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17
18 **UNITED STATES DISTRICT COURT**
19 **NORTHERN DISTRICT OF CALIFORNIA**
20 **OAKLAND DIVISION**

21 MARCIANO PLATA, et al.,

22
23 Plaintiffs,

24 v.

25 GAVIN NEWSOM, et al.,

26 Defendants.
27
28

CASE NO. 01-1351 JST

**JOINT CASE MANAGEMENT
CONFERENCE STATEMENT**

Judge: Hon. Jon S. Tigar

Date: June 30, 2021

Time: 2:00 p.m.

Crtrm.: 6, 2nd Floor

1 The parties submit the following joint statement in advance of the June 30, 2021
2 Case Management Conference.

3 **I. VACCINES**

4 As of June 25, 2021, approximately 98% of the California Department of
5 Corrections and Rehabilitation's (CDCR) incarcerated population has been offered at least
6 one dose of the vaccine, and approximately 73% of those offered have accepted it. (Those
7 not offered vaccine are almost entirely either out-to-court and thus not physically present
8 in a CDCR prison, or are Reception Center new arrivals pending a vaccine offer.) This
9 amounts to 73% percent of the incarcerated population having received at least one dose of
10 the vaccine, and 71% of the population being *fully* vaccinated. Vaccination rates of
11 medically high-risk incarcerated people are as follows: over 99% of all COVID-19-naïve
12 patients aged 65 or older have been offered the vaccine, 90% of patients in this category
13 are fully vaccinated, and another 1% of await the second dose of the vaccine; over 99% of
14 all COVID-19-naïve patients with a COVID-19 weighted risk score of 6 or higher have
15 been offered the vaccine, 91% of patients in this category are fully vaccinated, and another
16 1% await the second dose of the vaccine; and 99% of COVID-19-naïve patients with a
17 COVID-19 weighted risk score of 3 or higher have been offered the vaccine, 84% of
18 patients in this category are fully vaccinated, and another 2% await the second dose of the
19 vaccine. Additionally, as of June 15, 2021, at least¹ 52% of staff who work in CDCR's
20 institutions have been given at least one dose of the COVID-19 vaccine. Employees and
21 incarcerated people are still required to wear personal protective equipment and practice
22 physical distancing even after receiving the vaccine.²

23 _____
24 ¹ This percentage includes those for whom CDCR and CCHCS, working with the
25 Department of Public Health, have determined have been vaccinated outside CDCR's
26 system. Because individuals may decline to share their medical information, it may not be
27 possible to reflect every vaccinated staff member in this percentage.

28 Defendants' section on this topic states that the percentage of vaccinated staff is 54%,
based on internal data collected on June 25, 2021.

² The Receiver's office and CDCR lifted the mask-wearing requirement for those

1 *Plaintiffs' Position:*

2 **Patients**

3 We continue to be pleased with CCHCS's efforts to vaccinate incarcerated people
4 against COVID-19. As of June 25, CCHCS's Vaccine Registry shows that 98% of the
5 98,500 people in CDCR custody have been offered a vaccine.³ It also shows that 71% of
6 the population is fully vaccinated, and another 2% have received one dose of a two-dose
7 regimen, so will be fully vaccinated in no more than 30 days. .

8 The Registry also shows that the COVID vaccine refusal rate among the CDCR
9 population is now 26%.⁴ We appreciate that CCHCS continues to re-offer vaccine to
10 patients, that they continue to plan an outreach event at Salinas Valley State Prison to
11 promote the vaccine to people who have thus far refused it (two of that prison's four main
12 yards have relatively high refusal rates among residents), and is sending its Corrections
13 Services Director to four prisons with relatively high refusal rates in an attempt to identify
14 what might work to increase vaccine acceptance.

