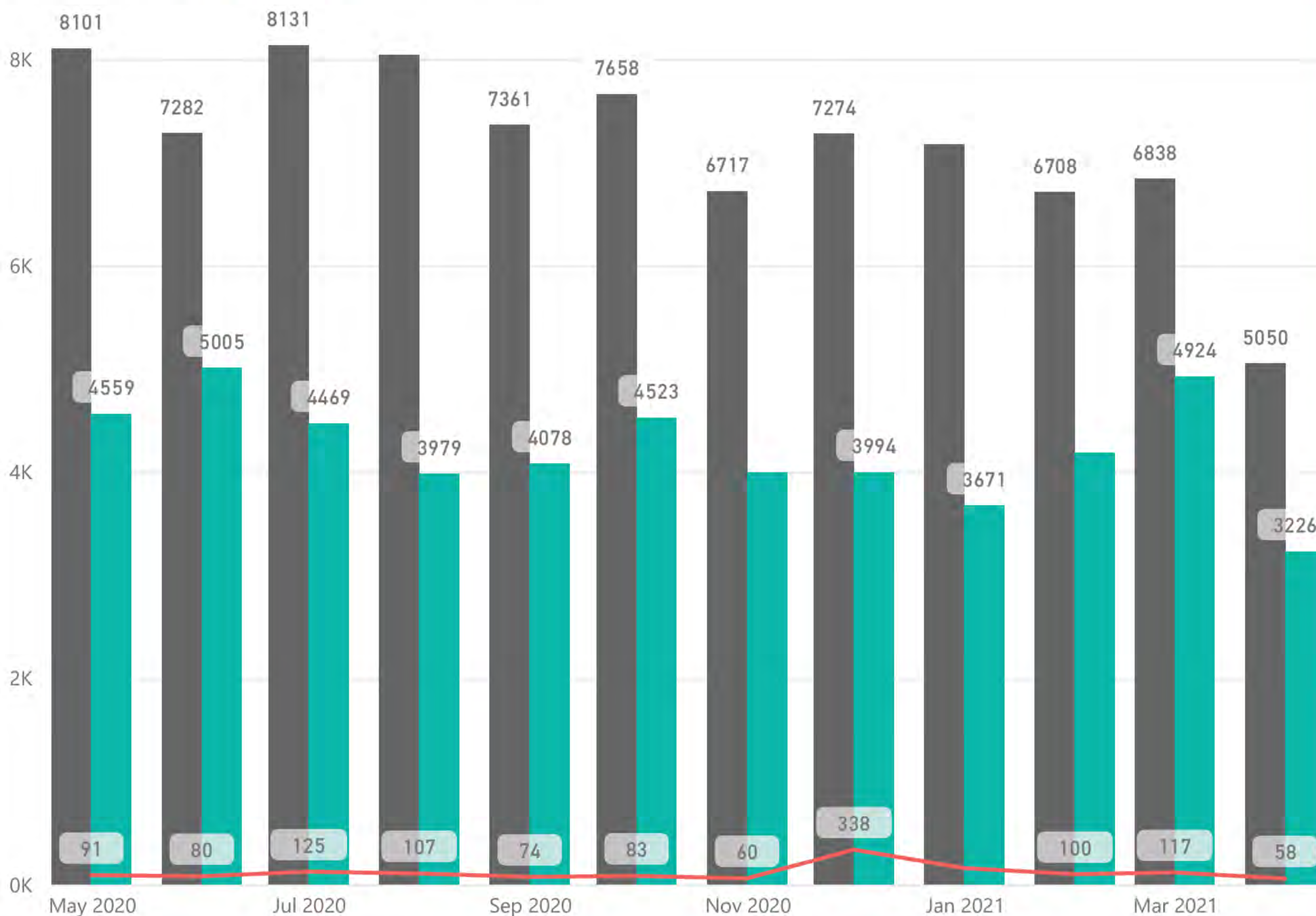
Region

All



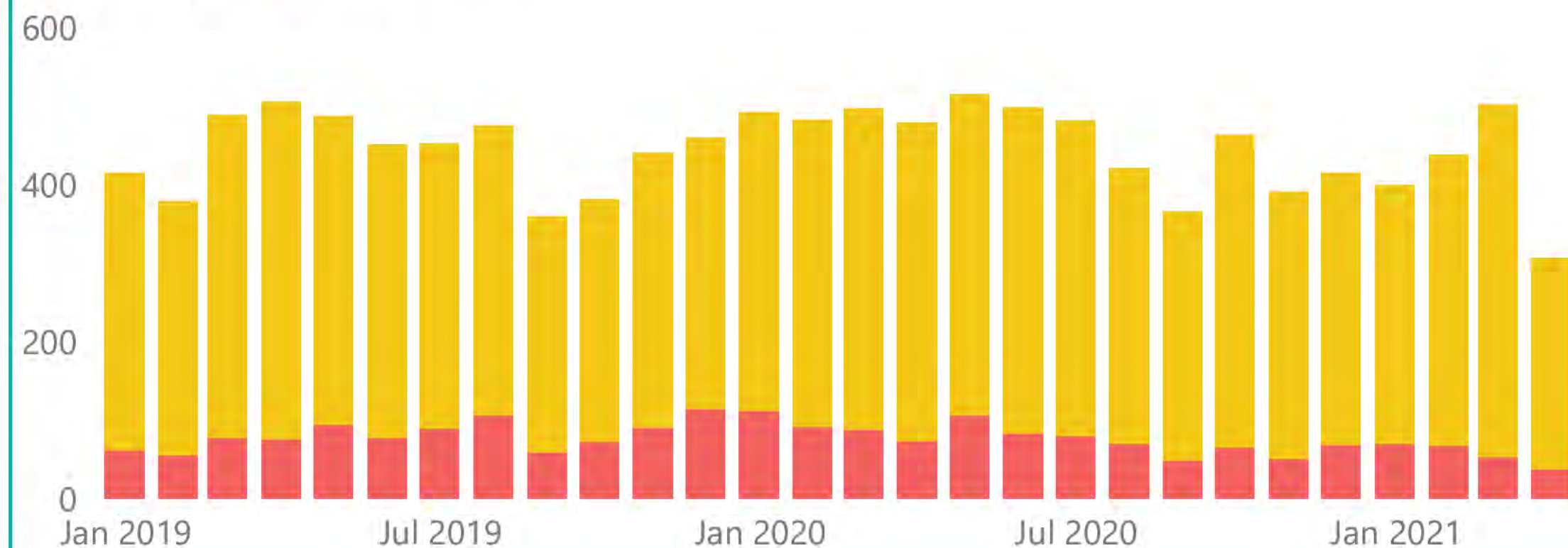
## SRASHE & CSSRS Screener

● 12 month prior ● Current — CSSRS Total



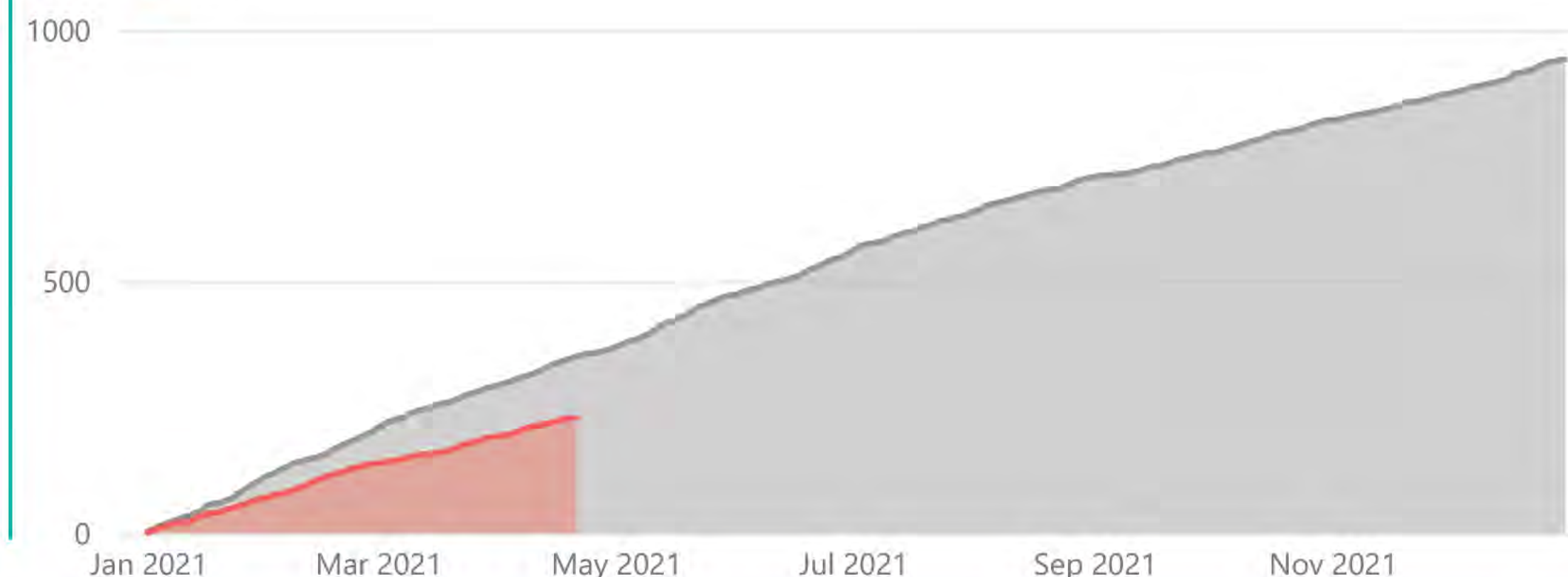
## Self-Injurious Behavior

● SIB w/ Intent ● SIB w/o Intent



## YTD SIB with Intent

● 2020 ● 2021



FSP	ASP	CAL	CCC	CCI	CCWF	CEN	CHCF	CIM	CIW	CMC	CMF	COR	CRC	CTF	CVSP	DVI	CAC	HDSP	ISP	KVSP	LAC	MCSP	NKSP	PBSP	PVSP	RJD	SAC	SATF	SCC	SOL	SQ	SVSP	VSP	WSP
-----	-----	-----	-----	-----	------	-----	------	-----	-----	-----	-----	-----	-----	-----	------	-----	-----	------	-----	------	-----	------	------	------	------	-----	-----	------	-----	-----	----	------	-----	-----





Glossary

04/21/21 2:45:00 PM

Last Date / Time Refresh (PST)

# COVID-19 MH Operational Impact Dashboard - MHCB

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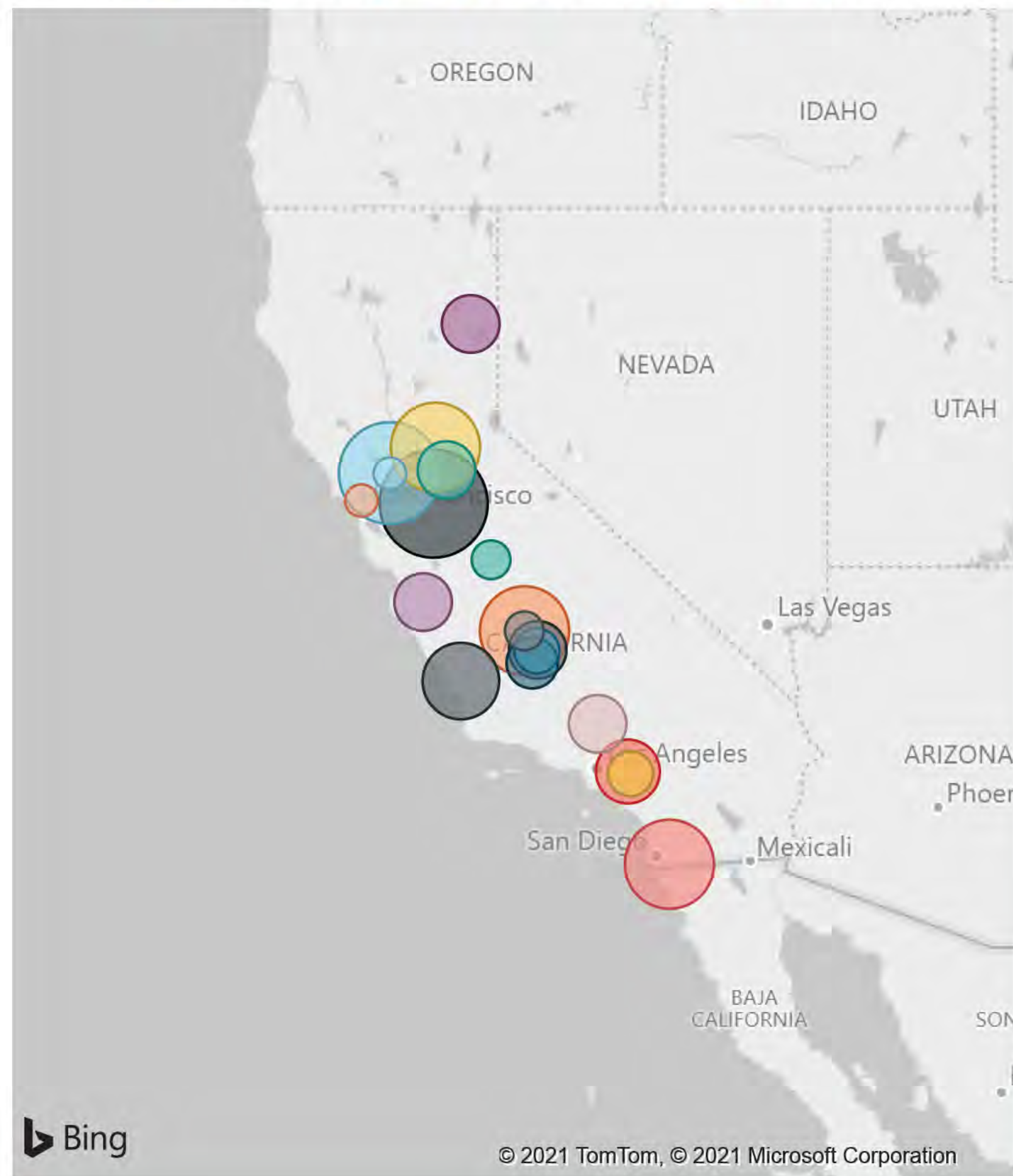
Note: data are not reported in conjunction with census

Region

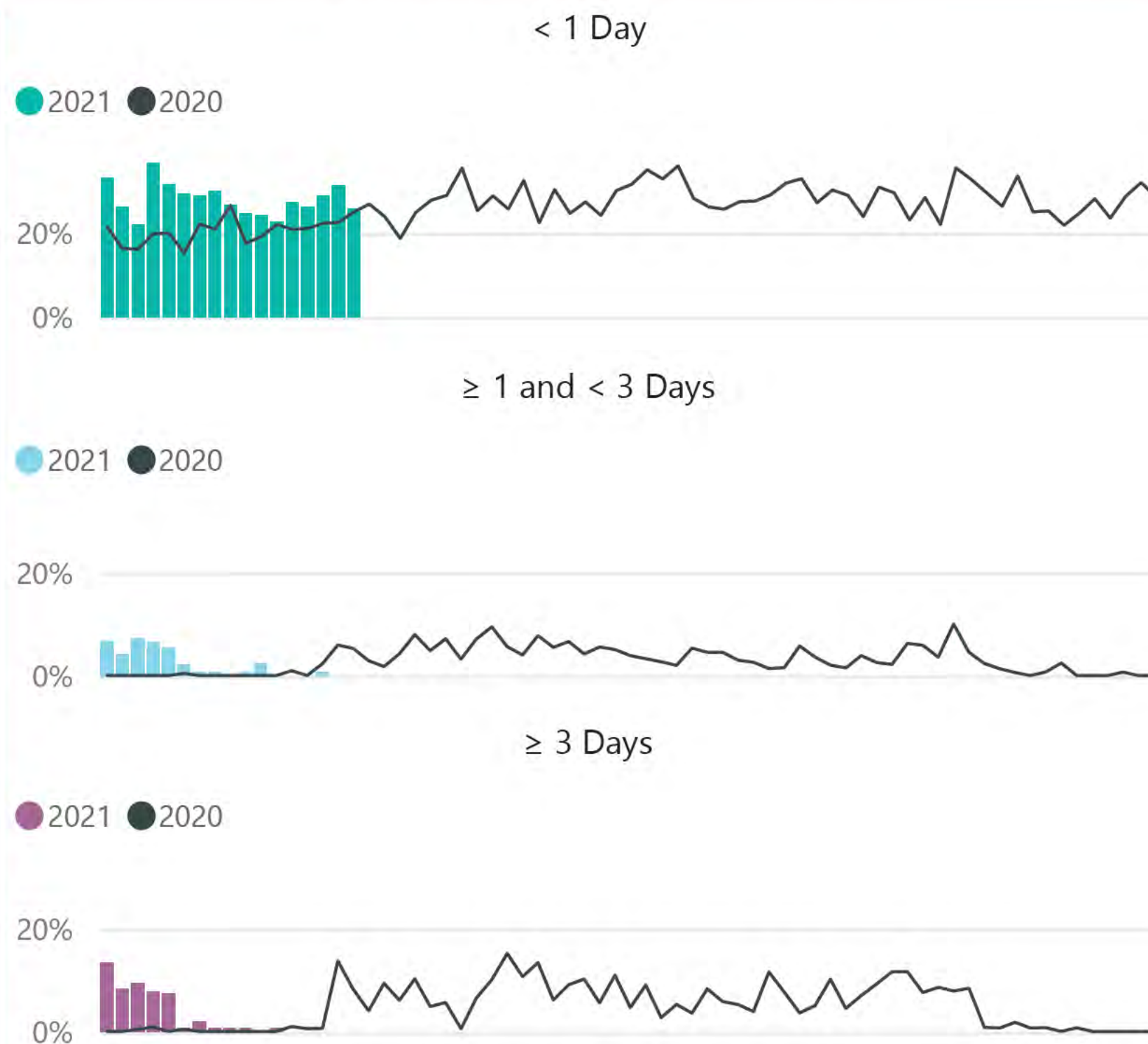
All

## MHCB Location

Institution CCWF CHCF CIM CIW CMC CMF COR HDSP



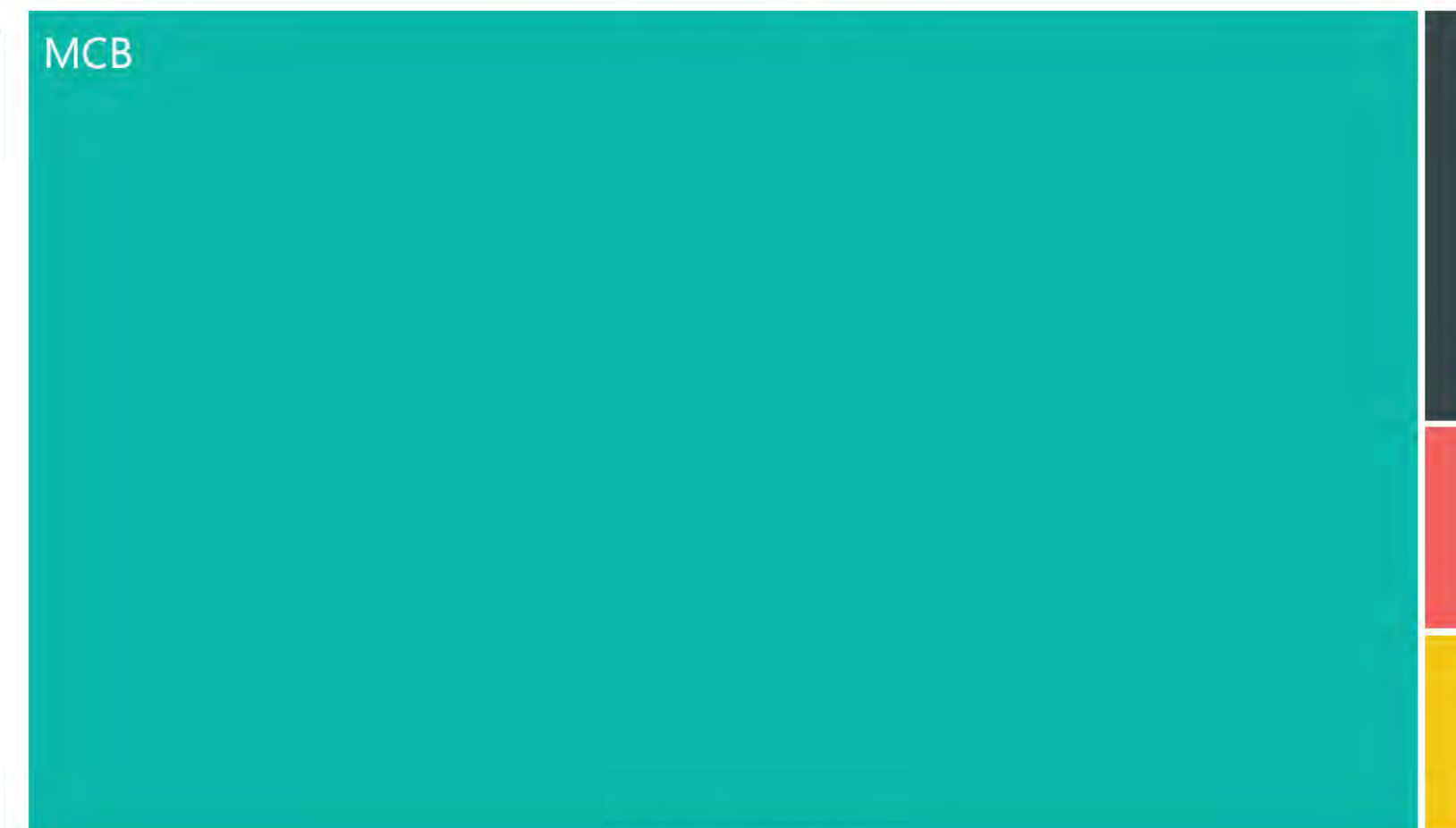
## Percent Rescinded



## MHCB in THMU & ELOC



## Bed Type



## Referrals



FSP	ASP	CAL	CCC	CCI	CCWF	CEN	CHCF	CIM	CIW	CMC	CMF	COR	CRC	CTF	CVSP	DVI	CAC	HDSP	ISP	KVSP	LAC	MCSP	NKSP	PBSP	PVSP	RJD	SAC	SATF	SCC	SOL	SQ	SVSP	VSP	WSP
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Glossary

