

# Exhibit A

## Institutional Roadmap to Reopening – April 20, 2021

### Introduction

This document provides an updated revision to the Roadmap to Reopening institutional programs, services, and activities within the California Department of Corrections Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS).

The Roadmap provides a general guideline while allowing room for hiring authorities and their teams to determine specifics that meet current operational and safety needs within the phased guidelines as best apply to their institution's unique circumstances. These options include reduced group sizes, modified hours, staggered schedules, outdoor programming, or programming in non-traditional spaces to allow for physical distancing.

The CDCR-CCHCS Roadmap to Reopening incorporates a multi-phased approach to reopen operations, taking into consideration the recommended guidelines set forth by the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), and other stakeholders. Institutions will continuously evaluate and monitor positive COVID test results and reinstate precautionary measures, as needed, to protect all of those who work and live in California's state prisons.

Movement between the phases will be determined jointly by the Warden and Chief Executive Officer (CEO) and will be reflected on the Roadmap SharePoint. Movement between phases may apply to individual facilities or, based on design, an entire institution. Specific criteria for moving from one phase to another, including minimum testing requirements, will be posted as part of the "COVID-19 and Seasonal Influenza: Interim Guidance for Health Care and Public Health Providers" (<https://cchcs.ca.gov/covid-19-interim-guidance/>). As the institution moves into Phases 2 and 3, a gradual approach will be taken as each area ramps up. The CDCR-CCHCS Re-opening Guidance and Checklist is also available to aid institutions in supporting a safe, clean environment for inmates and staff while allowing programming to carefully resume.

### Phases Defined

**Throughout all the phases, staff shall ensure COVID-19 precautionary and infection control measures are adhered to.** These measures include complying with physical distancing, enforcing facial coverings, handwashing, and frequent disinfecting of spaces and activity items between uses.

Many institutions are made up of multiple separate facilities. An institution can be considered a single facility if the geographic layout does not allow for feasible separation of inmates. Facilities include one or more different housing units, and within housing units, inmates may be cohorted into smaller groups. The updated roadmap takes into account that all CDCR inmates and staff will have been offered a COVID vaccine prior to the end of April 2021.

**For purposes of reopening, an outbreak is defined as three or more related COVID-19 inmate cases within a facility, as determined by a contact investigation, in the past 14 days.**

#### Outbreak Phase (Phase 1):

- The facility has a current inmate outbreak or is recovering from a recent outbreak (no new outbreak cases in the last 14 days).

- An outbreak is defined as three or more related COVID-19 inmate cases, as defined through a contact investigation.<sup>1</sup> Each facility within an institution can be considered separately, or an institution can be considered a single facility if the geographic layout does not allow for feasible separation of inmates and/or staff.
- The end of an outbreak is defined as 14 days with no new inmate outbreak cases identified in the given facility.
- Outbreak response testing must continue throughout Phase 1.
- Most restrictive modifications in operations, programs, and services. Group activities limited to small cohorts of inmates within the same housing unit.
- To move from Phase 1 to Phase 2, the facility must have had no inmate outbreak cases for at least 14 days.

#### **Modified Phase (Phase 2):**

- Partial reopening and gradual easing of Phase 1 restrictions.
- If the facility has an outbreak, the facility must immediately revert to Phase 1 restrictions.
- In the time needed to investigate individual cases, before concluding that there is an outbreak, the facility may remain in Phase 2.
- To move from Phase 2 to Phase 3, the facility must have no new inmate outbreak cases for 28 days.

#### **New Normal Programming (Phase 3):**

- To the extent that facilities are in different phases, inmates from different facilities will not be permitted to program together.
- Progressive reopening of programs and services will be reviewed and implemented weekly by the institution.
- If the facility experiences an inmate outbreak, the facility must revert to Phase 1 restrictions.

## **General Provisions for Institutional Operations, Programs, and Health Care Services**

### *Outbreak Phase (Phase 1)*

- Closed to in-person and family visiting, volunteers, and activities involving outside groups.
- Video visiting allowed.
- Closed to media access, film requests, and stakeholder tours.
- No outside vendors, non-essential contractors, or non-employees permitted, other than those who are essential for supplying needed goods. Essential vendors, contractors, and non-employees include:
  - Integrated Substance Use Disorder Treatment (ISUDT) program providers, including Alcohol and Other Drug (AOD) Counselors, are essential contractors.
  - California Department of Veterans Affairs (CalVet) representatives are essential.
  - Design and construction activities performed by consultants, general contractors, and the Inmate/Ward Labor (IWL) program are considered essential and will continue during this phase.
- Inmate workforce limited to essential functions.
- Yard/provision of meals within the same housing unit.