15 CCHCS on June 16 said it anticipates an EHRS upgrade will be implemented this
16 month which will auto-populate a patient's vaccine status directly to the medical provider
17 at the time of an appointment. CCHCS also said it will update its guidance to providers to
18 require that the vaccine be discussed and offered at any appointment with a patient who is
19 unvaccinated.

20 _____
21 who are outdoors and at least six feet away from others. And as of June 15, 2021, the State
22 no longer requires fully vaccinated people to wear masks in most circumstances, but still
23 requires mask-wearing by fully vaccinated people who live or work in correctional
facilities, consistent with public health guidance.

24 ³ As indicated above, those not offered vaccine are almost entirely either not
25 physically present in a CDCR prison, or are Reception Center new arrivals pending a
vaccine offer.

26 ⁴ As of June 11, there were ten CDCR "yards" (as sub-facilities within each prison
27 are commonly called) with populations of greater than 500 at which between
28 approximately 45% to just over 50% had refused a vaccine offer. There are also about
three dozen small units or yards, most housing less than 100 people, with refusal rates of
45% or higher.

1 While the number of active COVID cases statewide remain low, outbreaks have
2 occurred at a handful of prisons in the last 30 days. These outbreaks show the continuing
3 risk of COVID infection in the prisons, including even to the vaccinated, especially in
4 prisons with relatively large vaccination refusal rates among the patient population and/or
5 staff. The largest recent outbreak, at California State Prison, Solano, occurred on a yard
6 with a relatively high patient vaccine refusal rate (approximately 50% at the time of the
7 first positive cases in late May), and all but a few of the approximately 85 recently positive
8 patients were unvaccinated. In contrast, an outbreak at Mule Creek State Prison, Facility
9 C, which has relatively low vaccine refusal rate among the patient population (just over
10 10%), was limited to fewer than 20 patients, about half of whom were unvaccinated.

11 CCHCS on June 16 reported that since approximately late May, two CDCR patients
12 had been hospitalized for COVID-related conditions. This too shows the continuing risk
13 of COVID-19 to the incarcerated.

14 **Staff**

15 CCHCS data shows that the statewide institutional staff vaccination rate (at least
16 one dose received) is only 52% as of June 15, 2021. The rate for custody staff is 41%
17 overall, and among correctional officers – the job classification which has the most direct
18 contact with residents – the rate is only 36% statewide. The vaccination rate for officers at
19 some prisons is far lower. For example, only 16% of officers are vaccinated at High
20 Desert State Prison. There are also large numbers of unvaccinated staff among certain
21 medical job classifications.⁵

22 We continue to believe that vaccination against COVID-19 should be mandated for
23 all CDCR and CCHCS staff in the prisons. As requested by the Receiver, we recently
24 provided a detailed statement of our position to the Receiver, Defendants, and CCPOA.
25 See Letter from Donald Specter to J. Clark Kelso, Receiver (June 15, 2021) (attached

26

27 ⁵ For example, data provided by CCHCS shows that 73% of Registered Nurses, 68%
28 of Certified Nurse Assistants, 58% of Licensed Vocational Nurses, and 52% of Medical
Assistants are vaccinated.

1 hereto as Exhibit A). In essence, staff are the primary vector for coronavirus getting into
2 the prisons, and those who are unvaccinated pose a much higher risk of infecting residents
3 and other staff. In addition, when residents are infected, others, infected or not, are
4 impacted by quarantines, restricted programs, and limited medical care, including
5 postponement of previously scheduled specialty services. Further incentive programs will
6 not substantially increase current staff vaccination rates, based on recent experience and
7 studies of vaccine incentives in similar contexts.