04/21/21 2:45:00 PM

Last Date / Time Refresh (PST)

# COVID-19 MH Operational Impact Dashboard - Acute

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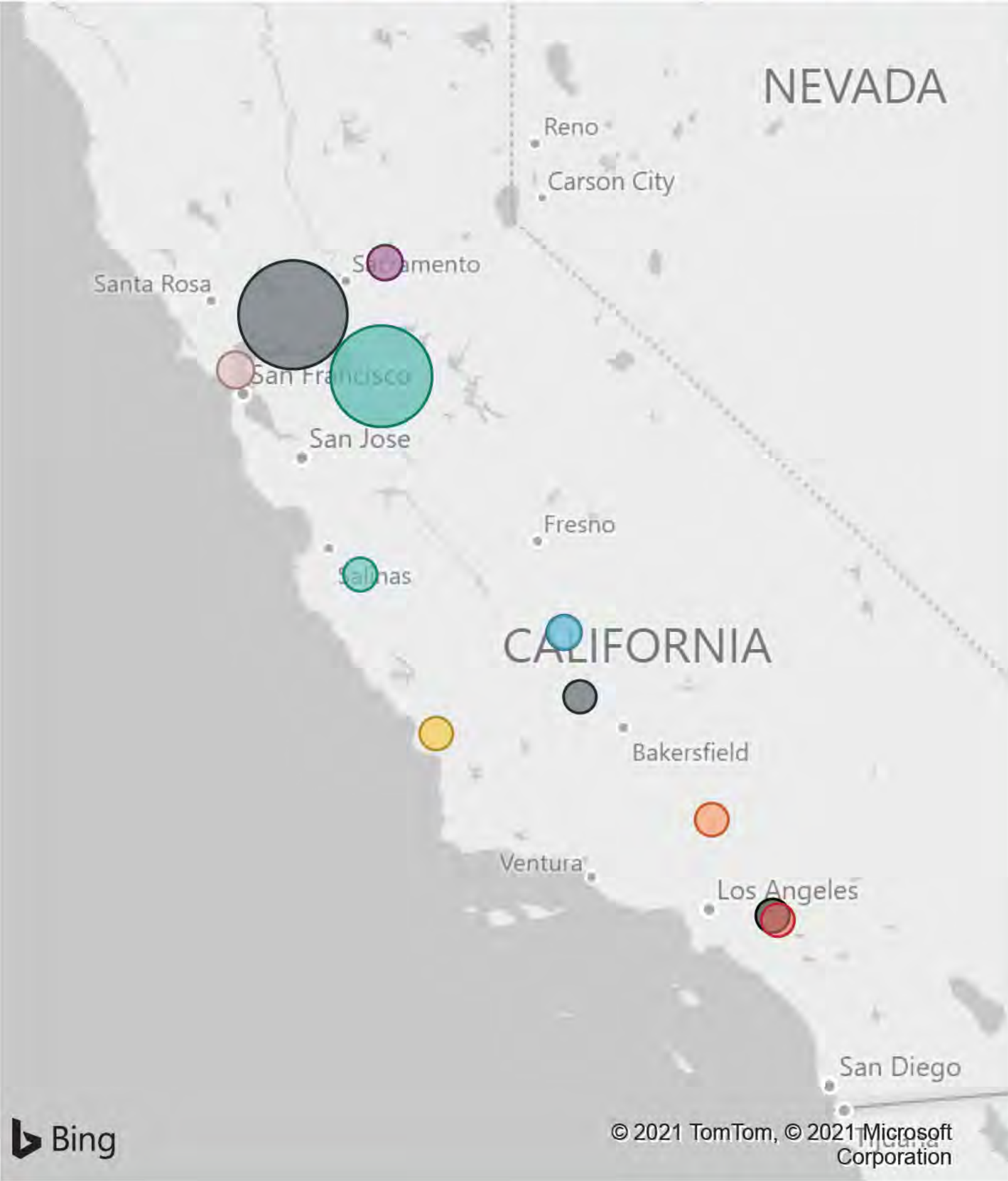
Note: data are not reported in conjunction with census

Region

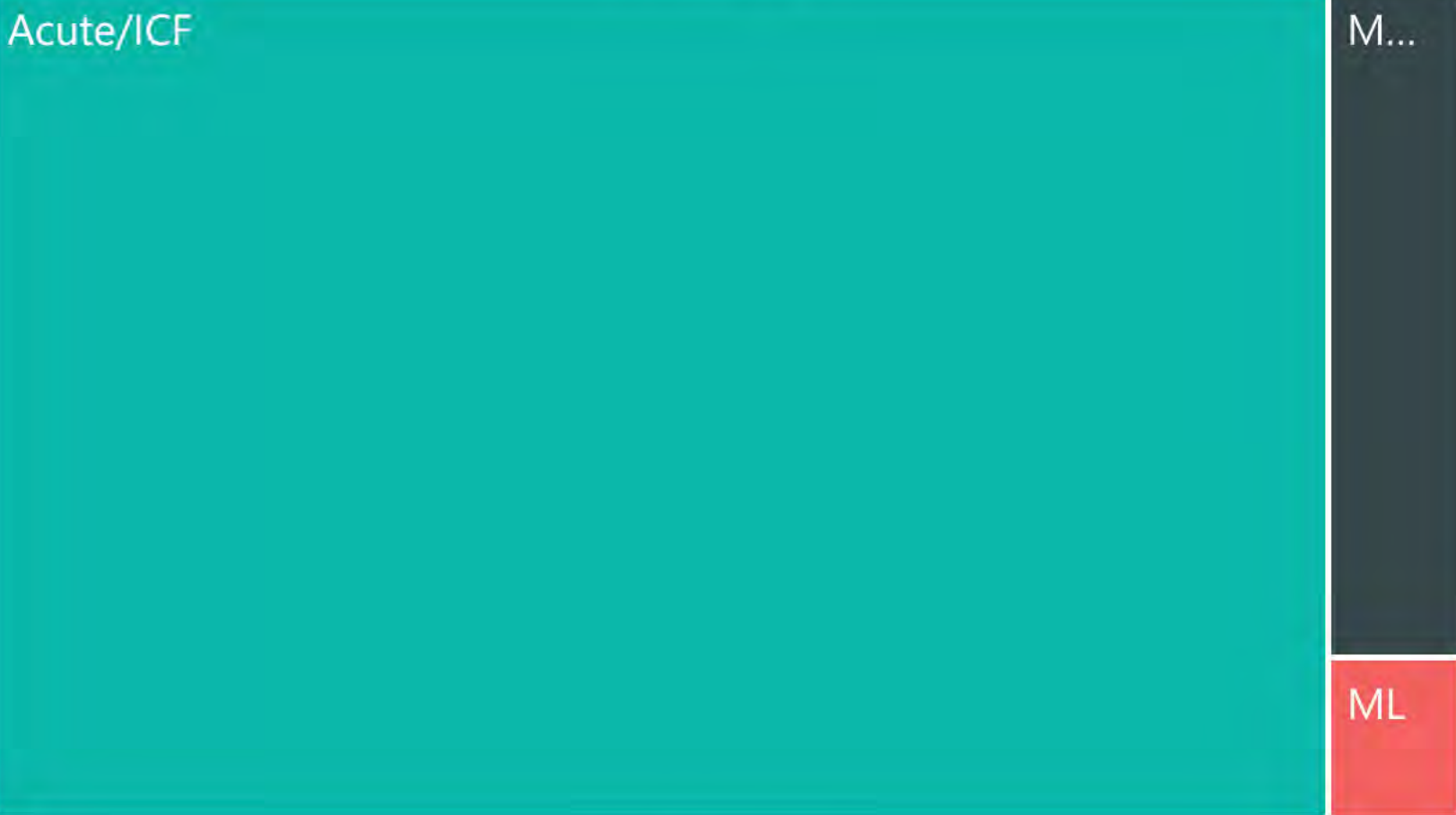
All

## Acute Location

Institution CHCF CIM CIW CMC CMF COR LAC SAC SATF



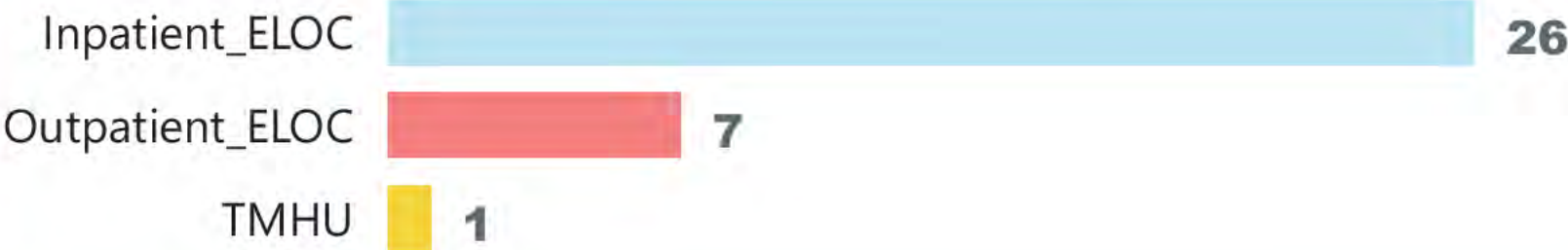
## Bed Type



## Referrals



## Acute in THMU & ELOC







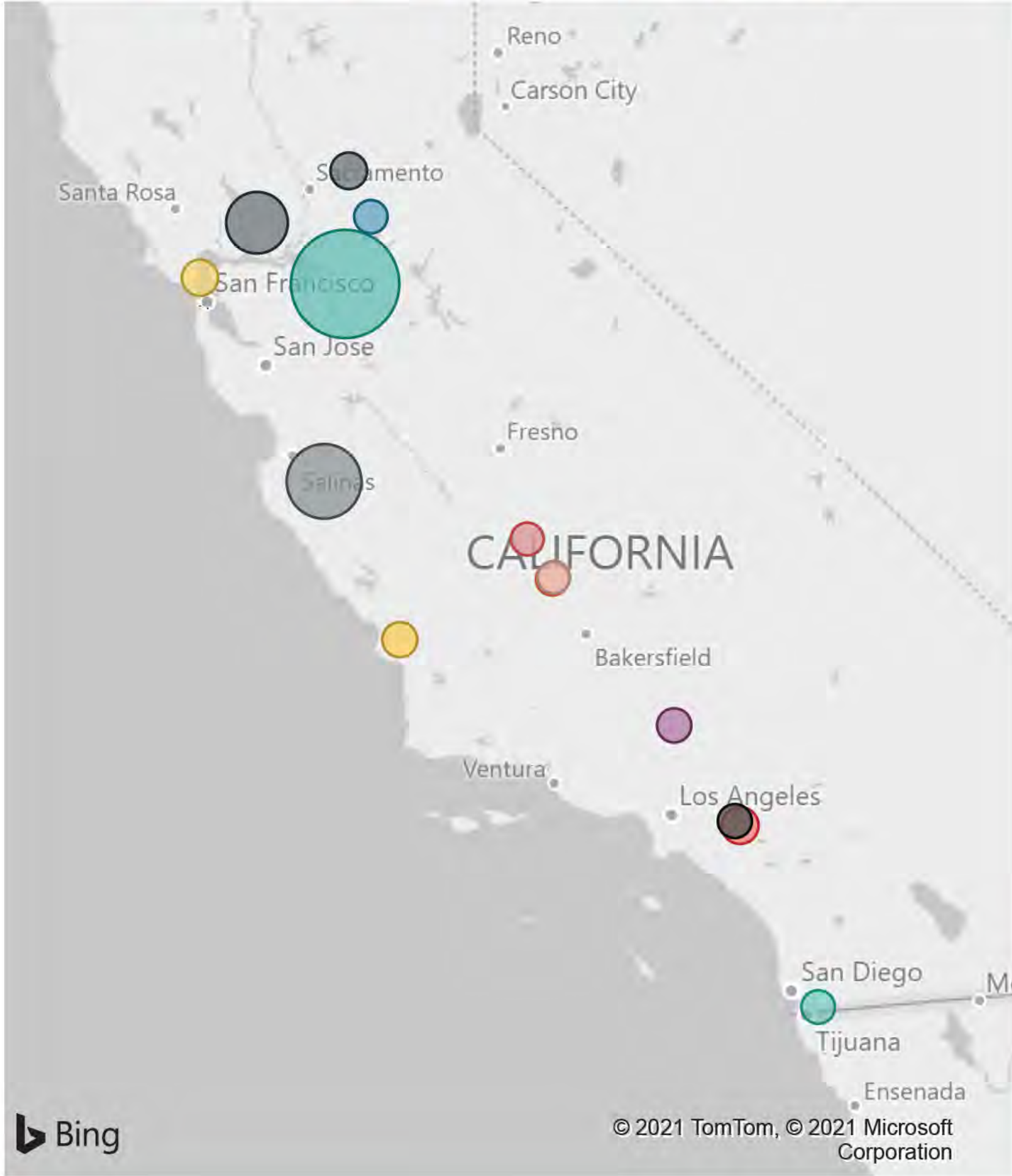
COVID-19 MH Operational Impact Dashboard - ICF