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<sup>1</sup> Staff are routinely tested for COVID-19. All staff positives are investigated through contact tracing. As the number of staff positives increase at an institution, increased testing occurs. If inmate(s) are identified as contacts of a positive staff member, they are screened and tested per protocol.

- Showers allowed with cleaning in-between uses.
- Dayroom access within the same living quarters.
- Sports equipment may be issued if used only by one inmate; equipment is to be cleaned after use.
- Recreational activities (card games, board games, etc.) may be issued to inmates who live within the same unit/cohort, with disinfection of the items between uses.
- All students receive independent study packets.
- Students shall be administered educational assessments, with social distancing.
- Active ISUDT participants receive Program Engagement Packets from ISUDT AOD Counselors.
- Allow Mental Health referrals and routine appointments, which may be done cell front.
- Mental Health and Nursing may provide in-cell activities and packet programming.
- Law library: Paging only. Recreational reading books made available to inmates in housing units; access to assistive devices provided in libraries or housing units, as resources are available.
- The following programs are closed: Offender Mentor Certification Program, in-person college, and InnovativeGrants Program/Arts in Corrections/Volunteer programs.
- Congregate religious activities are not permitted.
- Phone calls with cleaning between uses.
- **All episodic care as listed below but not limited to:**
  - **Emergent Health Care Request:** A request for immediate medical, mental health, or dental services attention based on the patient or a staff's belief that a patient's presentation requires immediate attention by staff trained in the evaluation and treatment of health care problems.
  - **Urgent Health Care Request:** A health care request for medical, mental health, or dental services attention based on a licensed provider's determination that signs or symptoms require attention within 24 hours by staff trained in the evaluation and treatment of medical problems.
  - **High Priority Specialty Services**

*Modified Phase (Phase 2): Increased movement and programming*

With COVID precautions observed whenever possible, gradually increase movement and access to programs and services as follows:

- Visiting: Refer to the Visiting Memorandum. Visiting will transition to a hybrid visiting model consisting of a combination of either one day in-person visiting and one video visiting; or two days in-person visiting, as determined by the Warden and CEO and as physical plant allows.
- Family visiting will not be allowed.
- The Warden, CEO, and Public Information Officer will coordinate with the Office of Public and Employee Communications (OPEC) and the appropriate Associate Director and Regional Health Care Executive to evaluate requests from news media representatives. Media access should be limited to news media representatives in the same region or media market as an institution – not reporters from out of state or outside the U.S. Media access should be limited to one area of an institution or to one facility. On a case-by-case basis, requests from non-news media representatives (filmmakers) and filming requests from rehabilitation program providers can be considered.
- Inmate workforce to return.
- Yard/provision of meals access within the same facility.
- Increase dayroom access to include more participants and/or hours.
- Inmate Activity Groups (includes Arts in Corrections, Innovative Grants Program, and other volunteer groups): The Community Resources Manager (CRM) will be point of contact in coordinating the return of community-based organizations (CBOs) and volunteers to the institution

in accordance with the Department's COVID-19 mitigation protocols.

- Outside vendors, non-essential contractors, or non-employees may be permitted.
- All Education Courses, including Career Technical Education (CTE) and in-person college courses, may return where physical distancing can be maintained.
- ISUDT: Allow Integrated/Offender Mentor Certification Program services to resume in a group setting within the same facility where physical distancing can be maintained.
- Library and law library access resume.
- Indoor and outdoor congregate religious activities permitted within the same facility where physical distancing can be maintained.
- Careful resumption of routine clinical operations for all CCHCS disciplines. This includes all episodic care in Phase 1 in addition to the episodic care noted below:
  - **Medium Priority Health Care Request:** Any health care request that includes, but is not limited to, preventive care, screening, or follow-up care and does not meet the definition of emergent but requires a shorter timeframe than routine requests as determined by the licensed provider.
  - On-site specialty services.
  - Mental Health services, including groups, where physical distancing can be maintained.
  - Dental services may return to routine care according to dental program guidelines.

### *New Normal Programming Phase (Phase 3)*

Progressive reopening of programs and services will be reviewed and implemented weekly by the institution. With COVID precautions observed whenever possible, all of the following may resume:

- All clinical operations, including but not limited to Routine Specialty Services and Preventative Services to include all cancer screenings and immunizations.
- Normal programming in DRP, ISUDT, self-help programming, etc.
- Normal visiting operations.
- Family visiting resumes.
- Rehabilitative programs.
- Contact Sports: These activities are allowed so long as participants wear appropriate face coverings and perform hand hygiene before play, during breaks, at halftime, and at the conclusion of the activity. Participants must also clean and sanitize equipment between uses.
- Congregate religious activities.
- Normal process for filming requests, media access, and stakeholder tours.
- Continue with institutional screening and testing protocols, and ensure continuous monitoring of the status of the institution.