8 Regarding COVID-19 infections among staff, CDCR recently stopped reporting
9 new staff cases on its “CDCR/CCHCS COVID 19 Employee Status” website. *See Cal.*
10 *Dep’t of Corr. & Rehab., CDCR/CCHCS COVID-19 Employee Status,*
11 <https://www.cdcr.ca.gov/covid19/cdcr-cchcs-covid-19-status>. We asked CDCR and
12 CCHCS about this on June 23. On June 24, CCHCS responded that new COVID-19 staff
13 cases would no longer be reported on the public website, but would be added to CCHCS’s
14 internal Roadmap to Reopening registry by mid-July. As we do not have access to that
15 registry, CCHCS also agreed to provide reports of new active staff cases to Plaintiffs’
16 counsel on a weekly basis.

17 *Defendants’ Position:* CCHCS and CDCR’s efforts to vaccinate the incarcerated
18 population have been successful. Defendants are particularly pleased that the vast majority
19 of medically high-risk patients accepted the vaccine. Defendants continue to partner with
20 CCHCS to encourage unvaccinated incarcerated people to accept the vaccine.

21 Since the last case management conference, 2,946 more staff members have
22 accepted at least one dose of a COVID-19 vaccine, increasing the percentage of staff with
23 at least one dose of a COVID-19 vaccine from 49% to approximately 54%. This trend is
24 encouraging—staff vaccination numbers increased by about 5% between late April and
25 late May,⁶ and by another 5% between late May and late June.

26 _____
27 ⁶ (*See* ECF No. 3592 at 9:6-8: between late April and late May, 2,574 staff members
28 accepted at least one dose of a COVID-19 vaccine, increasing the percentage of staff with
at least one dose of the vaccine from 44% to 49%)

1 As reported in the last statement, the Receiver's office and CDCR believe it is
2 necessary to do everything reasonably possible to educate and encourage voluntary
3 vaccine acceptance by staff before determining whether to mandate the vaccine as a
4 condition of employment. Indeed, the Prison Litigation Reform Act requires as much.
5 The Receiver's office reiterated this view in a call with the parties on June 16, 2021, and is
6 moving forward with its plan for medical professionals to have one-to-one, face-to-face
7 consultations with unvaccinated CDCR staff in an effort to address their specific concerns
8 about the vaccine. Going forward, those who continue to decline to vaccinate will be
9 required to participate in training and document their declination. Defendants and the
10 Receiver's office continue to consider additional incentives to encourage staff—
11 particularly those who work in the prisons—to voluntarily accept the vaccine.

12 In a May 21, 2021 email, the Receiver encouraged the parties to discuss their views
13 regarding a mandatory COVID-19 policy for staff in the May 25, 2021 case management
14 conference statement. Defendants did this (*See* ECF No. 3592 at 8:10-11:1), and are
15 considering Plaintiffs' views as set forth in their June 14, 2021 letter. In light of the
16 additional measures the Receiver's office is implementing, the continuing low number of
17 confirmed active COVID-19 cases in custody (and around the State), the high vaccination
18 rate among incarcerated persons, and because a mandatory staff vaccination policy would
19 have implications for a variety of congregate and other settings across the state, and not
20 just CDCR facilities, Defendants believe it is premature to mandate the COVID-19
21 vaccination as a condition of employment at this time.

22 **II. POPULATION REDUCTION**

23 *Plaintiffs' Position:* CDCR's population continues to slowly increase. As of June
24 25, per the CCHCS Vaccine Registry, 98,500 were incarcerated, an increase of
25 approximately 1,500 from May 21. We acknowledge the current population is more than
26 20,000 fewer than pre-pandemic levels in March 2020, but remain concerned that the
27 population now continues to steadily increase.

28

1 As of mid-June, according to information received in the *Coleman* case,
 2 approximately 5,000 people in county jails were pending transportation to CDCR. CDCR
 3 Reception Centers were receiving approximately 900 new arrivals per week.