Note: data are not reported in conjunction with census



ICF Location

Institution CHCF CIM CIW CMC CMF COR KVSP LAC



Bed Type

Acute/ICF

ML

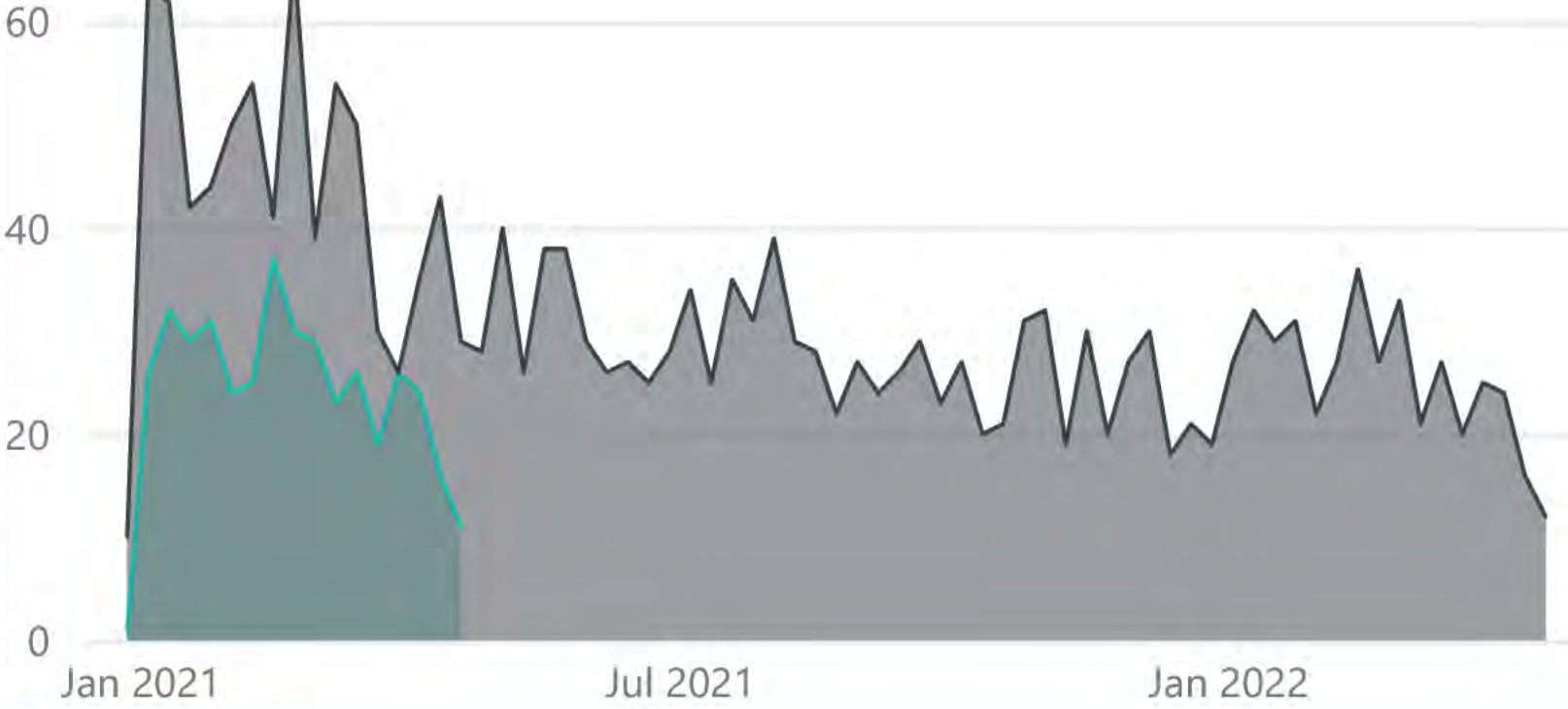
MHCB

ASU

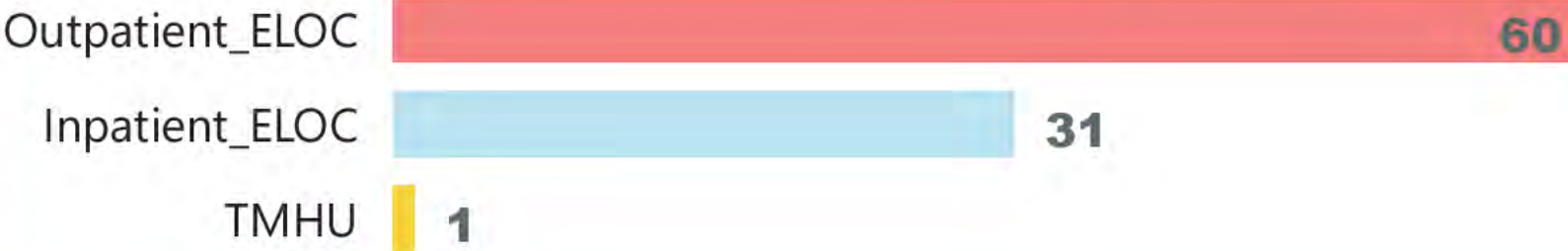
PSU

Referrals

2021 2020



ICF in THMU & ELOC



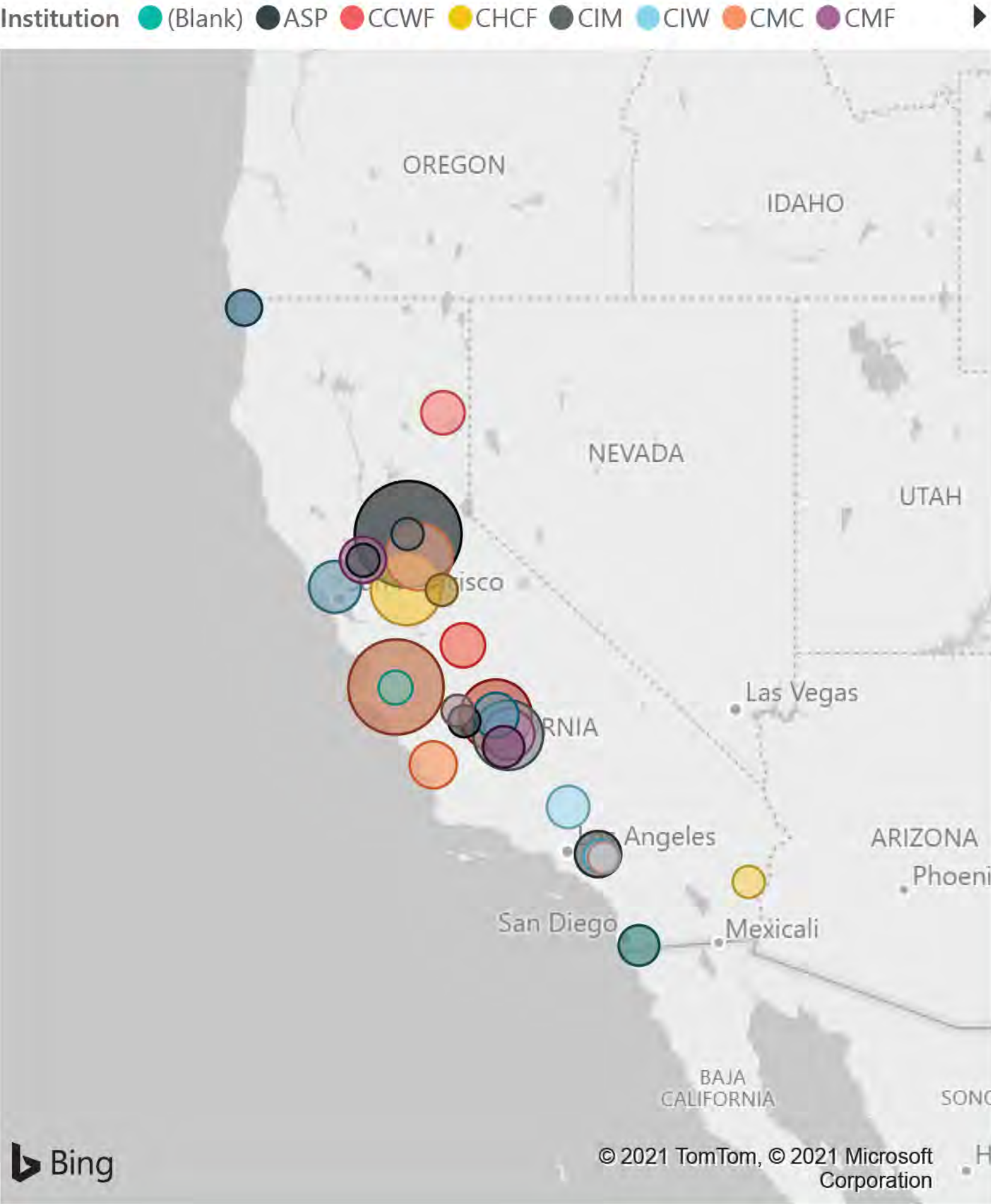




COVID-19 MH Operational Impact Dashboard - ELOC & EOP

Note: data are not reported in conjunction with census

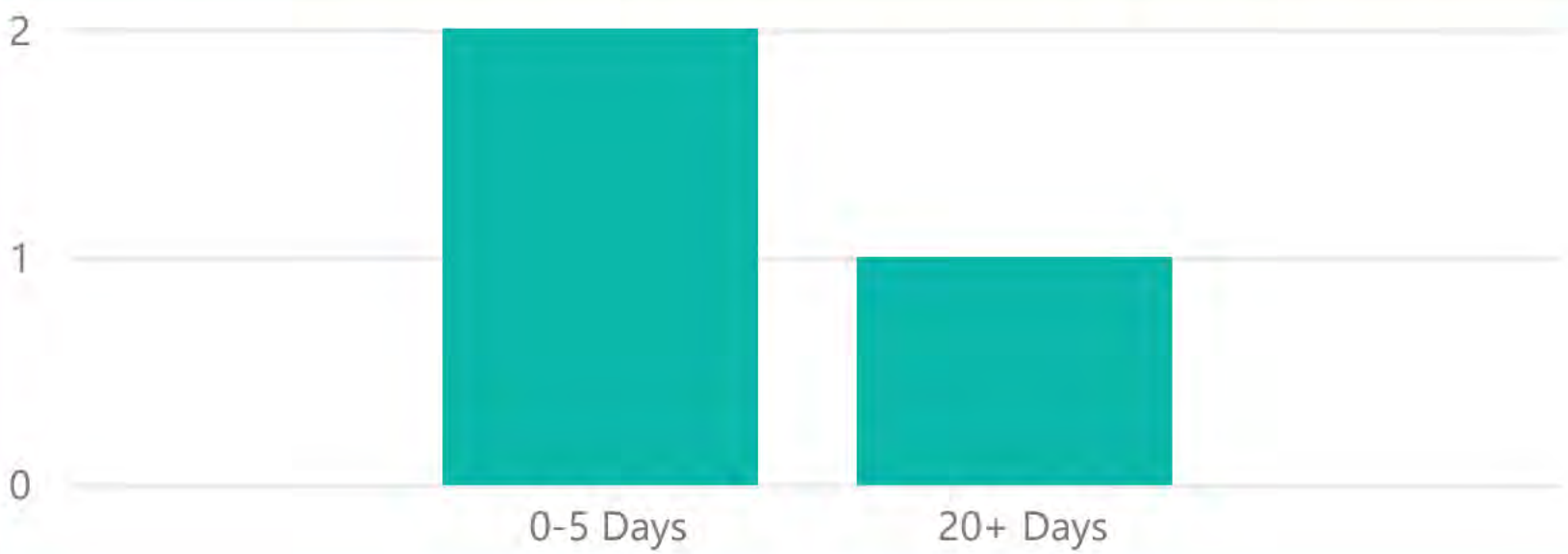
ELOC Location



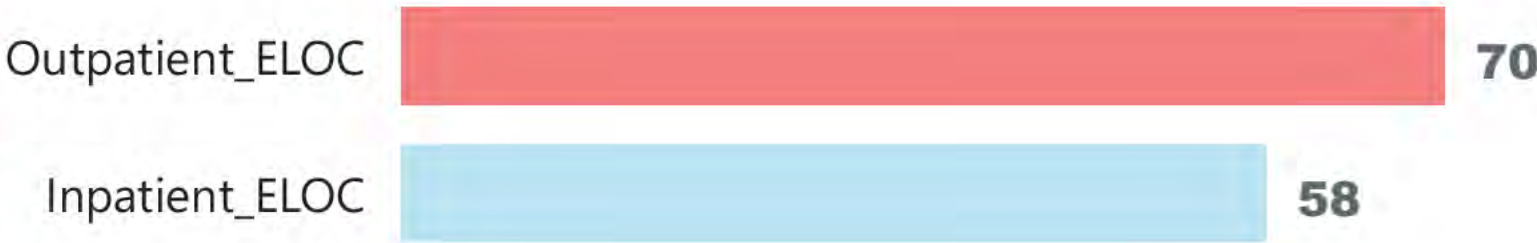
EOP Patients Not in EOP Bed

378

MHCB Patients LOS in Outpatient



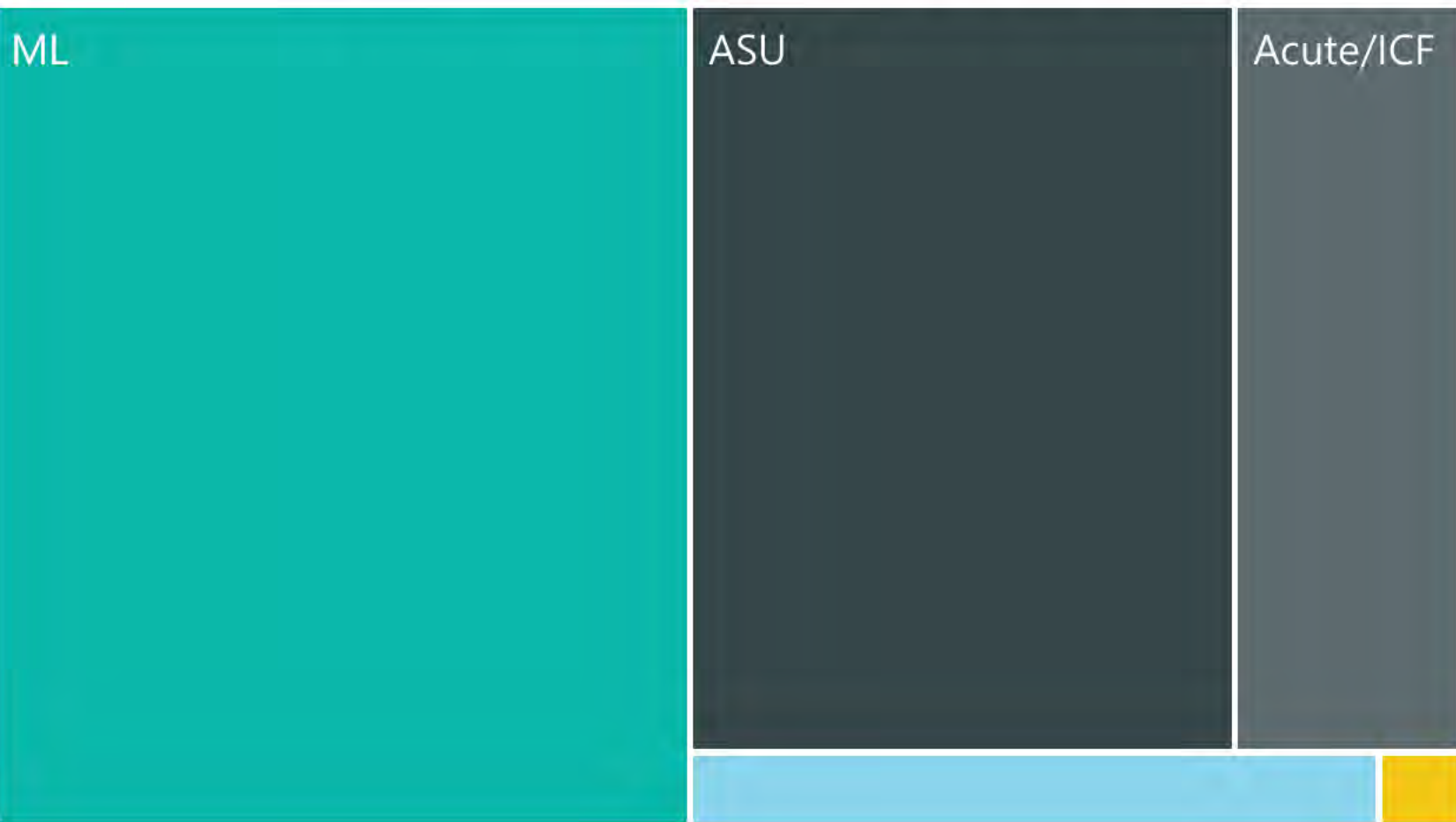
Inpatient Referrals in ELOC



Inpatient in EOP Housing



Patients Awaiting EOP Bed



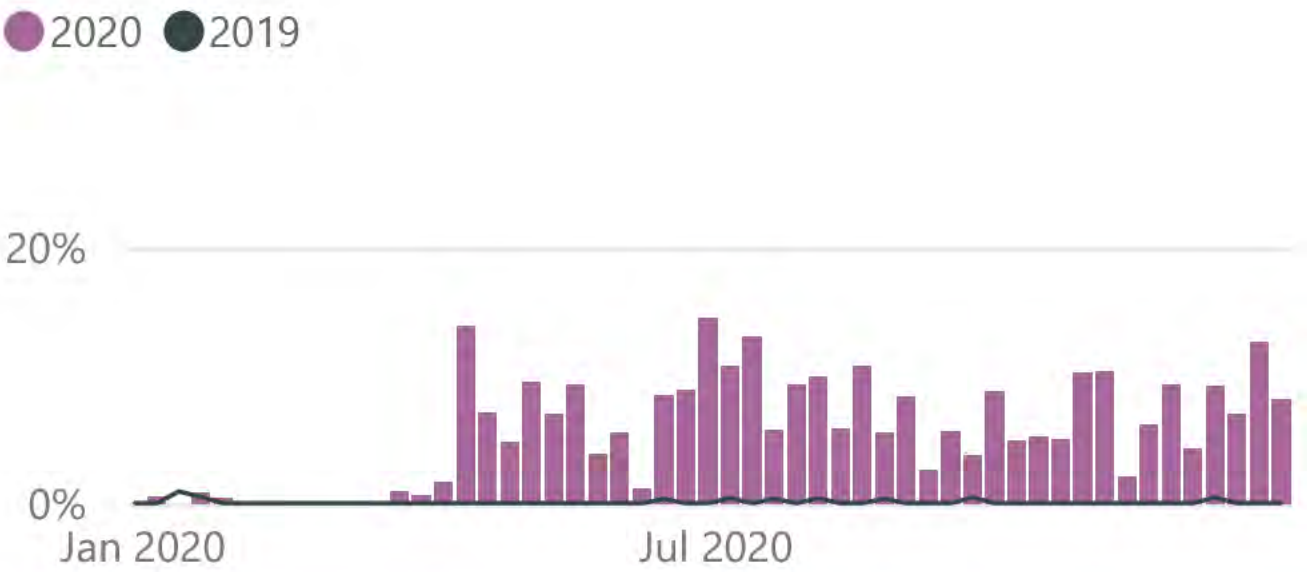
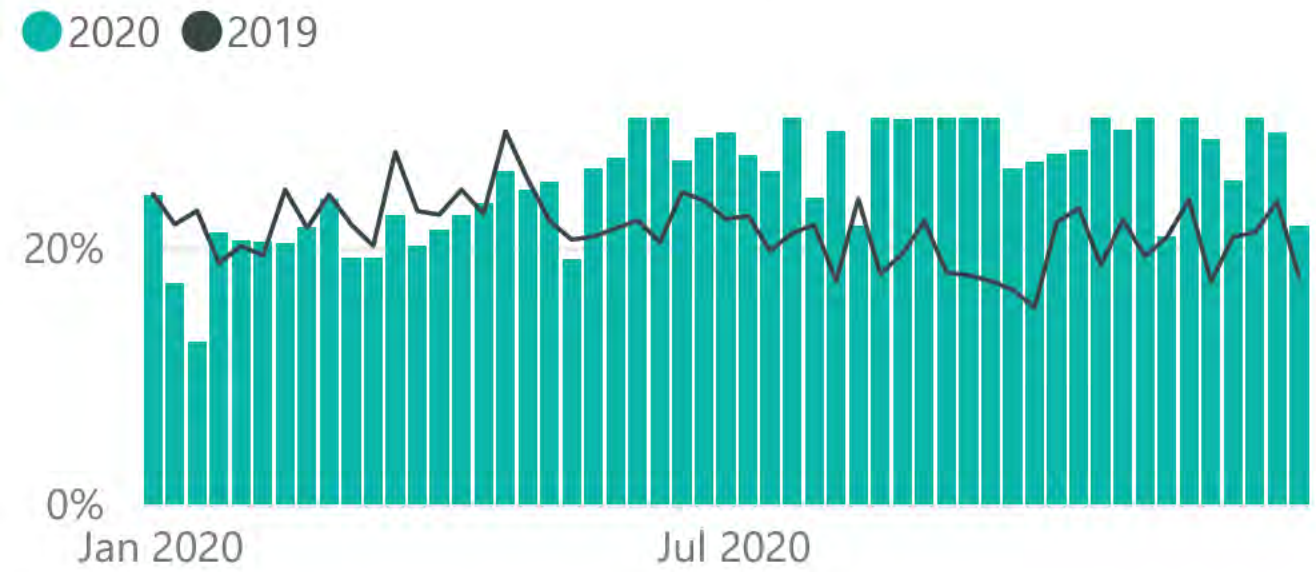