4 CDCR continues the early release program, begun approximately a year ago,
 5 applicable to some who have 180 days or less to serve. In recent months, this program has
 6 resulted on average in approximately 85 people each week paroling or being released to
 7 community supervision earlier than they otherwise would have.⁷

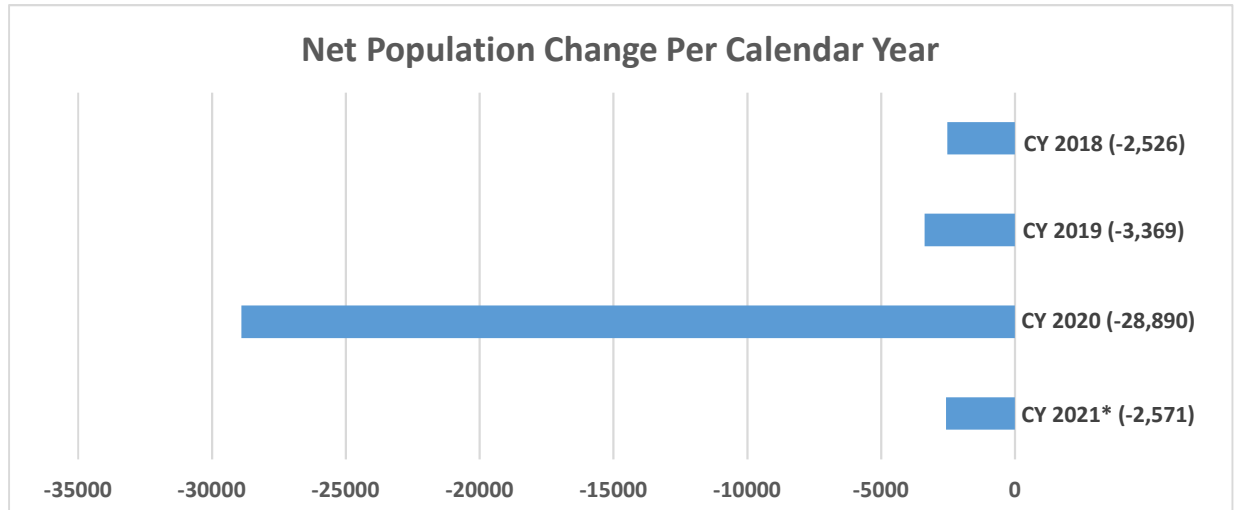
8 We continue to believe that efforts to reduce population remain necessary given the
 9 risk from COVID-19. *See* ECF No. 3579 at 9:21-11:1. We appreciate that these efforts
 10 now include new credit rules implemented on May 1, which permit some incarcerated
 11 persons to receive increased good conduct and other credits. Unfortunately, those new
 12 rules mean that some people designated minimum custody—including fire-fighters—will
 13 serve more time in prison, because the rules change how credits are calculated for that
 14 group.

15 *Defendants' Position:* As Plaintiffs acknowledge, CDCR reduced its population as
 16 an emergency measure in response to the COVID-19 pandemic. In addition to people who
 17 were released in accordance with their natural release dates, approximately 9,586 people
 18 have been released early through CDCR's COVID-19 early-release programs since July
 19 2020. The extent of CDCR's significant population reduction efforts in response to the
 20 pandemic, and its current population as compared to historical levels, is most clearly
 21 demonstrated in the following graphic:^{8,9}

22
 23
 24
 25 ⁷ Average determined based on total statewide releases under the program as of May
 26 15, 2021 (the most recent date for which data is available), compared to the number of
 such releases as of December 30, 2020.

27 ⁸ The source of this data comes from CDCR's Division of Correctional Policy Research
 and Internal Oversight, Office of Research, June 9, 2021.

28 ⁹ *CY 2021 includes all admissions and releases through May 2021.



9 With a robust COVID-19 mitigation framework in place, including quarantine,
 10 testing, and transfer protocols, CDCR is focusing on alleviating the backlog of people
 11 currently awaiting transfer in county jails to CDCR custody. As a result, CDCR is
 12 experiencing a slow and modest population increase. CDCR continues to release
 13 incarcerated people through the 180-day early-release program, which has resulted in
 14 approximately 8,942 early releases since July 2020.