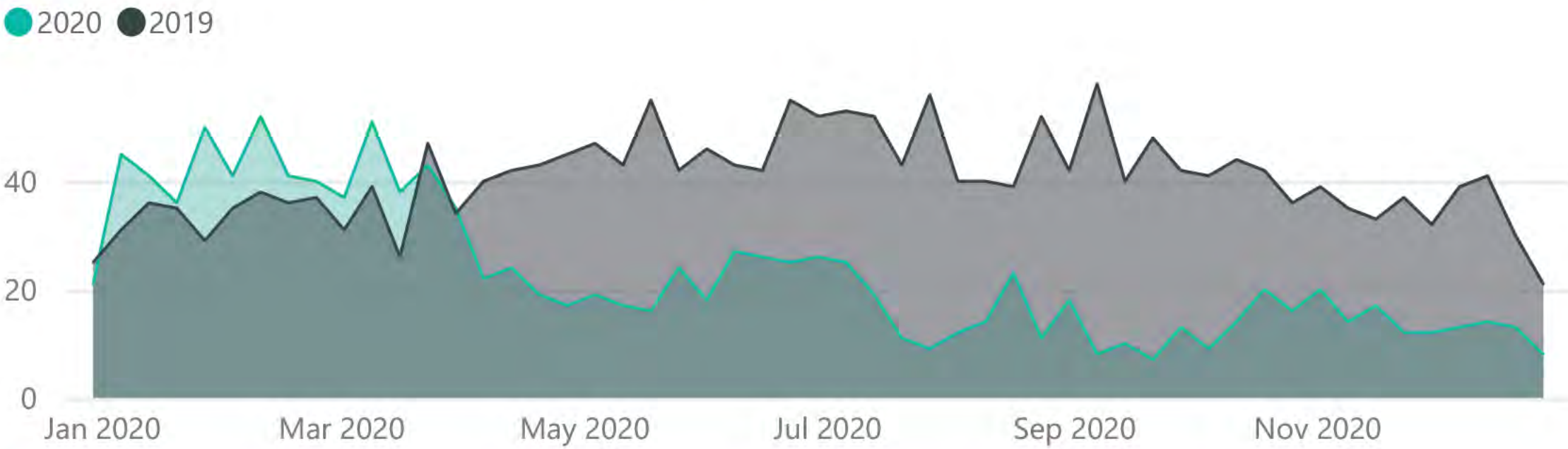
MHCB Percent Rescinded

< 1 Day

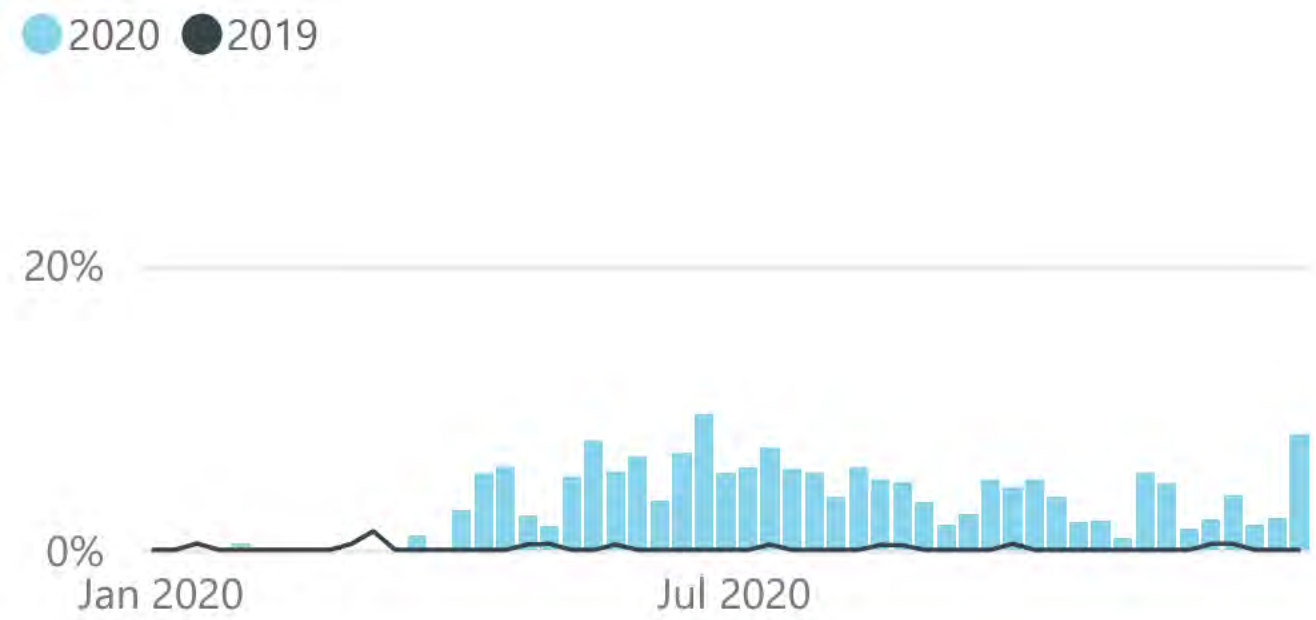
≥ 3 Days



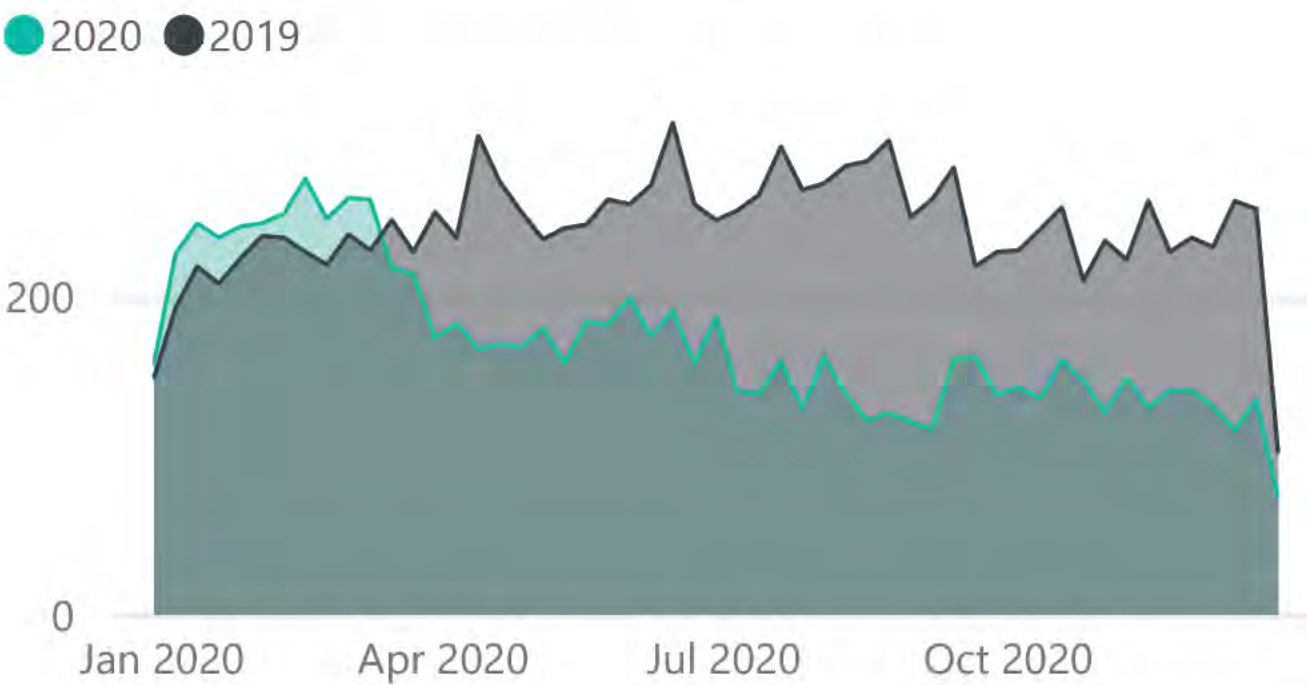
ACUTE Referrals



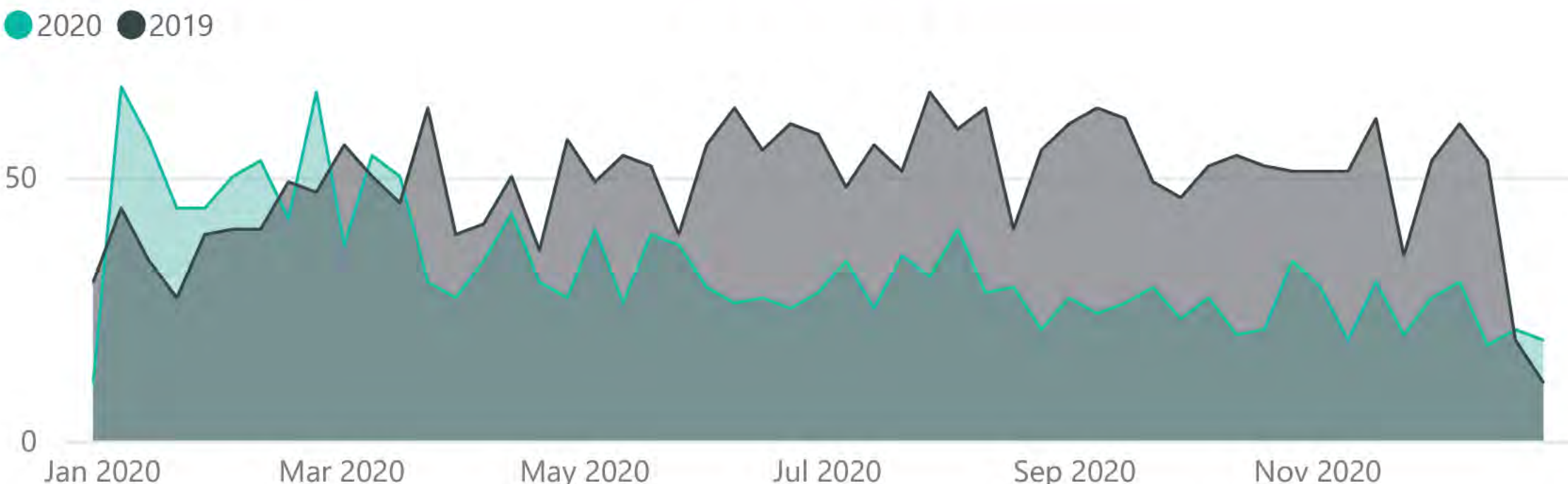
≥ 1 and < 3 Days



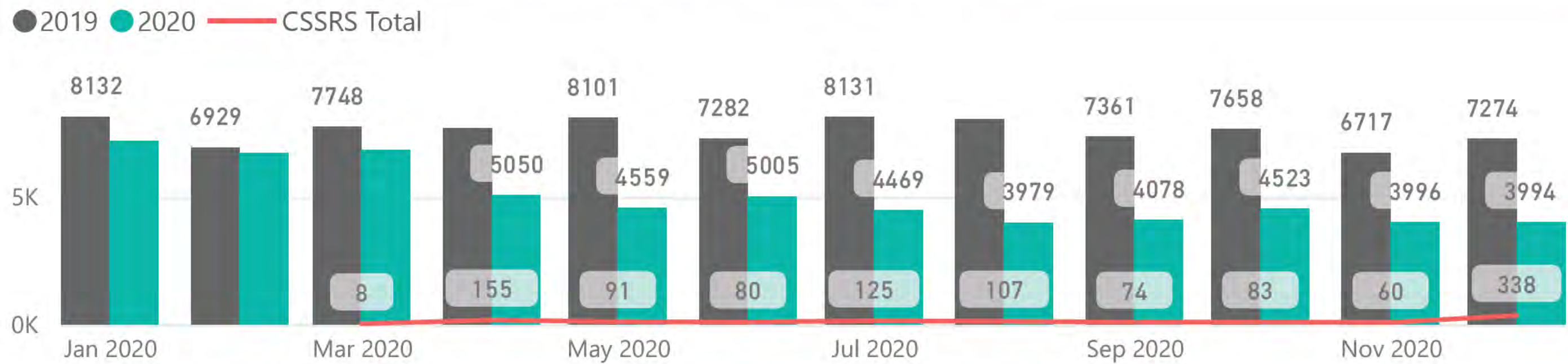
MHCB Referrals



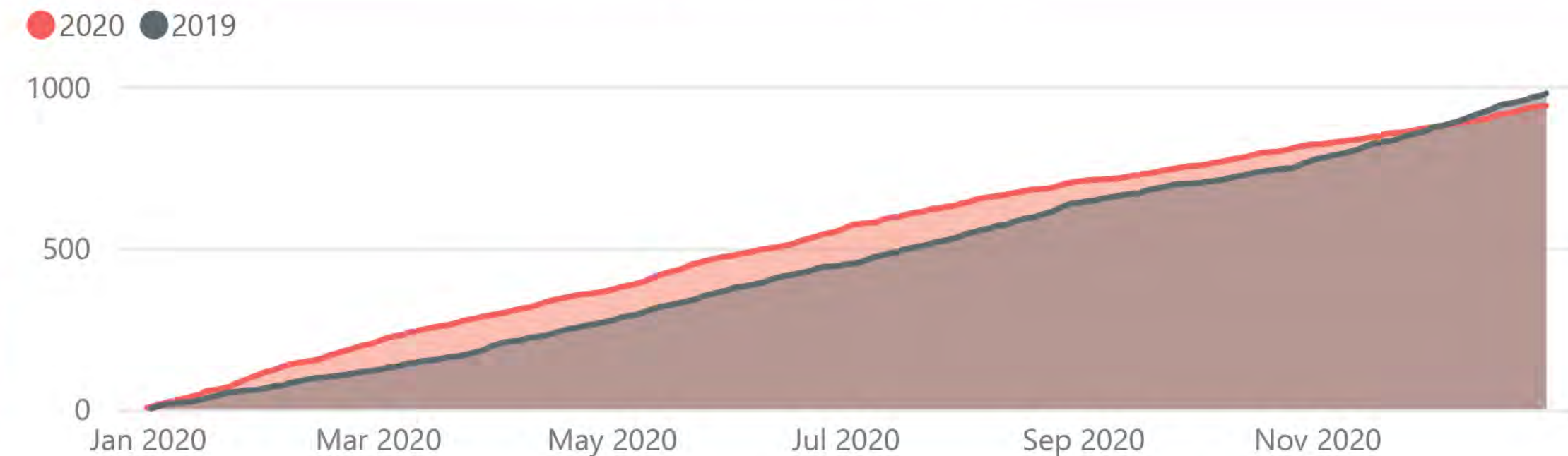
ICF Referrals



SRASHE & CSSRS Screener



YTD SIB with Intent





# **EXHIBIT 6**

**April 3, 2021**  
**Roadmap Phase Report**

No filters applied

Facility Type / Institution / Facility	INSTITUTION	FACILITY	TOTAL FAC STATUS
Camps	CCC	CCC-Alder Camp	1 Phase 3
Camps	CCC	CCC-Antelope Camp	1 Phase 3
Camps	CCC	CCC-Ben Lomond Camp	1 Phase 3
Camps	CCC	CCC-Chamberlain Creek Camp	1 Phase 1
Camps	CCC	CCC-Deadwood Camp	1 Phase 3
Camps	CCC	CCC-Delta Camp	1 Phase 3
Camps	CCC	CCC-Devils Garden Camp	1 Phase 1
Camps	CCC	CCC-Eel River Camp	1 Phase 3
Camps	CCC	CCC-High Rock Camp	1 Phase 1
Camps	CCC	CCC-Intermountain	1 Phase 3
Camps	CCC	CCC-Ishi Camp	1 Phase 3
Camps	CCC	CCC-Konocti Camp	1 Phase 3
Camps	CCC	CCC-Parlin Fork Camp	1 Phase 3
Camps	CCC	CCC-Salt Creek Camp	1 Phase 3
Camps	CCC	CCC-Sugar Pine Camp	1 Phase 3
Camps	CCC	CCC-Trinity Camp	1 Phase 3
Camps	CCC	CCC-Valley View Camp	1 Phase 1
Camps	CCC	CCC-Washington Ridge Camp	1 Phase 3
Camps	CIW	CIW-Malibu Camp	1 Phase 2
Camps	CIW	CIW-Puerta La Cruz	1 Phase 2
Camps	CIW	CIW-Rainbow Camp	1 Phase 1
Camps	SCC	SCC-Acton Camp	1 Phase 2
Camps	SCC	SCC-Baseline Camp	1 Phase 1
Camps	SCC	SCC-Bautista Camp	1 Phase 2
Camps	SCC	SCC-Fenner Camp	1 Phase 2
Camps	SCC	SCC-Francisquito Camp	1 Phase 2
Camps	SCC	SCC-Gabilan Camp	1 Phase 2
Camps	SCC	SCC-Growlersburg Camp	1 Phase 2
Camps	SCC	SCC-Holton Camp	1 Phase 2
Camps	SCC	SCC-Julius Klein Camp	1 Phase 2
Camps	SCC	SCC-La Cima Camp	1 Phase 2
Camps	SCC	SCC-McCain Valley Camp	1 Phase 1
Camps	SCC	SCC-Miramonte Camp	1 Phase 2
Camps	SCC	SCC-Mountain Home Camp	1 Phase 2
Camps	SCC	SCC-Mt. Bullion Camp	1 Phase 2
Camps	SCC	SCC-Oak Glen Camp	1 Phase 2
Camps	SCC	SCC-Owens Valley Camp	1 Phase 2
Camps	SCC	SCC-Pilot Rock Camp	1 Phase 1
Camps	SCC	SCC-Prado Camp	1 Phase 2
Camps	SCC	SCC-Vallecito Camp	1 Phase 2
Contract Beds Unit	CBU	FCRF-Female Community Reentry Facility	1 Phase 1
Contract Beds Unit	CBU	SMCCF-Shafter Modified Community Correctional Facility	1 Phase 1
Contract Beds Unit	CBU	TMCCF-Taft Modified Community Correctional Facility	1 Phase 2
Mainline	ASP	ASP-Central Service	1 Phase 3
Mainline	ASP	ASP-Facility A	1 Phase 3
Mainline	ASP	ASP-Facility B	1 Phase 3
Mainline	ASP	ASP-Facility C	1 Phase 3
Mainline	ASP	ASP-Facility D	1 Phase 3
Mainline	ASP	ASP-Facility E	1 Phase 3
Mainline	ASP	ASP-Facility F	1 Phase 3
Mainline	CAC	CAC-Facility A	1 Phase 1
Mainline	CAC	CAC-Facility B	1 Phase 2
Mainline	CAC	CAC-Facility C	1 Phase 2
Mainline	CAL	CAL-AD SEG	1 Phase 1
Mainline	CAL	CAL-Central Service	1 Phase 1
Mainline	CAL	CAL-Facility A	1 Phase 2
Mainline	CAL	CAL-Facility B	1 Phase 2
Mainline	CAL	CAL-Facility C	1 Phase 2
Mainline	CAL	CAL-Facility D	1 Phase 2

Mainline	CAL	CAL-MSF	1 Phase 3
Mainline	CCC	CCC-Central Service	1 Phase 3
Mainline	CCC	CCC-Facility A	1 Phase 2
Mainline	CCC	CCC-Facility B	1 Phase 3
Mainline	CCC	CCC-Facility C	1 Phase 2
Mainline	CCC	CCC-Firehouse	1 Phase 3
Mainline	CCC	CCC-MSF	1 Phase 3
Mainline	CCI	CCI-Central Service	1 Phase 1
Mainline	CCI	CCI-Facility A	1 Phase 2
Mainline	CCI	CCI-Facility B	1 Phase 2
Mainline	CCI	CCI-Facility C	1 Phase 2
Mainline	CCI	CCI-Facility D	1 Phase 3
Mainline	CCI	CCI-Facility E	1 Phase 3
Mainline	CCWF	CCWF-Central Service	1 Phase 2
Mainline	CCWF	CCWF-Facility A	1 Phase 1
Mainline	CCWF	CCWF-Facility B	1 Phase 2
Mainline	CCWF	CCWF-Facility C	1 Phase 2
Mainline	CCWF	CCWF-Facility D	1 Phase 2
Mainline	CEN	CEN-AD SEG	1 Phase 2
Mainline	CEN	CEN-Central Service	1 Phase 2
Mainline	CEN	CEN-Facility A	1 Phase 3
Mainline	CEN	CEN-Facility B	1 Phase 2
Mainline	CEN	CEN-Facility C	1 Phase 2
Mainline	CEN	CEN-Facility D	1 Phase 3
Mainline	CEN	CEN-MSF	1 Phase 3
Mainline	CHCF	CHCF-Central Services	1 Phase 2
Mainline	CHCF	CHCF-Facility A	1 Phase 2
Mainline	CHCF	CHCF-Facility B	1 Phase 2
Mainline	CHCF	CHCF-Facility C	1 Phase 2
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Mainline	CIM	CIM-Facility B	1 Phase 3
Mainline	CIM	CIM-Facility C	1 Phase 2
Mainline	CIM	CIM-Facility D	1 Phase 3
Mainline	CIW	CIW-Central Service	1 Phase 1
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Mainline	CMC	CMC-Central Service	1 Phase 2
Mainline	CMC	CMC-Facility A	1 Phase 2
Mainline	CMC	CMC-Facility B	1 Phase 2
Mainline	CMC	CMC-Facility C	1 Phase 2
Mainline	CMC	CMC-Facility D	1 Phase 2
Mainline	CMC	CMC-Facility E	1 Phase 2
Mainline	CMC	CMC-Facility F	1 Phase 2
Mainline	CMC	CMC-Facility G	1 Phase 2
Mainline	CMC	CMC-Facility H	1 Phase 4
Mainline	CMC	CMC-MSF	1 Phase 2
Mainline	CMF	CMF-Central Service	1 Phase 2
Mainline	CMF	CMF-Facility A	1 Phase 2
Mainline	CMF	CMF-Facility B	1 Phase 2
Mainline	CMF	CMF-Facility C	1 Phase 2
Mainline	CMF	CMF-MSF	1 Phase 2
Mainline	COR	COR-Central Service	1 Phase 2
Mainline	COR	COR-Facility 03A	1 Phase 2
Mainline	COR	COR-Facility 03B	1 Phase 2
Mainline	COR	COR-Facility 03C	1 Phase 2
Mainline	COR	COR-Facility 04A	1 Phase 2
Mainline	COR	COR-Facility 04B	1 Phase 2
Mainline	COR	COR-MSF	1 Phase 2
Mainline	COR	COR-STRH	1 Phase 2
Mainline	CRC	CRC-Central Service	1 Phase 3
Mainline	CRC	CRC-Facility A	1 Phase 2



Mainline	CRC	CRC-Facility B	1 Phase 3
Mainline	CRC	CRC-Facility C	1 Phase 3
Mainline	CRC	CRC-Facility D	1 Phase 3
Mainline	CTF	CTF-Facility A	1 Phase 2
Mainline	CTF	CTF-Facility B	1 Phase 2
Mainline	CTF	CTF-Facility C	1 Phase 2
Mainline	CTF	CTF-Facility D	1 Phase 2
Mainline	CVSP	CVSP-Central Service	1 Phase 2
Mainline	CVSP	CVSP-Facility A	1 Phase 3
Mainline	CVSP	CVSP-Facility B	1 Phase 2
Mainline	CVSP	CVSP-Facility C	1 Phase 2
Mainline	CVSP	CVSP-Facility D	1 Phase 3
Mainline	CVSP	CVSP-MSF	1 Phase 3
Mainline	DVI	DVI-Central Service	1 Phase 2
Mainline	DVI	DVI-Facility A	1 Phase 2
Mainline	DVI	DVI-MSF	1 Phase 2
Mainline	FSP	FSP-Central Service	1 Phase 2
Mainline	FSP	FSP-Facility A	1 Phase 2
Mainline	FSP	FSP-Facility B	1 Phase 2
Mainline	FSP	FSP-MSF	1 Phase 3
Mainline	HDSP	HDSP-Central Service	1 Phase 2
Mainline	HDSP	HDSP-Facility A	1 Phase 2
Mainline	HDSP	HDSP-Facility B	1 Phase 2
Mainline	HDSP	HDSP-Facility C	1 Phase 2
Mainline	HDSP	HDSP-Facility D	1 Phase 2
Mainline	HDSP	HDSP-MSF	1 Phase 3
Mainline	HDSP	HDSP-STRH	1 Phase 2
Mainline	ISP	ISP-Central Service	1 Phase 2
Mainline	ISP	ISP-Facility A	1 Phase 2
Mainline	ISP	ISP-Facility B	1 Phase 2
Mainline	ISP	ISP-Facility C	1 Phase 2
Mainline	ISP	ISP-Facility D	1 Phase 2
Mainline	ISP	ISP-MSF	1 Phase 2
Mainline	KVSP	KVSP-Central Service	1 Phase 3
Mainline	KVSP	KVSP-Facility A	1 Phase 2
Mainline	KVSP	KVSP-Facility B	1 Phase 2
Mainline	KVSP	KVSP-Facility C	1 Phase 2
Mainline	KVSP	KVSP-Facility D	1 Phase 2
Mainline	KVSP	KVSP-Facility Z01 - STRH	1 Phase 3
Mainline	KVSP	KVSP-Facility Z02	1 Phase 3
Mainline	KVSP	KVSP-MSF	1 Phase 3
Mainline	LAC	LAC-Central Service	1 Phase 2
Mainline	LAC	LAC-Facility A	1 Phase 2
Mainline	LAC	LAC-Facility B	1 Phase 2
Mainline	LAC	LAC-Facility C	1 Phase 2
Mainline	LAC	LAC-Facility D	1 Phase 2
Mainline	LAC	LAC-MSF	1 Phase 2
Mainline	LAC	LAC-STRH	1 Phase 2
Mainline	MCSP	MCSP-Central Service	1 Phase 2
Mainline	MCSP	MCSP-Facility A	1 Phase 2
Mainline	MCSP	MCSP-Facility B	1 Phase 2
Mainline	MCSP	MCSP-Facility C	1 Phase 2
Mainline	MCSP	MCSP-Facility D	1 Phase 2
Mainline	MCSP	MCSP-Facility E	1 Phase 2
Mainline	MCSP	MCSP-MSF	1 Phase 2
Mainline	NKSP	NKSP-Central Service	1 Phase 1
Mainline	NKSP	NKSP-Facility A	1 Phase 2
Mainline	NKSP	NKSP-Facility B	1 Phase 1
Mainline	NKSP	NKSP-Facility C	1 Phase 1
Mainline	NKSP	NKSP-Facility D	1 Phase 1
Mainline	NKSP	NKSP-MSF	1 Phase 2
Mainline	PBSP	PBSP-Central Service	1 Phase 2