15 **III. OIG SENTINEL CASE REPORT NO. 21-01**

16 *Plaintiffs' Position:* Last December, we informed the Court that we had forwarded
 17 CDCR a log kept by a San Quentin resident detailing numerous instances of staff not
 18 wearing face-coverings at the prison, and that the Warden had said the allegations would
 19 be investigated via the prison's "inquiry" process. *See* ECF No. 3520 at 15:2-16:4.
 20 Defendants acknowledged that the matter would be reviewed, and emphasized that "the
 21 complaining party is not entitled to the details of the outcome of an investigation into
 22 allegations of employee misconduct." *Id.* at 17:10-23.

23 Earlier this month, the Office of Inspector General (OIG) issued a lengthy report
 24 regarding the CDCR's inquiry. *See* OIG Sentinel Case 21-01 (June 3, 2021) (attached
 25 hereto as Exhibit B). The report concludes that prison investigators conducted a biased
 26 and inadequate inquiry into the allegations, and that the investigator's determination that
 27 the allegations were not sustained was meritless and without basis. *Id.* at 3, 8. With regard
 28

1 to the latter conclusion, the OIG commented:

2 What we find most troubling, however, is the conclusion that there was “no
3 evidence” to prove staff members did not comply with the facecovering order. This
4 is not true. The incarcerated person who submitted the letter spelled out 19 specific
5 incidents of staff members not wearing face coverings and noted the specific places
and times of those incidents. *That is evidence.*

6 *Id.* at 8 (emphasis in original). According to the OIG, “the prison investigators conducted
7 a woefully inadequate and biased inquiry and made incorrect findings,” and “the inquiry
8 was not conducted in order to gather information relevant to the allegations made, but . . .
9 was conducted in such a way as to reach a conclusion that the allegations were not true.”

10 *Id.* at 9. The OIG further reports that its efforts to have departmental executives and an
11 undersecretary take different action were futile. *Id.*

12 In a letter, the CDCR Secretary took issue with several matters in the report,
13 including the key conclusion that the investigation was woefully inadequate. *Id.* at 10-12.
14 The OIG’s reply to the Secretary’s assertions on this latter point, is, we believe,
15 compelling and entirely persuasive. *Id.* at 17.

16 As a result of orders entered by Judge Wilken in the *Armstrong* case, CDCR is
17 revamping its “inquiry” investigations. The OIG’s Sentinel Case report shows that these
18 changes cannot come soon enough, and the CDCR’s dismissive response to the report
19 shows well why court orders were necessary.

20 The CDCR’s unwillingness to accept the word of an incarcerated person¹⁰ suggests
21 it will never be able to fully enforce face-covering mandates, even though such are an

22
23 ¹⁰ The OIG concluded the incarcerated person’s letter should have been sufficient to
24 establish “reasonable belief” that misconduct occurred, and the matter thus should have
25 been referred to the Office of Internal Affairs for investigation. *See* OIG Sentinel Case 21-
26 01 (June 3, 2021) at 3 (attached hereto as Exhibit B). In her letter responding to the OIG’s
27 report, the CDCR Secretary stated: “The complaint did include dates and times; however
28 providing dates and times in and of itself is not always sufficient evidence to open an
internal affairs investigation. While the letter is evidence and the details add credibility to
the incarcerated person’s statement, treating any single accusation as the only source
required to establish reasonable belief is not appropriate.” *See id.* at 11.

1 effective means to reduce COVID-19 transmission. The inability to fully enforce face-
2 covering mandates ultimately supports a requirement that all staff be vaccinated against the
3 virus.

4 *Defendants' Position:* Consistent with the Secretary's response to the OIG's June
5 2021 sentinel report, CDCR continues to stand by the investigation. CDCR takes
6 allegations of rules violations seriously and, contrary to Plaintiffs' assertion that it is
7 "[unwilling] to accept the word of an incarcerated person[,]" CDCR launched an
8 investigation in response to the incarcerated person's allegations, interviewed a number of
9 incarcerated people and supervising officers, and produced a detailed report with its
10 findings. The allegations were properly investigated by CDCR, as opposed to the Office
11 of Internal Affairs, because the consequence for noncompliance with the mask-wearing
12 policy was corrective action, and not adverse action. *See* Exhibit B at 13. CDCR properly
13 initiated a local inquiry because the allegations were not submitted through the grievance
14 process. *Id.* CDCR continues to prioritize the safety of those who reside and work in its
15 institutions during the COVID-19 pandemic and, as the OIG noted, even though the
16 incarcerated person's claims were not substantiated, San Quentin State Prison's Warden
17 nonetheless issued a policy ordering that letters of instruction would be issued to any staff
18 member observed not wearing a face covering. *Id.* at 9. Separately, the parties in the
19 *Armstrong* class action have been meeting and conferring regarding the *Armstrong*
20 remedial plan since October 2020. As part of these ongoing meet-and-confer sessions, the
21 parties are working collaboratively with the help of the *Armstrong* court-appointed expert
22 to create a new investigation process that complies with the court's remedial-plan order.
23

24 **IV. HOUSING UNIT VENTILATION**

25 *Plaintiffs' Position:* On June 24, CDCR counsel provided an update regarding
26 MERV-13 filter installation in prison housing units, of the kind included by us in the most
27 recent Case Management Statement. *See* ECF No. 3592 at 15:12-25. According to
28 information provided, three additional prisons completed the filter installations since last

1 month, meaning 11 of 34 prisons slated to incarcerate people next winter now have them.¹¹
2 CDCR further reported that four other prisons' housing units do not recirculate indoor air,
3 so MERV-13 filters will not be installed,¹² and that filters cannot be installed in another
4 prison's housing units because the ventilation system design does not allow for it.¹³
5 MERV-13 filter installation is estimated to occur variously between July and October at 15
6 of the 18 remaining prisons, with an estimated installation date still to be determined for
7 the three others.

8 We also on June 10 asked for a list of which prisons have completed and submitted
9 ventilation system inspections, the schedule for completing any that remain, and a copy of
10 completed inspection results. These inspections are a key part of CDCR's plan to evaluate
11 and improve housing unit ventilation. See ECF No. 3566 at 19:5-20:12 and ECF No. 3592
12 at 4-11. On June 25, CDCR counsel responded. Unfortunately, no update was provided as
13 to the status of inspections, other than a statement that CDCR is working diligently to
14 upload results to an internal website, and that once that was completed, a high-level
15 summary would be prepared, "probably not until late July," for the Receiver and CDCR
16 Secretary. CDCR counsel said this summary could be shared with Plaintiffs' counsel at
17 that time. No completed inspection results were provided. No reason was given for not
18 providing an update as to the status of inspections at each prison, or completed inspection
19 results. We replied on June 25, again asking for the information. We will inform the
20 Court if we are unable to resolve this apparent dispute.

21 *Defendants' Position:* Defendants continue to provide Plaintiffs with updates
22 regarding CDCR's ongoing efforts to inspect prison ventilation systems. CDCR is making
23 good progress with this project. Currently, approximately 42% of the housing units in
24 CDCR's institutions use MERV-13 filters or filters with higher efficiency. This is an
25

26 ¹¹ Deuel Vocational Institution is scheduled to close this fall.

27 ¹² Those prisons are California Institution for Women, California Rehabilitation
Center, California Training Facility, and San Quentin.

28 ¹³ That prison is Sierra Conservation Center.