Mainline	PBSP	PBSP-Facility A	1 Phase 2
Mainline	PBSP	PBSP-Facility B	1 Phase 2
Mainline	PBSP	PBSP-Facility C	1 Phase 2
Mainline	PBSP	PBSP-Facility D	1 Phase 2
Mainline	PBSP	PBSP-MSF	1 Phase 2
Mainline	PBSP	PBSP-STRH	1 Phase 2
Mainline	PVSP	PVSP-Central Service	1 Phase 2
Mainline	PVSP	PVSP-Facility A	1 Phase 1
Mainline	PVSP	PVSP-Facility B	1 Phase 2
Mainline	PVSP	PVSP-Facility C	1 Phase 2
Mainline	PVSP	PVSP-Facility D	1 Phase 2
Mainline	PVSP	PVSP-MSF	1 Phase 3
Mainline	PVSP	PVSP-STRH	1 Phase 2
Mainline	RJD	RJD-Central Service	1 Phase 2
Mainline	RJD	RJD-Facility A	1 Phase 2
Mainline	RJD	RJD-Facility B	1 Phase 2
Mainline	RJD	RJD-Facility C	1 Phase 2
Mainline	RJD	RJD-Facility D	1 Phase 2
Mainline	RJD	RJD-Facility E	1 Phase 2
Mainline	RJD	RJD-MSF	1 Phase 2
Mainline	SAC	SAC-Central Service	1 Phase 2
Mainline	SAC	SAC-Facility A	1 Phase 2
Mainline	SAC	SAC-Facility B	1 Phase 2
Mainline	SAC	SAC-Facility C	1 Phase 2
Mainline	SAC	SAC-MSF	1 Phase 2
Mainline	SAC	SAC-STRH	1 Phase 2
Mainline	SATF	SATF-Central Service	1 Phase 2
Mainline	SATF	SATF-Facility A	1 Phase 2
Mainline	SATF	SATF-Facility B	1 Phase 2
Mainline	SATF	SATF-Facility C	1 Phase 2
Mainline	SATF	SATF-Facility D	1 Phase 2
Mainline	SATF	SATF-Facility E	1 Phase 2
Mainline	SATF	SATF-Facility F	1 Phase 2
Mainline	SATF	SATF-Facility G	1 Phase 2
Mainline	SATF	SATF-STRH	1 Phase 2
Mainline	SCC	SCC-Central Service	1 Phase 2
Mainline	SCC	SCC-Facility A	1 Phase 2
Mainline	SCC	SCC-Facility B	1 Phase 2
Mainline	SCC	SCC-Facility C	1 Phase 2
Mainline	SOL	SOL-Central Service	1 Phase 2
Mainline	SOL	SOL-Facility A	1 Phase 2
Mainline	SOL	SOL-Facility B	1 Phase 2
Mainline	SOL	SOL-Facility C	1 Phase 2
Mainline	SOL	SOL-Facility D	1 Phase 2
Mainline	SQ	SQ-Central Service	1 Phase 2
Mainline	SQ	SQ-Facility A	1 Phase 2
Mainline	SQ	SQ-Facility B	1 Phase 2
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Mainline	SVSP	SVSP-Facility C	1 Phase 3
Mainline	SVSP	SVSP-Facility D	1 Phase 3
Mainline	SVSP	SVSP-Facility I	1 Phase 3
Mainline	SVSP	SVSP-MSF	1 Phase 3
Mainline	SVSP	SVSP-STRH	1 Phase 3
Mainline	VSP	VSP-Central Service	1 Phase 2
Mainline	VSP	VSP-Facility A	1 Phase 2
Mainline	VSP	VSP-Facility B	1 Phase 2
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Mainline	VSP	VSP-Facility D	1 Phase 2
Mainline	WSP	WSP-Central Service	1 Phase 2
Mainline	WSP	WSP-Facility A	1 Phase 2

Mainline	WSP	WSP-Facility B	1 Phase 2
Mainline	WSP	WSP-Facility C	1 Phase 2
Mainline	WSP	WSP-Facility D	1 Phase 2
Mainline	WSP	WSP-Facility H	1 Phase 2
Mainline	WSP	WSP-MSF	1 Phase 2

**April 12, 2021**  
**Roadmap Phase Report**

No filters applied

Facility Type / Institution / Facility	INSTITUTION	FACILITY	TOTAL FAC STATUS
Camps	CCC	CCC-Alder Camp	1 Phase 3
Camps	CCC	CCC-Antelope Camp	1 Phase 3
Camps	CCC	CCC-Ben Lomond Camp	1 Phase 3
Camps	CCC	CCC-Chamberlain Creek Camp	1 Phase 1
Camps	CCC	CCC-Deadwood Camp	1 Phase 3
Camps	CCC	CCC-Delta Camp	1 Phase 3
Camps	CCC	CCC-Devils Garden Camp	1 Phase 1
Camps	CCC	CCC-Eel River Camp	1 Phase 3
Camps	CCC	CCC-High Rock Camp	1 Phase 1
Camps	CCC	CCC-Intermountain	1 Phase 3
Camps	CCC	CCC-Ishi Camp	1 Phase 3
Camps	CCC	CCC-Konocti Camp	1 Phase 3
Camps	CCC	CCC-Parlin Fork Camp	1 Phase 3
Camps	CCC	CCC-Salt Creek Camp	1 Phase 3
Camps	CCC	CCC-Sugar Pine Camp	1 Phase 3
Camps	CCC	CCC-Trinity Camp	1 Phase 3
Camps	CCC	CCC-Valley View Camp	1 Phase 1
Camps	CCC	CCC-Washington Ridge Camp	1 Phase 3
Camps	CIW	CIW-Malibu Camp	1 Phase 2
Camps	CIW	CIW-Puerta La Cruz	1 Phase 2
Camps	CIW	CIW-Rainbow Camp	1 Phase 1
Camps	SCC	SCC-Acton Camp	1 Phase 2
Camps	SCC	SCC-Baseline Camp	1 Phase 1
Camps	SCC	SCC-Bautista Camp	1 Phase 2
Camps	SCC	SCC-Fenner Camp	1 Phase 2
Camps	SCC	SCC-Francisquito Camp	1 Phase 2
Camps	SCC	SCC-Gabilan Camp	1 Phase 2
Camps	SCC	SCC-Growlersburg Camp	1 Phase 2
Camps	SCC	SCC-Holton Camp	1 Phase 2
Camps	SCC	SCC-Julius Klein Camp	1 Phase 2
Camps	SCC	SCC-La Cima Camp	1 Phase 2
Camps	SCC	SCC-McCain Valley Camp	1 Phase 1
Camps	SCC	SCC-Miramonte Camp	1 Phase 2
Camps	SCC	SCC-Mountain Home Camp	1 Phase 2
Camps	SCC	SCC-Mt. Bullion Camp	1 Phase 2
Camps	SCC	SCC-Oak Glen Camp	1 Phase 2
Camps	SCC	SCC-Owens Valley Camp	1 Phase 2
Camps	SCC	SCC-Pilot Rock Camp	1 Phase 1
Camps	SCC	SCC-Prado Camp	1 Phase 2
Camps	SCC	SCC-Vallecito Camp	1 Phase 2
Contract Beds Unit	CBU	FCRF-Female Community Reentry Facility	1 Phase 1
Contract Beds Unit	CBU	SMCCF-Shafter Modified Community Correctional Facility	1 Phase 1
Contract Beds Unit	CBU	TMCCF-Taft Modified Community Correctional Facility	1 Phase 2
Mainline	ASP	ASP-Central Service	1 Phase 3
Mainline	ASP	ASP-Facility A	1 Phase 3
Mainline	ASP	ASP-Facility B	1 Phase 3
Mainline	ASP	ASP-Facility C	1 Phase 3
Mainline	ASP	ASP-Facility D	1 Phase 3
Mainline	ASP	ASP-Facility E	1 Phase 3
Mainline	ASP	ASP-Facility F	1 Phase 3
Mainline	CAC	CAC-Facility A	1 Phase 1
Mainline	CAC	CAC-Facility B	1 Phase 2
Mainline	CAC	CAC-Facility C	1 Phase 2
Mainline	CAL	CAL-AD SEG	1 Phase 2
Mainline	CAL	CAL-Central Service	1 Phase 2
Mainline	CAL	CAL-Facility A	1 Phase 2
Mainline	CAL	CAL-Facility B	1 Phase 2
Mainline	CAL	CAL-Facility C	1 Phase 2
Mainline	CAL	CAL-Facility D	1 Phase 2

Mainline	CAL	CAL-MSF	1 Phase 3
Mainline	CCC	CCC-Central Service	1 Phase 3
Mainline	CCC	CCC-Facility A	1 Phase 2
Mainline	CCC	CCC-Facility B	1 Phase 3
Mainline	CCC	CCC-Facility C	1 Phase 2
Mainline	CCC	CCC-Firehouse	1 Phase 3
Mainline	CCC	CCC-MSF	1 Phase 3
Mainline	CCI	CCI-Central Service	1 Phase 1
Mainline	CCI	CCI-Facility A	1 Phase 2
Mainline	CCI	CCI-Facility B	1 Phase 2
Mainline	CCI	CCI-Facility C	1 Phase 2
Mainline	CCI	CCI-Facility D	1 Phase 3
Mainline	CCI	CCI-Facility E	1 Phase 3
Mainline	CCWF	CCWF-Central Service	1 Phase 2
Mainline	CCWF	CCWF-Facility A	1 Phase 1
Mainline	CCWF	CCWF-Facility B	1 Phase 2
Mainline	CCWF	CCWF-Facility C	1 Phase 2
Mainline	CCWF	CCWF-Facility D	1 Phase 2
Mainline	CEN	CEN-AD SEG	1 Phase 2
Mainline	CEN	CEN-Central Service	1 Phase 2
Mainline	CEN	CEN-Facility A	1 Phase 3
Mainline	CEN	CEN-Facility B	1 Phase 2
Mainline	CEN	CEN-Facility C	1 Phase 2
Mainline	CEN	CEN-Facility D	1 Phase 3
Mainline	CEN	CEN-MSF	1 Phase 3
Mainline	CHCF	CHCF-Central Services	1 Phase 2
Mainline	CHCF	CHCF-Facility A	1 Phase 2
Mainline	CHCF	CHCF-Facility B	1 Phase 2
Mainline	CHCF	CHCF-Facility C	1 Phase 2
Mainline	CHCF	CHCF-Facility D	1 Phase 2
Mainline	CHCF	CHCF-Facility E	1 Phase 2
Mainline	CIM	CIM-Facility A	1 Phase 2
Mainline	CIM	CIM-Facility B	1 Phase 3
Mainline	CIM	CIM-Facility C	1 Phase 1
Mainline	CIM	CIM-Facility D	1 Phase 3
Mainline	CIW	CIW-Central Service	1 Phase 1
Mainline	CIW	CIW-Facility A	1 Phase 1
Mainline	CMC	CMC-Central Service	1 Phase 3
Mainline	CMC	CMC-Facility A	1 Phase 3
Mainline	CMC	CMC-Facility B	1 Phase 3
Mainline	CMC	CMC-Facility C	1 Phase 3
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Mainline	CMC	CMC-Facility E	1 Phase 3
Mainline	CMC	CMC-Facility F	1 Phase 3
Mainline	CMC	CMC-Facility G	1 Phase 3
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Mainline	CMC	CMC-MSF	1 Phase 3
Mainline	CMF	CMF-Central Service	1 Phase 2
Mainline	CMF	CMF-Facility A	1 Phase 2
Mainline	CMF	CMF-Facility B	1 Phase 2
Mainline	CMF	CMF-Facility C	1 Phase 2
Mainline	CMF	CMF-MSF	1 Phase 2
Mainline	COR	COR-Central Service	1 Phase 2
Mainline	COR	COR-Facility 03A	1 Phase 2
Mainline	COR	COR-Facility 03B	1 Phase 2
Mainline	COR	COR-Facility 03C	1 Phase 2
Mainline	COR	COR-Facility 04A	1 Phase 2
Mainline	COR	COR-Facility 04B	1 Phase 2
Mainline	COR	COR-MSF	1 Phase 3
Mainline	COR	COR-STRH	1 Phase 3
Mainline	CRC	CRC-Central Service	1 Phase 3
Mainline	CRC	CRC-Facility A	1 Phase 3

Mainline	CRC	CRC-Facility B	1 Phase 3
Mainline	CRC	CRC-Facility C	1 Phase 3
Mainline	CRC	CRC-Facility D	1 Phase 3
Mainline	CTF	CTF-Facility A	1 Phase 2
Mainline	CTF	CTF-Facility B	1 Phase 2
Mainline	CTF	CTF-Facility C	1 Phase 2
Mainline	CTF	CTF-Facility D	1 Phase 2
Mainline	CVSP	CVSP-Central Service	1 Phase 2
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Mainline	CVSP	CVSP-Facility B	1 Phase 2
Mainline	CVSP	CVSP-Facility C	1 Phase 2
Mainline	CVSP	CVSP-Facility D	1 Phase 3
Mainline	CVSP	CVSP-MSF	1 Phase 3
Mainline	DVI	DVI-Central Service	1 Phase 2
Mainline	DVI	DVI-Facility A	1 Phase 2
Mainline	DVI	DVI-MSF	1 Phase 2
Mainline	FSP	FSP-Central Service	1 Phase 2
Mainline	FSP	FSP-Facility A	1 Phase 2
Mainline	FSP	FSP-Facility B	1 Phase 3
Mainline	FSP	FSP-MSF	1 Phase 3
Mainline	HDSP	HDSP-Central Service	1 Phase 2
Mainline	HDSP	HDSP-Facility A	1 Phase 2
Mainline	HDSP	HDSP-Facility B	1 Phase 2
Mainline	HDSP	HDSP-Facility C	1 Phase 2
Mainline	HDSP	HDSP-Facility D	1 Phase 2
Mainline	HDSP	HDSP-MSF	1 Phase 3
Mainline	HDSP	HDSP-STRH	1 Phase 2
Mainline	ISP	ISP-Central Service	1 Phase 2
Mainline	ISP	ISP-Facility A	1 Phase 2
Mainline	ISP	ISP-Facility B	1 Phase 2
Mainline	ISP	ISP-Facility C	1 Phase 3
Mainline	ISP	ISP-Facility D	1 Phase 2
Mainline	ISP	ISP-MSF	1 Phase 2
Mainline	KVSP	KVSP-Central Service	1 Phase 3
Mainline	KVSP	KVSP-Facility A	1 Phase 2
Mainline	KVSP	KVSP-Facility B	1 Phase 2
Mainline	KVSP	KVSP-Facility C	1 Phase 2
Mainline	KVSP	KVSP-Facility D	1 Phase 2
Mainline	KVSP	KVSP-Facility Z01 - STRH	1 Phase 3
Mainline	KVSP	KVSP-Facility Z02	1 Phase 3
Mainline	KVSP	KVSP-MSF	1 Phase 3
Mainline	LAC	LAC-Central Service	1 Phase 2
Mainline	LAC	LAC-Facility A	1 Phase 2
Mainline	LAC	LAC-Facility B	1 Phase 2
Mainline	LAC	LAC-Facility C	1 Phase 2
Mainline	LAC	LAC-Facility D	1 Phase 2
Mainline	LAC	LAC-MSF	1 Phase 2
Mainline	LAC	LAC-STRH	1 Phase 2
Mainline	MCSP	MCSP-Central Service	1 Phase 2
Mainline	MCSP	MCSP-Facility A	1 Phase 2
Mainline	MCSP	MCSP-Facility B	1 Phase 2
Mainline	MCSP	MCSP-Facility C	1 Phase 2
Mainline	MCSP	MCSP-Facility D	1 Phase 2
Mainline	MCSP	MCSP-Facility E	1 Phase 2
Mainline	MCSP	MCSP-MSF	1 Phase 2
Mainline	NKSP	NKSP-Central Service	1 Phase 1
Mainline	NKSP	NKSP-Facility A	1 Phase 2
Mainline	NKSP	NKSP-Facility B	1 Phase 1
Mainline	NKSP	NKSP-Facility C	1 Phase 1
Mainline	NKSP	NKSP-Facility D	1 Phase 1
Mainline	NKSP	NKSP-MSF	1 Phase 2
Mainline	PBSP	PBSP-Central Service	1 Phase 2

Mainline	PBSP	PBSP-Facility A	1 Phase 2
Mainline	PBSP	PBSP-Facility B	1 Phase 2
Mainline	PBSP	PBSP-Facility C	1 Phase 2
Mainline	PBSP	PBSP-Facility D	1 Phase 2
Mainline	PBSP	PBSP-MSF	1 Phase 2
Mainline	PBSP	PBSP-STRH	1 Phase 2
Mainline	PVSP	PVSP-Central Service	1 Phase 2
Mainline	PVSP	PVSP-Facility A	1 Phase 1
Mainline	PVSP	PVSP-Facility B	1 Phase 2
Mainline	PVSP	PVSP-Facility C	1 Phase 2
Mainline	PVSP	PVSP-Facility D	1 Phase 2
Mainline	PVSP	PVSP-MSF	1 Phase 3
Mainline	PVSP	PVSP-STRH	1 Phase 2
Mainline	RJD	RJD-Central Service	1 Phase 2
Mainline	RJD	RJD-Facility A	1 Phase 2
Mainline	RJD	RJD-Facility B	1 Phase 2
Mainline	RJD	RJD-Facility C	1 Phase 2
Mainline	RJD	RJD-Facility D	1 Phase 2
Mainline	RJD	RJD-Facility E	1 Phase 2
Mainline	RJD	RJD-MSF	1 Phase 2
Mainline	SAC	SAC-Central Service	1 Phase 2
Mainline	SAC	SAC-Facility A	1 Phase 2
Mainline	SAC	SAC-Facility B	1 Phase 2
Mainline	SAC	SAC-Facility C	1 Phase 2
Mainline	SAC	SAC-MSF	1 Phase 2
Mainline	SAC	SAC-STRH	1 Phase 1
Mainline	SATF	SATF-Central Service	1 Phase 2
Mainline	SATF	SATF-Facility A	1 Phase 2
Mainline	SATF	SATF-Facility B	1 Phase 2
Mainline	SATF	SATF-Facility C	1 Phase 2
Mainline	SATF	SATF-Facility D	1 Phase 2
Mainline	SATF	SATF-Facility E	1 Phase 2
Mainline	SATF	SATF-Facility F	1 Phase 2
Mainline	SATF	SATF-Facility G	1 Phase 2
Mainline	SATF	SATF-STRH	1 Phase 2
Mainline	SCC	SCC-Central Service	1 Phase 2
Mainline	SCC	SCC-Facility A	1 Phase 2
Mainline	SCC	SCC-Facility B	1 Phase 2
Mainline	SCC	SCC-Facility C	1 Phase 2
Mainline	SOL	SOL-Central Service	1 Phase 2
Mainline	SOL	SOL-Facility A	1 Phase 2
Mainline	SOL	SOL-Facility B	1 Phase 2
Mainline	SOL	SOL-Facility C	1 Phase 2
Mainline	SOL	SOL-Facility D	1 Phase 2
Mainline	SQ	SQ-Central Service	1 Phase 2
Mainline	SQ	SQ-Facility A	1 Phase 2
Mainline	SQ	SQ-Facility B	1 Phase 2
Mainline	SVSP	SVSP-Central Service	1 Phase 1
Mainline	SVSP	SVSP-Facility A	1 Phase 2
Mainline	SVSP	SVSP-Facility B	1 Phase 3
Mainline	SVSP	SVSP-Facility C	1 Phase 3
Mainline	SVSP	SVSP-Facility D	1 Phase 3
Mainline	SVSP	SVSP-Facility I	1 Phase 3
Mainline	SVSP	SVSP-MSF	1 Phase 3
Mainline	SVSP	SVSP-STRH	1 Phase 3
Mainline	VSP	VSP-Central Service	1 Phase 2
Mainline	VSP	VSP-Facility A	1 Phase 2
Mainline	VSP	VSP-Facility B	1 Phase 2
Mainline	VSP	VSP-Facility C	1 Phase 2
Mainline	VSP	VSP-Facility D	1 Phase 2
Mainline	WSP	WSP-Central Service	1 Phase 2
Mainline	WSP	WSP-Facility A	1 Phase 2



Mainline	WSP	WSP-Facility B	1 Phase 2
Mainline	WSP	WSP-Facility C	1 Phase 2
Mainline	WSP	WSP-Facility D	1 Phase 2
Mainline	WSP	WSP-Facility H	1 Phase 2
Mainline	WSP	WSP-MSF	1 Phase 2

# **EXHIBIT 7**

# **CCWF ASU & STRH February 2021**

UNIT: ASU			
Item	Response		Comments
<b>Thermometer</b>			
How many buildings were checked?	1		This is shared information from the STRH tab below.
1. Is a working Thermometer present?	1	100%	
2. Is the thermometer in a location that give an accurate reading of the temperature?	1	NR	
3. Is there a heat log that is current? (Logged last hour)	NR	NR	
4. Are the staff documenting the highest reading (NOT averaging them)?	NR	NR	
5. Is there a current heat risk list available on the unit?	NR	NR	
6. Does the DAR reflect alternative out of cell activities were offered during periods in which temperatures exceeded 90 degrees?	NR	NR	Heat Plan not in effect
<i>**Complete Heat Plan audit during May-October in all housing units where MH inmate patients are housed. Check DAR for random period of 10 days when temp exceeded 90 degrees.</i>			
<b>Mental Health Referral Process</b>			
1. Are housing unit staff aware of their responsibility to complete a 128MH5 when inmates exhibit signs of mental illness?	5	100%	
2. Are 128MH5's accessible and available to staff? (revised 8/19)	1	NR	
<i>** Interview all staff in units. Respond once for each individual housing unit staff person interviewed. Physically check units for 128MH5, respond once for each housing unit observed.</i>			
<b>Intake Procedures</b>			
1. How many inmates are in ASU for 21 days or less on "intake" status?	16	NR	This is shared information from the STRH tab below.
2. How many inmates in ASU for 21 days or less have "intake" identifying markers posted on the outside of their cell doors?	16	100%	
3. How many inmates are within the first 72 hours of intake?	4	NR	
4. How many inmates housed in ASU for the first 72 hours are either double celled with an appropriate cell partner or are celled alone in a retrofitted intake cell?	4	100%	
<i>**Generate SOMS housing roster for ASU building and cross reference with the Printout of ASU Retrofitted Intake Cells to determine current 72 hour ASU placement, (generate day of audit).</i>			
<b>Entertainment Appliances</b>			
1. How many cells were observed?	62	NR	This is shared information from the STRH tab below.
2. Of those, how many were in possession of an entertainment appliance? (Approved appliances are a television, tablet or radio)	42	68%	The team toured the unit on both tiers and discovered there were multiple inmates without some sort of entertainment appliance, had a state hand crank radio which was inoperable (inmate claims) or were absent earbuds. This deficiency included inmates on 72 hour and 21 day intake status. ASU staff received a new order of hand crank radios/earbuds and were preparing them for distribution before the team left.
<i>**Query staff for number of cell w/ electricity. (Bring ASU housing list electricity cell survey. Review DOM sup / LOP re: Property) Spot check for entertainment appliances in cells.</i>			
<b>Welfare Checks</b>			
1. How many Rounds Tracker Shift Summary reports reviewed were signed by the custody supervisor responsible at the end of each shift (should be 90)?	82	NR	This is shared information from the STRH tab below.
2. How many Rounds Tracker Shift Summary reports were reviewed (should be 90)?	90	91%	
<i>**Respond to questions overall for all checks in each 24 hour review period. Review 24 hour periods for past 30 days using the round tracker shift summary.</i>			
<b>Out of Cell Time and Showers</b>			
1. Out of the past 4 weeks, how many weeks were required (not prevented by safety security etc.)?	24	NR	Due to CCWF's unique programming within their restricted housing location (504), multiple programs are present (ASU/STRH), the team reviewed 16 STRH files and six ASU files for a total review on the unit of 20 114 files.
2. Of those, how many weeks were 10 hours of yard offered?	16	67%	During the review for yard, the missing times were all identified during the same week time frame, February 8-14 & 15-21, 2021.
3. Out of the past 4 weeks, how many weeks were showers offered at least three times per week?	23	96%	On one occasion, one inmates was only documented as being offered one shower.

**Yard time and showers audit - Exclude I/p who have not gone to ICC or not in ASU for 4 weeks. Count "R" refused times as offered.		81%	Overall rating of the accumulative percentages above.
<b>Officers with CPR Mouth Shields</b>			
1. How many peace officers were observed?	5	NR	This is shared information from the STRH tab below.
2. Of these, how many peace officers were observed to carry a (CPR) mouth shield on person?	4	80%	
**Ask housing unit and floor staff.			
<b>Cut-Down Kits/Tools</b>			
1. Does the housing unit/inmate living area have an approved cut-down kit/tool?	1	100%	This is shared information from the STRH tab below.
2. Is the cut-down kit/tool inventoried each shift on standardized "Cut Down Kit" Inventory Sheet?	1	NR	
** Select one random date over the past 30 days, prior to visit, to check in each applicable unit/area for compliance.			
<b>Phone Calls, Issuance of Property and Transfer Timelines for NDS</b>			
1. Are <b>non-NDS</b> inmates offered 2 phone calls a month?	1	NR	This is shared information from the STRH tab below.
2. Do staff know which inmates are NDS?	1	NR	
3. Is there tracking for provision of phone calls?	1	NR	
4. Are NDS inmates offered a weekly phone call?	1	NR	
5. Is there tracking for issuance of property for NDS inmates?	1	100%	
6. How many NDS inmates were reviewed for transfer timelines?	NR	NR	
7. When applicable, how many were transferred within 72 hours?	NR	NR	
**Run NDS report in SOMS 72 hours prior to visit. Ask staff the following: 1. How do you track your NDS inmates? 2. Can you show me how you track NDS phone calls and issuance of property?			
<b>Unclothed Body Search</b>			
1. Are unclothed body searches done in a private area?	1	100%	
<b>Custody and Mental Health Partnership Plan</b>			
1. Are Huddles being conducted and logged in the unit log book during each shift change?	Yes		
2. Are all disciplines attending the Huddles?	Yes		
3. Are the Huddle reports (Attachment B) in a binder for staff to review?	Yes		
4. Are Quarterly Roundtables occurring on both 2W and 3W?	Yes		

UNIT: STRH			
Item	Response		Comments
<b>Thermometer</b>			
How many buildings were checked?	1		
1. Is a working Thermometer present?	1	100%	
2. Is the thermometer in a location that give an accurate reading of the temperature?	1	NR	
3. Is there a heat log that is current? (Logged last hour)	NR	NR	
4. Are the staff documenting the highest reading (NOT averaging them)?	NR	NR	
5. Is there a current heat risk list available on the unit?	NR	NR	
6. Does the DAR reflect alternative out of cell activities were offered during periods in which temperatures exceeded 90 degrees?	NR	NR	Heat Plan not in effect
<i>**Complete Heat Plan audit during May-October in all housing units where MH inmate patients are housed. Check DAR for random period of 10 days when temp exceeded 90 degrees.</i>			
<b>Mental Health Referral Process</b>			
1. Are housing unit staff aware of their responsibility to complete a 128MH5 when inmates exhibit signs of mental illness?	5	100%	
2. Are 128MH5's accessible and available to staff? (revised 8/19)	1	NR	
<i>** Interview all staff in units. Respond once for each individual housing unit staff person interviewed. Physically check units for 128MH5, respond once for each housing unit observed.</i>			
<b>Intake Procedures</b>			
1. How many inmates are in ASU for 21 days or less on "intake" status?	16	NR	
2. How many inmates in ASU for 21 days or less have "intake" identifying markers posted on the outside of their cell doors?	16	100%	
3. How many inmates are within the first 72 hours of intake?	4	NR	
4. How many inmates housed in ASU for the first 72 hours are either double celled with an appropriate cell partner or are celled alone in a retrofitted intake cell?	4	100%	
<i>**Generate SOMS housing roster for ASU building and cross reference with the Printout of ASU Retrofitted Intake Cells to determine current 72 hour ASU placement, (generate day of audit).</i>			
<b>Entertainment Appliances</b>			
1. How many cells were observed?	62	NR	
2. Of those, in how many were entertainment appliances permitted and/or provided? (Approved appliances are a television, tablet or radio)	42	68%	The team toured the unit on both tiers and discovered there were multiple inmates without some sort of entertainment appliance, had a state hand crank radio which was inoperable (inmate claims) or were absent earbuds. This deficiency included inmates on 72 hour and 21 day intake status. ASU staff received a new order of hand crank radios/earbuds and were preparing them for distribution before the team left.
<i>**Query staff for number of cell w/ electricity. (Bring ASU housing list electricity cell survey. Review DOM sup / LOP re: Property) Spot check for entertainment appliances in cells.</i>			
<b>Welfare Checks</b>			
1. How many Rounds Tracker Shift Summary reports reviewed were signed by the custody supervisor responsible at the end of each shift (should be 90)?	82	91%	
2. How many Rounds Tracker Shift Summary reports were reviewed (should be 90)?	90	NR	
<i>**Respond to questions overall for all checks in each 24 hour review period. Review 24 hour periods for past 30 days using the round tracker shift summary.</i>			
<b>Treatment Module Standards</b>			
1. For groups, are the modules in a semi-circle?	1	100%	CCWF does not have traditional Treatment Modules (TTM) rather CCWF utilizes Security Desks with the Lexan divider.
2. Are the modules in an area where other inmates and/or staff are not able to hear or see the interaction?	0	0%	CCWF utilizes two separate locations to facilitate groups. One of those areas is located within a confined location within their designated EOP building on Facility A which meets all the confidentiality requirements. However; the team was informed, if the groups were larger than three inmate participants, the groups would be facilitated within the housing unit (504) which is a 270 design unit. The treatment setting is Security Desks with the Lexan divider and located in the dayroom of the housing unit. Due to the location of this treatment space, it would not meet the requirements for confidentiality.
3. Do the modules meet PIA approval standards?	1	100%	
4. Do staff report sufficient number of TX modules for providing treatment?	1	100%	Staff report sufficient desks however, due to Covid-19 and social distancing guidelines, CCWF continues to utilized the security desks in the dayroom of housinh unit 504.

5. Are treatment modules clean?	1	100%	
<b>**PIA standards are: 42 inches wide, 72 inches tall, depth 49.5 inches. Must have a fold down desk and fold down chair.</b>		80%	Overall rating of the accumulative percentages above.
<b>Out of Cell Time and Showers</b>			
1. Out of the past 4 weeks, how many weeks were required (not prevented by safety security etc.)?	56	NR	Due to CCWF's unique programming within their restricted housing location (504), multiple programs are present (ASU/STRH), the team reviewed 16 STRH files and six ASU files for a total review on the unit of 20 114 files.
2. Of those, how many weeks were 13.5 hours of yard offered within time allocated 7 days per week?	47	84%	During the review for yard, the missing times were all identified during the same week time frame, February 15-21, 2021.
3. Out of the past 4 weeks, how many weeks were showers offered at least three times per week?	56	100%	
<b>**Yard time and showers audit - Exclude I/p who have not gone to ICC or not in ASU for 4 weeks. Count "R" refused times as offered.</b>		92%	Overall rating of the accumulative percentages above.
<b>Officers with CPR Mouth Shields</b>			
1. How many peace officers were observed?	5	NR	
2. Of these, how many peace officers were observed to carry a (CPR) mouth shield on person?	4	80%	When asked to produce a CPR Mouth Shield, one officer did not have their Mouth Shield on their person. Unit Supervisors were present during these interactions and the team referred this to the Supervisor to address.
<b>**Ask housing unit and floor staff.</b>			
<b>Cut-Down Kits/Tools</b>			
1. Does the housing unit/inmate living area have an approved cut-down kit/tool?	1	100%	
2. Is the cut-down kit/tool inventoried each shift on standardized "Cut Down Kit" Inventory Sheet?	1	NR	
<b>** Select one random date over the past 30 days, prior to visit, to check in each applicable unit/area for compliance.</b>			
<b>Phone Calls, Issuance of Property and Transfer Timelines for NDS</b>			
1. Are <b>non-NDS</b> inmates offered 2 phone calls a month?	1	100%	The team noted most inmates were offered phone calls bi-weekly (institutional phone sign up sheet), however; there was not consistent documentation within the inmate 114 files. The staff applauded the institution for their inhouse tracking ability but recommended the 114 be the primary method of recording these privileges attended or refused.
2. Do staff know which inmates are NDS?	1	100%	
3. Is there tracking for provision of phone calls?	1	100%	
4. Are NDS inmates offered a weekly phone call?	1	100%	The one NDS privileged inmate was just deemed NDS at last ICC (2/18/2021) and no phone call been recorded at the time of this review.
5. Is there tracking for issuance of property for NDS inmates?	1	100%	The property officer was in the process of retrieving the inmates NDS property and indicated when done so, attaches the property request to the 114 file, documents the issuance on the 114A and denotes the property issuance as "NDS Property Issued".
6. How many NDS inmates were reviewed for transfer timelines?	NR	NR	
7. When applicable, how many were transferred within 72 hours?	NR	NR	Although the inmate was designated as NDS, the inmate did not meet criteria for expedited transfer. Additionally, due to Covid-19, transfers have been delayed.
<b>**Run NDS report in SOMS 72 hours prior to visit. Ask staff the following: 1. How do you track your NDS inmates? 2. Can you show me how you track NDS phone calls and issuance of property?</b>		100%	
<b>Unclothed Body Search</b>			
1. Are unclothed body searches done in a private area?	1	100%	CCWF indicated the searches are conducted in a shower out of view of inmates and unnecessary staff.
<b>Custody and Mental Health Partnership Plan</b>			
1. Are Huddles being conducted and logged in the unit log book during each shift change?	Yes		
2. Are all disciplines attending the Huddles?	Yes		
3. Are the Huddle reports (Attachment B) in a binder for staff to review?	Yes		In a binder in the Sergeants office
4. Are Quarterly Roundtables occurring on both 2W and 3W?	Yes		

# **CMC EOP HUB**

## **March 2021**



UNIT: EOP HUB			
Item	Response		Comments
<b>Thermometer</b>			
How many buildings were checked?	1		
1. Is a working Thermometer present?	1	100%	
2. Is the thermometer in a location that give an accurate reading of the temperature?	1	NR	
3. Is there a heat log that is current? (Logged last hour)	N/A	NR	
4. Are the staff documenting the highest reading (NOT averaging them)?	N/A	NR	
5. Is there a current heat risk list available on the unit?	N/A	NR	Heat Plan not in effect
6. Does the DAR reflect alternative out of cell activities were offered during periods in which temperatures exceeded 90 degrees?	N/A	NR	Heat Plan not in effect
<b>**Complete Heat Plan audit during May-October in all housing units where MH inmate patients are housed. Check DAR for random period of 10 days when temp exceeded 90 degrees.</b>			
<b>Mental Health Referral Process</b>			
1. Are housing unit staff aware of their responsibility to complete a 128MH5 when inmates exhibit signs of mental illness?	10	100%	
2. Are 128MH5's accessible and available to staff? (revised 8/19)	1	NR	
<b>** Interview all staff in units. Respond once for each individual housing unit staff person interviewed. Physically check units for 128MH5, respond once for each housing unit observed.</b>			
<b>Intake Procedures</b>			
1. How many inmates are in ASU for 21 days or less on "intake" status?	19	NR	
2. How many inmates in ASU for 21 days or less have "intake" identifying markers posted on the outside of their cell doors?	19	100%	
3. How many inmates are within the first 72 hours of intake?	0	NR	
4. How many inmates housed in ASU for the first 72 hours are either double celled with an appropriate cell partner or are celled alone in a retrofitted intake cell?	0	#DIV/0!	No percentage recorded as CMC did not have any inmate housed within the first 72 hours of placement
<b>**Generate SOMS housing roster for ASU building and cross reference with the Printout of ASU Retrofitted Intake Cells to determine current 72 hour ASU placement, (generate day of audit).</b>			
<b>Entertainment Appliances</b>			
1. How many cells were observed?	100	NR	
2. Of those, how many were in possession of an entertainment appliance? (Approved appliances are a television, tablet or radio)	100	100%	The team toured all three tiers of the ASU and all inmates housed within ASU had state issued hand crank radios
<b>**Query staff for number of cell w/ electricity. (Bring ASU housing list electricity cell survey. Review DOM sup / LOP re: Property) Spot check for entertainment appliances in cells.</b>			
<b>Welfare Checks</b>			
1. How many Rounds Tracker Shift Summary reports reviewed were signed by the custody supervisor responsible at the end of each shift (should be 90)?	82	NR	
2. How many Rounds Tracker Shift Summary reports were reviewed (should be 90)?	84	98%	Two Guard 1 reports were missing from the month of February 2021
<b>**Respond to questions overall for all checks in each 24 hour review period. Review 24 hour periods for past 30 days using the round tracker shift summary.</b>			
<b>Treatment Module Standards</b>			
1. For groups, are the modules in a semi-circle?	1	100%	
2. Are the modules in an area where other inmates and/or staff are not able to hear or see the interaction?	1	100%	
3. Do the modules meet PIA approval standards?	1	100%	
4. Do staff report sufficient number of TX modules for providing treatment?	1	100%	
5. Are treatment modules clean?	1	100%	
<b>**PIA standards are: 42 inches wide, 72 inches tall, depth 49.5 inches. Must have a fold down desk and fold down chair.</b>			
<b>Out of Cell Time and Showers</b>			
1. Out of the past 4 weeks, how many weeks were required (not prevented by safety security etc.)?	80	NR	
2. Of those, how many weeks were 10 hours of yard offered?	80	100%	
3. Out of the past 4 weeks, how many weeks were showers offered at least three times per week?	80	100%	
<b>**Yard time and showers audit - Exclude i/p who have not gone to ICC or not in ASU for 4 weeks. Count "R" refused times as offered.</b>			
		100%	All inmates within ASU were offered the appropriate activities
<b>Officers with CPR Mouth Shields</b>			
1. How many peace officers were observed?	10	NR	
2. Of these, how many peace officers were observed to carry a (CPR) mouth shield on person?	10	100%	
<b>**Ask housing unit and floor staff.</b>			
<b>Cut-Down Kits/Tools</b>			
1. Does the housing unit/inmate living area have an approved cut-down kit/tool?	1	100%	This percentage reflects for one HU but three cut down kits (one for each tier), all kits were complete and good working order
2. Is the cut-down kit/tool inventoried each shift on standardized "Cut Down Kit" Inventory Sheet?	1	NR	
<b>** Select one random date over the past 30 days, prior to visit, to check in each applicable unit/area for compliance.</b>			
<b>Phone Calls, Issuance of Property and Transfer Timelines for NDS</b>			
1. Are non-NDS inmates offered 2 phone calls a month?	1	NR	All inmates housed within ASU are receiving the required phone calls relative to Covid-19 protocols
2. Do staff know which inmates are NDS?	1	NR	An updated list is maintained for staffs utilization through ICC

3. Is there tracking for provision of phone calls?	1	NR	Staff utilize the CDCR 114-A to track phone calls
4. Are NDS inmates offered a weekly phone call?	1	NR	All inmates housed within ASU are receiving the required phone calls relative to Covid-19 protocols
5. Is there tracking for issuance of property for NDS inmates?	1	NR	Staff utilize the CDCR 114-A to track phone calls
6. How many NDS inmates were reviewed for transfer timelines?	N/A	NR	Due to Covid restrictions many inmates are not being transferred
7. When applicable, how many were transferred within 72 hours?	N/A	NR	Due to Covid restrictions many inmates are not being transferred
<b>**Run NDS report in SOMS 72 hours prior to visit. Ask staff the following: 1. How do you track your NDS inmates? 2. Can you show me how you track NDS phone calls and issuance of property?</b>			
<b>Unclothed Body Search</b>			
1. Are unclothed body searches done in a private area?	1	100%	Unclothed body searches are conducted in a shower on the tier for privacy and confidentiality
<b>Custody and Mental Health Partnership Plan</b>			
1. Are Huddles being conducted and logged in the unit log book during each shift change?	1		
2. Are all disciplines attending the Huddles?	1		
3. Are the Huddle reports (Attachment B) in a binder for staff to review?	1		
4. Are Quarterly Roundtables occurring on both 2W and 3W?	0		The institution reported- EOP ML: Stopped due to COVID social distancing. May begin in next phases EOP ASU: Stopped due to COVID social distancing. May begin in next phases

**COR LTRH, STRH &  
EOP HUB  
March 2021**

UNIT: LTRH			
Item	Response		Comments
<b>Thermometer</b>			
How many buildings were checked?	1		
1. Is a working Thermometer present?	1	100%	
2. Is the thermometer in a location that give an accurate reading of the temperature?	Yes	NR	
3. Is there a heat log that is current? (Logged last hour)	n/a	NR	
4. Are the staff documenting the highest reading (NOT averaging them)?	n/a	NR	
5. Is there a current heat risk list available on the unit?	Yes	NR	
6. Does the DAR reflect alternative out of cell activities were offered during periods in which temperatures exceeded 90 degrees?	n/a	NR	
<i>**Complete Heat Plan audit during May-October in all housing units where MH inmate patients are housed. Check DAR for random period of 10 days when temp exceeded 90 degrees.</i>			
<b>Mental Health Referral Process</b>			
1. Are housing unit staff aware of their responsibility to complete a 128MH5 when inmates exhibit signs of mental illness?	2	100%	
2. Are 128MH5's accessible and available to staff? (revised 8/19)	Yes	NR	
<i>** Interview all staff in units. Respond once for each individual housing unit staff person interviewed. Physically check units for 128MH5, respond once for each housing unit observed.</i>			
<b>Entertainment Appliances</b>			
1. How many cells were observed?	10	NR	
2. Of those, in how many were entertainment appliances permitted and/or provided? (Approved appliances are a television, tablet or radio)	10	100%	
<i>**Query staff for number of cell w/ electricity. (Bring ASU housing list electricity cell survey. Review DOM sup / LOP re: Property) Spot check for entertainment appliances in cells.</i>			
<b>Welfare Checks</b>			
1. How many Rounds Tracker Shift Summary reports reviewed were signed by the custody supervisor responsible at the end of each shift (should be 90)?	90	100%	
2. How many Rounds Tracker Shift Summary reports were reviewed (should be 90)?	90	NR	
<i>**Respond to questions overall for all checks in each 24 hour review period. Review 24 hour periods for past 30 days using the round tracker shift summary.</i>			
<b>Treatment Module Standards</b>			
1. For groups, are the modules in a semi-circle?	1	100%	
2. Are the modules in an area where other inmates and/or staff are not able to hear or see the interaction?	1	100%	
3. Do the modules meet PIA approval standards?	1	100%	
4. Do staff report sufficient number of TX modules for providing treatment?	1	100%	
5. Are treatment modules clean?	1	100%	
<i>**PIA standards are: 42 inches wide, 72 inches tall, depth 49.5 inches. Must have a fold down desk and fold down chair.</i>			
<b>Out of Cell Time and Showers</b>			
1. Out of the past 4 weeks, how many weeks were required (not prevented by safety security etc.)?	80	NR	
2. Of those, how many weeks were 10 hours of yard and 3.5 hours of additional out of cell activities offered?	80	100%	
3. Out of the past 4 weeks, how many weeks were showers offered at least three times per week?	80	100%	
<i>**Yard time and showers audit - Exclude I/p who have not gone to ICC or not in ASU for 4 weeks. Count "R" refused times as offered.</i>			
<b>Officers with CPR Mouth Shields</b>			
1. How many peace officers were observed?	2	NR	
2. Of these, how many peace officers were observed to carry a (CPR) mouth shield on person?	2	100%	
<i>**Ask housing unit and floor staff.</i>			
<b>Cut-Down Kits/Tools</b>			
1. Does the housing unit/inmate living area have an approved cut-down kit/tool?	1	100%	
2. Is the cut-down kit/tool inventoried each shift on standardized "Cut Down Kit" Inventory Sheet?	1	NR	
<i>** Select one random date over the past 30 days, prior to visit, to check in each applicable unit/area for compliance.</i>			
<b>Unclothed Body Search</b>			
1. Are unclothed body searches done in a private area?	1	100%	
<b>Custody and Mental Health Partnership Plan</b>			
1. Are Huddles being conducted and logged in the unit log book during each shift change?	Yes		
2. Are all disciplines attending the Huddles?	Yes		
3. Are the Huddle reports (Attachment B) in a binder for staff to review?	Yes		
4. Are Quarterly Roundtables occurring on both 2W and 3W?	Yes		

UNIT: STRH			
Item	Response		Comments
<b>Thermometer</b>			
How many buildings were checked?	1		
1. Is a working Thermometer present?	1	100%	
2. Is the thermometer in a location that give an accurate reading of the temperature?	Yes	NR	
3. Is there a heat log that is current? (Logged last hour)	n/a	NR	
4. Are the staff documenting the highest reading (NOT averaging them)?	n/a	NR	
5. Is there a current heat risk list available on the unit?	n/a	NR	
6. Does the DAR reflect alternative out of cell activities were offered during periods in which temperatures exceeded 90 degrees?	n/a	NR	
<b>**Complete Heat Plan audit during May-October in all housing units where MH inmate patients are housed. Check DAR for random period of 10 days when temp exceeded 90 degrees.</b>			
<b>Mental Health Referral Process</b>			
1. Are housing unit staff aware of their responsibility to complete a 128MH5 when inmates exhibit signs of mental illness?	8	100%	
2. Are 128MH5's accessible and available to staff? (revised 8/19)	Yes	NR	
<b>** Interview all staff in units. Respond once for each individual housing unit staff person interviewed. Physically check units for 128MH5, respond once for each housing unit observed.</b>			
<b>Intake Procedures</b>			
1. How many inmates are in ASU for 21 days or less on "intake" status?	5	NR	
2. How many inmates in ASU for 21 days or less have "intake" identifying markers posted on the outside of their cell doors?	5	100%	
3. How many inmates are within the first 72 hours of intake?	4	NR	
4. How many inmates housed in ASU for the first 72 hours are either double celled with an appropriate cell partner or are celled alone in a retrofitted intake cell?	4	100%	
<b>**Generate SOMS housing roster for ASU building and cross reference with the Printout of ASU Retrofitted Intake Cells to determine current 72 hour ASU placement, (generate day of audit).</b>			
<b>Entertainment Appliances</b>			
1. How many cells were observed?	50	NR	
2. Of those, in how many were entertainment appliances permitted and/or provided? (Approved appliances are a television, tablet or radio)	49	98%	
<b>**Query staff for number of cell w/ electricity. (Bring ASU housing list electricity cell survey. Review DOM sup / LOP re: Property) Spot check for entertainment appliances in cells.</b>			
<b>Welfare Checks</b>			
1. How many Rounds Tracker Shift Summary reports reviewed were signed by the custody supervisor responsible at the end of each shift (should be 90)?	90	100%	
2. How many Rounds Tracker Shift Summary reports were reviewed (should be 90)?	90	NR	
<b>**Respond to questions overall for all checks in each 24 hour review period. Review 24 hour periods for past 30 days using the round tracker shift summary.</b>			
<b>Treatment Module Standards</b>			
1. For groups, are the modules in a semi-circle?	1	100%	
2. Are the modules in an area where other inmates and/or staff are not able to hear or see the interaction?	1	100%	
3. Do the modules meet PIA approval standards?	1	100%	
4. Do staff report sufficient number of TX modules for providing treatment?	1	100%	
5. Are treatment modules clean?	1	100%	
<b>**PIA standards are: 42 inches wide, 72 inches tall, depth 49.5 inches. Must have a fold down desk and fold down chair.</b>			
<b>Out of Cell Time and Showers</b>			
1. Out of the past 4 weeks, how many weeks were required (not prevented by safety security etc.)?	80	NR	
2. Of those, how many weeks were 18.5 hours of yard offered within time allocated 7 days per week?	80	100%	
3. Out of the past 4 weeks, how many weeks were showers offered at least three times per week?	80	100%	
<b>**Yard time and showers audit - Exclude I/p who have not gone to ICC or not in ASU for 4 weeks. Count "R" refused times as offered.</b>			
<b>Officers with CPR Mouth Shields</b>			
1. How many peace officers were observed?	8	NR	
2. Of these, how many peace officers were observed to carry a (CPR) mouth shield on person?	8	100%	
<b>**Ask housing unit and floor staff.</b>			
<b>Cut-Down Kits/Tools</b>			
1. Does the housing unit/inmate living area have an approved cut-down kit/tool?	1	100%	
2. Is the cut-down kit/tool inventoried each shift on standardized "Cut Down Kit" Inventory Sheet?	1	NR	
<b>** Select one random date over the past 30 days, prior to visit, to check in each applicable unit/area for compliance.</b>			

Phone Calls, Issuance of Property and Transfer Timelines for NDS			
1. Are <b>non-NDS</b> inmates offered 2 phone calls a month?	1	100%	
2. Do staff know which inmates are NDS?	1	100%	
3. Is there tracking for provision of phone calls?	1	100%	
4. Are NDS inmates offered a weekly phone call?	1	100%	
5. Is there tracking for issuance of property for NDS inmates?	1	100%	
6. How many NDS inmates were reviewed for transfer timelines?	0	NR	
7. When applicable, how many were transferred within 72 hours?	n/a	100%	
<i>**Run NDS report in SOMS 72 hours prior to visit. Ask staff the following: 1. How do you track your NDS inmates? 2. Can you show me how you track NDS phone calls and issuance of property?</i>			
		100%	
Unclothed Body Search			
1. Are unclothed body searches done in a private area?	1	100%	
Custody and Mental Health Partnership Plan			
1. Are Huddles being conducted and logged in the unit log book during each shift change?	Yes		
2. Are all disciplines attending the Huddles?	Yes		
3. Are the Huddle reports (Attachment B) in a binder for staff to review?	Yes		
4. Are Quarterly Roundtables occurring on both 2W and 3W?	Yes		

UNIT: EOP HUB			
Item	Response		Comments
<b>Thermometer</b>			
How many buildings were checked?	1		
1. Is a working Thermometer present?	1	100%	
2. Is the thermometer in a location that give an accurate reading of the temperature?	Yes	NR	
3. Is there a heat log that is current? (Logged last hour)	n/a	NR	
4. Are the staff documenting the highest reading (NOT averaging them)?	n/a	NR	
5. Is there a current heat risk list available on the unit?	Yes	NR	
6. Does the DAR reflect alternative out of cell activities were offered during periods in which temperatures exceeded 90 degrees?	n/a	NR	
<b>**Complete Heat Plan audit during May-October in all housing units where MH inmate patients are housed. Check DAR for random period of 10 days when temp exceeded 90 degrees.</b>			
<b>Mental Health Referral Process</b>			
1. Are housing unit staff aware of their responsibility to complete a 128MH5 when inmates exhibit signs of mental illness?	6	100%	
2. Are 128MH5's accessible and available to staff? (revised 8/19)	Yes	NR	
<b>** Interview all staff in units. Respond once for each individual housing unit staff person interviewed. Physically check units for 128MH5, respond once for each housing unit observed.</b>			
<b>Intake Procedures</b>			
1. How many inmates are in ASU for 21 days or less on "intake" status?	3	NR	
2. How many inmates in ASU for 21 days or less have "intake" identifying markers posted on the outside of their cell doors?	3	100%	
3. How many inmates are within the first 72 hours of intake?	0	NR	
4. How many inmates housed in ASU for the first 72 hours are either double celled with an appropriate cell partner or are celled alone in a retrofitted intake cell?	0	100%	
<b>**Generate SOMS housing roster for ASU building and cross reference with the Printout of ASU Retrofitted Intake Cells to determine current 72 hour ASU placement, (generate day of audit).</b>			
<b>Entertainment Appliances</b>			
1. How many cells were observed?	25	NR	
2. Of those, how many were in possession of an entertainment appliance? (Approved appliances are a television, tablet or radio)	25	100%	
<b>**Query staff for number of cell w/ electricity. (Bring ASU housing list electricity cell survey. Review DOM sup / LOP re: Property) Spot check for entertainment appliances in cells.</b>			
<b>Welfare Checks</b>			
1. How many Rounds Tracker Shift Summary reports reviewed were signed by the custody supervisor responsible at the end of each shift (should be 90)?	90	NR	
2. How many Rounds Tracker Shift Summary reports were reviewed (should be 90)?	90	100%	
<b>**Respond to questions overall for all checks in each 24 hour review period. Review 24 hour periods for past 30 days using the round tracker shift summary.</b>			
<b>Treatment Module Standards</b>			
1. For groups, are the modules in a semi-circle?	1	100%	
2. Are the modules in an area where other inmates and/or staff are not able to hear or see the interaction?	1	100%	
3. Do the modules meet PIA approval standards?	1	100%	
4. Do staff report sufficient number of TX modules for providing treatment?	1	100%	
5. Are treatment modules clean?	1	100%	
<b>**PIA standards are: 42 inches wide, 72 inches tall, depth 49.5 inches. Must have a fold down desk and fold down chair.</b>			
<b>Out of Cell Time and Showers</b>			
1. Out of the past 4 weeks, how many weeks were required (not prevented by safety security etc.)?	40	NR	
2. Of those, how many weeks were 10 hours of yard offered?	40	100%	
3. Out of the past 4 weeks, how many weeks were showers offered at least three times per week?	40	100%	
<b>**Yard time and showers audit - Exclude I/p who have not gone to ICC or not in ASU for 4 weeks. Count "R" refused times as offered.</b>			
<b>Officers with CPR Mouth Shields</b>			
1. How many peace officers were observed?	6	NR	
2. Of these, how many peace officers were observed to carry a (CPR) mouth shield on person?	6	100%	
<b>**Ask housing unit and floor staff.</b>			
<b>Cut-Down Kits/Tools</b>			
1. Does the housing unit/inmate living area have an approved cut-down kit/tool?	1	100%	
2. Is the cut-down kit/tool inventoried each shift on standardized "Cut Down Kit" Inventory Sheet?	Yes	NR	
<b>** Select one random date over the past 30 days, prior to visit, to check in each applicable unit/area for compliance.</b>			
<b>Phone Calls, Issuance of Property and Transfer Timelines for NDS</b>			
1. Are non-NDS inmates offered 2 phone calls a month?	1	NR	
2. Do staff know which inmates are NDS?	1	NR	
3. Is there tracking for provision of phone calls?	1	NR	

4. Are NDS inmates offered a weekly phone call?	1	NR	
5. Is there tracking for issuance of property for NDS inmates?	1	100%	
6. How many NDS inmates were reviewed for transfer timelines?	0	NR	
7. When applicable, how many were transferred within 72 hours?	0	100%	
<i>**Run NDS report in SOMS 72 hours prior to visit. Ask staff the following: 1. How do you track your NDS inmates? 2. Can you show me how you track NDS phone calls and issuance of property?</i>			
<b>Unclothed Body Search</b>			
1. Are unclothed body searches done in a private area?	1	100%	
<b>Custody and Mental Health Partnership Plan</b>			
1. Are Huddles being conducted and logged in the unit log book during each shift change?	Yes		
2. Are all disciplines attending the Huddles?	Yes		
3. Are the Huddle reports (Attachment B) in a binder for staff to review?	Yes		
4. Are Quarterly Roundtables occurring on both 2W and 3W?	Yes		



# **KVSP STRH**

## **March 2021**

UNIT: STRH			
Item	Response		Comments
<b>Thermometer</b>			
How many buildings were checked?	1		
1. Is a working Thermometer present?	1	100%	
2. Is the thermometer in a location that give an accurate reading of the temperature?	Yes	NR	
3. Is there a heat log that is current? (Logged last hour)	Yes	NR	
4. Are the staff documenting the highest reading (NOT averaging them)?	Yes	NR	
5. Is there a current heat risk list available on the unit?	Yes	NR	
6. Does the DAR reflect alternative out of cell activities were offered during periods in which temperatures exceeded 90 degrees?		NR	
<b>**Complete Heat Plan audit during May-October in all housing units where MH inmate patients are housed. Check DAR for random period of 10 days when temp exceeded 90 degrees.</b>			
<b>Mental Health Referral Process</b>			
1. Are housing unit staff aware of their responsibility to complete a 128MH5 when inmates exhibit signs of mental illness?	6	100%	
2. Are 128MH5's accessible and available to staff? (revised 8/19)	Yes	NR	
<b>** Interview all staff in units. Respond once for each individual housing unit staff person interviewed. Physically check units for 128MH5, respond once for each housing unit observed.</b>			
<b>Intake Procedures</b>			
1. How many inmates are in ASU for 21 days or less on "intake" status?	3	NR	
2. How many inmates in ASU for 21 days or less have "intake" identifying markers posted on the outside of their cell doors?	3	100%	
3. How many inmates are within the first 72 hours of intake?	0	NR	
4. How many inmates housed in ASU for the first 72 hours are either double celled with an appropriate cell partner or are celled alone in a retrofitted intake cell?	0	100%	
<b>**Generate SOMS housing roster for ASU building and cross reference with the Printout of ASU Retrofitted Intake Cells to determine current 72 hour ASU placement, (generate day of audit).</b>			
<b>Entertainment Appliances</b>			
1. How many cells were observed?	25	NR	
2. Of those, in how many were entertainment appliances permitted and/or provided? (Approved appliances are a television, tablet or radio)	23	92%	
<b>**Query staff for number of cell w/ electricity. (Bring ASU housing list electricity cell survey. Review DOM sup / LOP re: Property) Spot check for entertainment appliances in cells.</b>			
<b>Welfare Checks</b>			
1. How many Rounds Tracker Shift Summary reports reviewed were signed by the custody supervisor responsible at the end of each shift (should be 90)?	90	100%	
2. How many Rounds Tracker Shift Summary reports were reviewed (should be 90)?	90	NR	
<b>**Respond to questions overall for all checks in each 24 hour review period. Review 24 hour periods for past 30 days using the round tracker shift summary.</b>			
<b>Treatment Module Standards</b>			
1. For groups, are the modules in a semi-circle?	1	100%	
2. Are the modules in an area where other inmates and/or staff are not able to hear or see the interaction?	1	100%	
3. Do the modules meet PIA approval standards?	1	100%	
4. Do staff report sufficient number of TX modules for providing treatment?	1	100%	
5. Are treatment modules clean?	1	100%	
<b>**PIA standards are: 42 inches wide, 72 inches tall, depth 49.5 inches. Must have a fold down desk and fold down chair.</b>			
<b>Out of Cell Time and Showers</b>			
1. Out of the past 4 weeks, how many weeks were required (not prevented by safety security etc.)?	80	NR	
2. Of those, how many weeks were 18.5 hours of yard offered within time allocated 7 days per week?	80	100%	
3. Out of the past 4 weeks, how many weeks were showers offered at least three times per week?	70	88%	
<b>**Yard time and showers audit - Exclude I/p who have not gone to ICC or not in ASU for 4 weeks. Count "R" refused times as offered.</b>			
<b>Officers with CPR Mouth Shields</b>			
1. How many peace officers were observed?	6	NR	
2. Of these, how many peace officers were observed to carry a (CPR) mouth shield on person?	6	100%	
<b>**Ask housing unit and floor staff.</b>			
<b>Cut-Down Kits/Tools</b>			
1. Does the housing unit/inmate living area have an approved cut-down kit/tool?	1	100%	
2. Is the cut-down kit/tool inventoried each shift on standardized "Cut Down Kit" Inventory Sheet?	Yes	NR	
<b>** Select one random date over the past 30 days, prior to visit, to check in each applicable unit/area for compliance.</b>			

Phone Calls, Issuance of Property and Transfer Timelines for NDS			
1. Are <b>non-NDS</b> inmates offered 2 phone calls a month?	1	100%	
2. Do staff know which inmates are NDS?	1	100%	
3. Is there tracking for provision of phone calls?	1	100%	
4. Are NDS inmates offered a weekly phone call?	1	100%	
5. Is there tracking for issuance of property for NDS inmates?	1	100%	
6. How many NDS inmates were reviewed for transfer timelines?	0	NR	
7. When applicable, how many were transferred within 72 hours?	0	100%	
<i>**Run NDS report in SOMS 72 hours prior to visit. Ask staff the following: 1. How do you track your NDS inmates? 2. Can you show me how you track NDS phone calls and issuance of property?</i>		100%	
Unclothed Body Search			
1. Are unclothed body searches done in a private area?	1	100%	
Custody and Mental Health Partnership Plan			
1. Are Huddles being conducted and logged in the unit log book during each shift change?	Yes		
2. Are all disciplines attending the Huddles?	Yes		
3. Are the Huddle reports (Attachment B) in a binder for staff to review?	Yes		
4. Are Quarterly Roundtables occurring on both 2W and 3W?	Yes		

# **LAC STRH & EOP HUB**

## **March 2021**

UNIT: STRH			
Item	Response		Comments
<b>Thermometer</b>			
1. Is a working Thermometer present?	1	100%	
2. Is the thermometer in a location that give an accurate reading of the temperature?	Yes	NR	
3. Is there a heat log that is current? (Logged last hour)	Yes	NR	
4. Are the staff documenting the highest reading (NOT averaging them)?	Yes	NR	
5. Is there a current heat risk list available on the unit?	Yes	NR	
6. Does the DAR reflect alternative out of cell activities were offered during periods in which temperatures exceeded 90 degrees?	N/A	NR	
<i>**Complete Heat Plan audit during May-October in all housing units where MH inmate patients are housed. Check DAR for random period of 10 days when temp exceeded 90 degrees.</i>			
<b>Mental Health Referral Process</b>			
1. Are housing unit staff aware of their responsibility to complete a 128MH5 when inmates exhibit signs of mental illness?	1	100%	
2. Are 128MH5's accessible and available to staff? (revised 5/14)	Yes	NR	
<i>** Interview all staff in units. Respond once for each individual housing unit staff person interviewed. Physically check units for 128MH5, respond once for each housing unit observed.</i>			
<b>Intake Procedures</b>			
1. How many inmates are in ASU for 21 days or less on "intake" status?	4	NR	
2. How many inmates in ASU for 21 days or less have "intake" identifying markers posted on the outside of their cell doors?	4	NR	
3. How many inmates are within the first 72 hours of intake?	0	NR	
4. How many inmates housed in ASU for the first 72 hours are either double celled with an appropriate cell partner or are celled alone in a retrofitted intake cell?	0	100%	
<i>**Generate SOMS housing roster for ASU building and cross reference with the Printout of ASU Retrofitted Intake Cells to determine current 72 hour ASU placement, (generate day of audit).</i>			
<b>Entertainment Appliances</b>			
1. How many cells were observed?	25	NR	
2. Of those, in how many were entertainment appliances permitted and/or provided? (Approved appliances are a television, tablet or radio)	23	92%	
<i>**Query staff for number of cell w/ electricity. (Bring ASU housing list electricity cell survey. Review DOM sup / LOP re: Property) Spot check for entertainment appliances in cells.</i>			
<b>Welfare Checks</b>			
1. How many Rounds Tracker Shift Summary reports reviewed were signed by the custody supervisor responsible at the end of each shift (should be 90)?	88	98%	
2. How many Rounds Tracker Shift Summary reports were reviewed (should be 90)?	90	NR	
<i>**Respond to questions overall for all checks in each 24 hour review period. Review 24 hour periods for past 30 days using the round tracker shift summary.</i>			
<b>Treatment Module Standards</b>			
1. For groups, are the modules in a semi-circle?	1	100%	
2. Are the modules in an area where other inmates and/or staff are not able to hear or see the interaction?	1	100%	
3. Do the modules meet PIA approval standards?	1	100%	
4. Do staff report sufficient number of tx modules for providing treatment?	1	100%	
5. Are treatment modules clean?	1	100%	
<i>**PIA standards are: 42 inches wide, 72 inches tall, depth 49.5 inches. Must have a fold down desk and fold down chair.</i>			
<b>Out of Cell Time and Showers</b>			
1. Out of the past 4 weeks, how many weeks were required (not prevented by safety security etc.)?	80	NR	
2. Of those, how many weeks were 18.5 hours of yard offered within time allocated 7 days per week?	78	98%	
3. Out of the past 4 weeks, how many weeks were showers offered at least three times per week?	77	96%	
<i>**Yard time and showers audit - Exclude I/p who have not gone to ICC or not in ASU for 4 weeks. Count "R" refused times as offered.</i>			
<b>Officers with CPR Mouth Shields</b>			
1. How many peace officers were observed?	5	NR	
2. Of these, how many peace officers were observed to carry a (CPR) mouth shield on person?	5	100%	
<i>**Ask housing unit and floor staff.</i>			
<b>Cut-Down Kits/Tools</b>			
1. Does the housing unit/inmate living area have an approved cut-down kit/tool?	1	100%	
2. Is the cut-down kit/tool inventoried each shift on standardized "Cut Down Kit" Inventory Sheet?	1	NR	
<i>** Select one random date over the past 30 days, prior to visit, to check in each applicable unit/area for compliance.</i>			
<b>Phone Calls, Issuance of Property and Transfer Timelines for NDS</b>			
1. Are non-NDS inmates offered 2 phone calls a month?	1	100%	
2. Do staff know which inmates are NDS?	1	100%	
3. Is there tracking for provision of phone calls?	1	100%	
4. Are NDS inmates offered a weekly phone call?	1	100%	
5. Is there tracking for issuance of property for NDS inmates?	1	100%	
6. How many NDS inmates were reviewed for transfer timelines?	0	NR	
7. When applicable, how many were transferred within 72 hours?	0	100%	
<i>**Run NDS report in SOMS 72 hours prior to visit. Ask staff the following: 1. How do you track your NDS inmates? 2. Can you show me how you track NDS phone calls and issuance of property?</i>			
<b>Unclothed Body Search</b>			
1. Are unclothed body searches done in a private area?	1	100%	

Custody and Mental Health Partnership Plan			
1. Are Huddles being conducted and logged in the unit log book during each shift change?	Yes		
2. Are all disciplines attending the Huddles?	Yes		
3. Are the Huddle reports (Attachment B) in a binder for staff to review?	No		MH Staff are keeping the copies.
4. Are Quarterly Roundtables occurring on both 2W and 3W?	No		844's Reviewed (SharePoint Site) are only occurring on 2W and missing custody staff in attendance.

UNIT: EOP HUB			
Item	Response		Comments
<b>Thermometer</b>			
1. Is a working Thermometer present?	1	100%	
2. Is the thermometer in a location that give an accurate reading of the temperature?	Yes	NR	
3. Is there a heat log that is current? (Logged last hour)	Yes	NR	
4. Are the staff documenting the highest reading (NOT averaging them)?	Yes	NR	
5. Is there a current heat risk list available on the unit?	Yes	NR	
6. Does the DAR reflect alternative out of cell activities were offered during periods in which temperatures exceeded 90 degrees?	N/A	NR	
<b>**Complete Heat Plan audit during May-October in all housing units where MH inmate patients are housed. Check DAR for random period of 10 days when temp exceeded 90 degrees.</b>			
<b>Mental Health Referral Process</b>			
1. Are housing unit staff aware of their responsibility to complete a 128MH5 when inmates exhibit signs of mental illness?	1	100%	
2. Are 128MH5's accessible and available to staff? (revised 5/14)	Yes	NR	
<b>** Interview all staff in units. Respond once for each individual housing unit staff person interviewed. Physically check units for 128MH5, respond once for each housing unit observed.</b>			
<b>Intake Procedures</b>			
1. How many inmates are in ASU for 21 days or less on "intake" status?	34	NR	
2. How many inmates in ASU for 21 days or less have "intake" identifying markers posted on the outside of their cell doors?	34	100%	
3. How many inmates are within the first 72 hours of intake?	1	NR	
4. How many inmates housed in ASU for the first 72 hours are either double celled with an appropriate cell partner or are celled alone in a retrofitted intake cell?	1	100%	
<b>**Generate SOMS housing roster for ASU building and cross reference with the Printout of ASU Retrofitted Intake Cells to determine current 72 hour ASU placement, (generate day of audit).</b>			
<b>Entertainment Appliances</b>			
1. How many cells were observed?	86	NR	
2. Of those, how many were in possession of an entertainment appliance? (Approved appliances are a television, tablet or radio)	86	100%	
<b>**Query staff for number of cell w/ electricity. (Bring ASU housing list electricity cell survey. Review DOM sup / LOP re: Property) Spot check for entertainment appliances in cells.</b>			
<b>Welfare Checks</b>			
1. How many Rounds Tracker Shift Summary reports reviewed were signed by the custody supervisor responsible at the end of each shift (should be 90)?	90	NR	
2. How many Rounds Tracker Shift Summary reports were reviewed (should be 90)?	90	100%	
<b>**Respond to questions overall for all checks in each 24 hour review period. Review 24 hour periods for past 30 days using the round tracker shift summary.</b>			
<b>Treatment Module Standards</b>			
1. For groups, are the modules in a semi-circle?	1	100%	
2. Are the modules in an area where other inmates and/or staff are not able to hear or see the interaction?	1	100%	
3. Do the modules meet PIA approval standards?	1	100%	
4. Do staff report sufficient number of tx modules for providing treatment?	1	100%	
5. Are treatment modules clean?	1	100%	
<b>**PIA standards are: 42 inches wide, 72 inches tall, depth 49.5 inches. Must have a fold down desk and fold down chair.</b>			
<b>Out of Cell Time and Showers</b>			
1. Out of the past 4 weeks, how many weeks were required (not prevented by safety security etc.)?	80	NR	
2. Of those, how many weeks were 10 hours of yard offered?	80	100%	
3. Out of the past 4 weeks, how many weeks were showers offered at least three times per week?	80	100%	
<b>**Yard time and showers audit - Exclude I/p who have not gone to ICC or not in ASU for 4 weeks. Count "R" refused times as offered.</b>			
<b>Officers with CPR Mouth Shields</b>			
1. How many peace officers were observed?	4	NR	
2. Of these, how many peace officers were observed to carry a (CPR) mouth shield on person?	4	100%	
<b>**Ask housing unit and floor staff.</b>			
<b>Cut-Down Kits/Tools</b>			
1. Does the housing unit/inmate living area have an approved cut-down kit/tool?	1	100%	
2. Is the cut-down kit/tool inventoried each shift on standardized "Cut Down Kit" Inventory Sheet?	Yes	NR	
<b>** Select one random date over the past 30 days, prior to visit, to check in each applicable unit/area for compliance.</b>			
<b>Phone Calls, Issuance of Property and Transfer Timelines for NDS</b>			
1. Are non-NDS inmates offered 2 phone calls a month?	Yes	NR	
2. Do staff know which inmates are NDS?	Yes	NR	The Property Officer Tracks This.
3. Is there tracking for provision of phone calls?	Yes	NR	A phone log is kept in the unit. Phone Calls are NOT being documented in the 114A's. It is recommended staff document phone calls offered in the 114a's.
4. Are NDS inmates offered a weekly phone call?	Yes	NR	
5. Is there tracking for issuance of property for NDS inmates?	1	100%	The Property Officer Tracks This.
6. How many NDS inmates were reviewed for transfer timelines?	0	NR	
7. When applicable, how many were transferred within 72 hours?	0	100%	

**Run NDS report in SOMS 72 hours prior to visit. Ask staff the following: 1. How do you track your NDS inmates? 2. Can you show me how you track NDS phone calls and issuance of property?			
<b>Unclothed Body Search</b>			
1. Are unclothed body searches done in a private area?	1	100%	
<b>Custody and Mental Health Partnership Plan</b>			
1. Are Huddles being conducted and logged in the unit log book during each shift change?	Yes		
2. Are all disciplines attending the Huddles?	Yes		
3. Are the Huddle reports (Attachment B) in a binder for staff to review?	No		In reviewing LAC's clipboard (where the forms are being stored within the SGT's office), it appears LAC is no longer storing a copy of the form in the office for review. It was recommended to Custody/MH staff to resume archiving a copy on the clipboard.
4. Are Quarterly Roundtables occurring on both 2W and 3W?	No		844's Reviewed (SharePoint Site) are only occurring on 2W for Q4 in the HUB.



# **SVSP STRH**

## **March 2021**

UNIT: STRH			
Item	Response		Comments
<b>Thermometer</b>			
How many buildings were checked?	1		
1. Is a working Thermometer present?	1	100%	
2. Is the thermometer in a location that give an accurate reading of the temperature?	1	NR	
3. Is there a heat log that is current? (Logged last hour)	N/A	NR	Heat Plan not in effect
4. Are the staff documenting the highest reading (NOT averaging them)?	N/A	NR	Heat Plan not in effect
5. Is there a current heat risk list available on the unit?	N/A	NR	
6. Does the DAR reflect alternative out of cell activities were offered during periods in which temperatures exceeded 90 degrees?	N/A	NR	
**Complete Heat Plan audit during May-October in all housing units where MH inmate patients are housed. Check DAR for random period of 10 days when temp exceeded 90 degrees.			
<b>Mental Health Referral Process</b>			
1. Are housing unit staff aware of their responsibility to complete a 128MH5 when inmates exhibit signs of mental illness?	4	100%	
2. Are 128MH5's accessible and available to staff? (revised 8/19)	1	100%	
** Interview all staff in units. Respond once for each individual housing unit staff person interviewed. Physically check units for 128MH5, respond once for each housing unit observed.			
<b>Intake Procedures</b>			
1. How many inmates are in ASU for 21 days or less on "intake" status?	4	NR	
2. How many inmates in ASU for 21 days or less have "intake" identifying markers posted on the outside of their cell doors?	4	100%	
3. How many inmates are within the first 72 hours of intake?	1	NR	
4. How many inmates housed in ASU for the first 72 hours are either double celled with an appropriate cell partner or are celled alone in a retrofitted intake cell?	1	100%	
**Generate SOMS housing roster for ASU building and cross reference with the Printout of ASU Retrofitted Intake Cells to determine current 72 hour ASU placement, (generate day of audit).			
<b>Entertainment Appliances</b>			
1. How many cells were observed?	91	NR	
2. Of those, in how many were entertainment appliances permitted and/or provided? (Approved appliances are a television, tablet or radio)	90	99%	The team observed the one inmate on 72 our intake without an entertainment device. Staff assured the team the inmate would be provided a device before our departure.
**Query staff for number of cell w/ electricity. (Bring ASU housing list electricity cell survey. Review DOM sup / LOP re: Property) Spot check for entertainment appliances in cells.			
<b>Welfare Checks</b>			
1. How many Rounds Tracker Shift Summary reports reviewed were signed by the custody supervisor responsible at the end of each shift (should be 90)?	58	69%	Many of these Guard 1 reports were missing and were not printed for the teams review.
2. How many Rounds Tracker Shift Summary reports were reviewed (should be 90)?	84	NR	Due to the month reviewed was February (28 days).
**Respond to questions overall for all checks in each 24 hour review period. Review 24 hour periods for past 30 days using the round tracker shift summary.			
<b>Treatment Module Standards</b>			
1. For groups, are the modules in a semi-circle?	1	100%	SVSP utilizes the security desks with the Lexan divider. Additionally, staff report the limited use of the group area due to COVID-19 guidelines.
2. Are the modules in an area where other inmates and/or staff are not able to hear or see the interaction?	1	100%	
3. Do the modules meet PIA approval standards?	1	100%	
4. Do staff report sufficient number of TX modules for providing treatment?	1	100%	
5. Are treatment modules clean?	1	100%	
**PIA standards are: 42 inches wide, 72 inches tall, depth 49.5 inches. Must have a fold down desk and fold down chair.			
<b>Out of Cell Time and Showers</b>			
1. Out of the past 4 weeks, how many weeks were required (not prevented by safety security etc.)?	80	NR	
2. Of those, how many weeks were 18.5 hours of yard offered within time allocated 7 days per week?	79	99%	The week identified where yard was not offered was recorded as "S" but no reason was recorded.
3. Out of the past 4 weeks, how many weeks were showers offered at least three times per week?	79	99%	The week identified was absent one required shower but did not articulate any reason.
**Yard time and showers audit - Exclude i/p who have not gone to ICC or not in ASU for 4 weeks. Count "R" refused times as offered.			
<b>Officers with CPR Mouth Shields</b>			
1. How many peace officers were observed?	4	NR	
2. Of these, how many peace officers were observed to carry a (CPR) mouth shield on person?	3	75%	
**Ask housing unit and floor staff.			
<b>Cut-Down Kits/Tools</b>			
1. Does the housing unit/inmate living area have an approved cut-down kit/tool?	1	100%	
2. Is the cut-down kit/tool inventoried each shift on standardized "Cut Down Kit" Inventory Sheet?	0	NR	At the time of the teams review, no inventory was present for the unit. This information was communicated to the unit manager and was remedied prior to the teams departure.
** Select one random date over the past 30 days, prior to visit, to check in each applicable unit/area for compliance.			
<b>Phone Calls, Issuance of Property and Transfer Timelines for NDS</b>			
1. Are non-NDS inmates offered 2 phone calls a month?	1	100%	All inmates are being offered the appropriate phones relative to COVID-19 guidelines.
2. Do staff know which inmates are NDS?	1	100%	An NDS roster is maintained by unit staff.
3. Is there tracking for provision of phone calls?	1	100%	Phone calls are being documented within the 114 files.
4. Are NDS inmates offered a weekly phone call?	1	100%	
5. Is there tracking for issuance of property for NDS inmates?	1	100%	NDS property issuance is occurring within 7-10 days of designation is generally recorded within the 114 files.
6. How many NDS inmates were reviewed for transfer timelines?	N/A	NR	Due to COVID-19 transfer guidelines at time of review.
7. When applicable, how many were transferred within 72 hours?	N/A	NR	Due to COVID-19 transfer guidelines at time of review.
**Run NDS report in SOMS 72 hours prior to visit. Ask staff the following: 1. How do you track your NDS inmates? 2. Can you show me how you track NDS phone calls and issuance of property?			
<b>Unclothed Body Search</b>			
1. Are unclothed body searches done in a private area?	1	100%	Staff identified holding cell built within the main walkway as the area where unclothed body searches are conducted.
<b>Custody and Mental Health Partnership Plan</b>			
1. Are Huddles being conducted and logged in the unit log book during each shift change?	1		
2. Are all disciplines attending the Huddles?	1		

3. Are the Huddle reports (Attachment B) in a binder for staff to review?	1		
4. Are Quarterly Roundtables occurring on both 2W and 3W?	1		The institution reported- Yes and 844's are uploaded to the SharePoint.

# **EXHIBIT 8**

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**From:** Basa, Francesca@CDCR on behalf of CDCR MHPolicyUnit@CDCR  
**Sent:** Friday, March 26, 2021 11:30 AM  
**Subject:** TMHU Removal for Pending Inpatient Transfers  
**Attachments:** REVISED - COVID 19 Screening and Testing Matrix Final 21-01-08.pdf

Please review the below information with attachment and disseminate as appropriate.  
(Sent to Executive Staff, Regional Mental Health Administrators, Psychiatry Leadership, and Chiefs of Mental Health)

Effective April 2, 2021 patients shall no longer be placed in the Temporary Mental Health Unit (TMHU) pending transfer to Mental Health Crisis Bed (MHCB), Acute, or Intermediate Care Facilities (ICF) levels of care. This direction supersedes the following temporary COVID memorandums:

[04.17.20 COVID Emergency MH Treatment Guidance for MAX Custody Patients and COVID EOP Temporary Transfer Guidelines](#)

[04.17.20 COVID Segregated Emergency Mental Health Treatment Guidance](#)

[04.17.20 COVID EOP Temporary Emergency Transfer Guidelines](#)

[04.17.20 Temp MHU beds](#)

[04.10.20 MH HQ Memorandum - COVID Emergency MH Treatment Guidance](#)

[04.10.20 COVID-19 Emergency Mental Health Treatment Guidance](#)

[04.10.20 COVID-19 Temporary Emergency Transfer Guidelines](#)

The following processes shall be followed:

1. Transfer patients according to the most recent version (currently 1/8/2021) of the Movement Matrix "COVID-19: Interim Guidance for Health Care and Public Health Providers: COVID-19 Screening and Testing Matrix for Patient Movement" (attached).
2. Follow all pre-COVID referral procedures available on the mental health intranet at <http://intranet/Pro/dhcs/mentalhealth/Pages/QMmemos.aspx>. Please ensure that every MHCB referral has an MHCB place in order in EHRS and that HCPOP is contacted via email immediately upon referral. Patients may be placed in alternative housing only after completion of the MHCB place in order.
3. Patients pending Acute LOC shall be treated in MHCB until transferred for admission to Acute LOC.
4. Patients referred to ICF shall continue to receive an enhanced plan while awaiting transfer to ICF, and shall be referred to MHCB as necessary and increase referral level of care to acute as clinically necessary. Notify the Inpatient Referral Unit (IRU) via email at CDCR DHCS DSH Referral Updates@CDCR if patients referred to ICF and are waiting for acceptance and transfer appear to be decompensating. IRU staff will work with your team to assess for expedited transfer.