1 increase since Defendants’ report in the previous CMC statement, when approximately one
2 third of housing units were using MERV-13 or higher-efficiency filters. Approximately
3 48% of housing units use 100% outside air. MERV-13 or higher-efficiency filters will not
4 be installed in certain housing units at the California Institution for Women, California
5 Rehabilitation Center, Correctional Training Facility, and San Quentin State Prison where
6 interior air is not recirculated. The MERV-13 filter installation schedule set forth in
7 Plaintiffs’ position above is consistent with Defendants’ records.

8 **V. RESUMPTION OF SERVICES**

9 *Plaintiffs’ Position:* CCHCS now posts information on the re-opening phase of
10 each prison facility, via a tab on the “CDCR Population COVID Tracking” webpage.¹⁴
11 Information about a facility’s re-opening phase is enormously useful, but we have learned
12 that programs—including healthcare services—can be restricted for substantial numbers
13 even if the facility is designated “Phase 3” (which means “normal,” per the CCHCS
14 website). This is because a “Phase 3” facility can still have many patients on quarantine
15 for exposure to COVID-19 (with an infected staff person commonly the vector, as we
16 understand it), and thus for at least two weeks greatly restrict movement and services
17 available for that particular set of patients. For example, although as of June 15, Facilities
18 C, D, and E at the California Health Care Facility (CHCF) were all designated “Phase 3,”
19 there were, according to CCHCS data, 230 people in those facilities quarantined due to
20 COVID exposure on that same date.

21 The most recent data from CCHCS shows that the previously reported backlogs of
22 more than 6,000 primary care and more than 9,000 specialty service orders statewide (see
23 ECF No. 3592 at 17:18-25) have been only very modestly reduced. We understand it will
24 take time for these overdue appointments to be provided, given that thousands of not yet
25 overdue orders must also be addressed. With regard to specialty services, we asked

26
27 ¹⁴ See Cal. Dep’t of Corr. & Rehab., *Population COVID-19 Tracking*,
28 <https://www.cdcr.ca.gov/covid19/population-status-tracking/>.

1 CCHCS about efforts to provide cancer screening ultrasounds for approximately 1,000
2 end-stage liver disease patients who as of May were overdue for such imaging.¹⁵ CCHCS
3 explained that in May it provided lists of overdue patients to each prison, that a vendor
4 provided additional staff to help with the backlog, and that updated lists of overdue ESLD
5 patient ultrasounds are being generated for each prison.

6 We have scheduled site visits at Salinas Valley State Prison (June 29), CHCF (July
7 1), California State Prison, Solano (July 7-8), and California Medical Facility (July 13-14).
8 Among other things, we hope during these visits to observe and gain other on-the-ground
9 information regarding re-opened medical services. The visits to Salinas Valley and CMF,
10 as well as CHCF if the current outbreak there permits it, will also focus on medical care in
11 the Psychiatric Inpatient Programs.

12 *Defendants' Position:* Now that COVID-19 case numbers are relatively low and a
13 large percentage of the incarcerated population is vaccinated, CDCR is focusing on
14 resuming pre-pandemic programming to the extent possible. Even while resuming
15 programming, quarantine may be necessary in the event of an exposure to COVID-19 to
16 protect those exposed and prevent an outbreak. CDCR recognizes that quarantine impairs
17 incarcerated people's ability to program, and therefore carefully evaluates the need for
18 quarantine in consultation with CCHCS before instituting a quarantine.

19 CCHCS and CDCR revised the "COVID-19 Screening and Testing Matrix for
20 Patient Movement" on June 18, 2021. A copy of the updated Matrix is attached as Exhibit
21 C. The key changes are:

- 22 • clarification that neither pre- nor post-transfer quarantine is required for fully
23 vaccinated patients who are moving from one location to another;
- 24 • clarification that pre- and post-transfer symptom screening and COVID testing

25
26 ¹⁵ Timely liver ultrasounds can detect early treatable cancer in these patients. In 2016,
27 after five liver cancer deaths of ESLD patients were identified in which ultrasound
28 screening guidelines were not followed, CCHCS established tracking mechanisms and
took other steps to increase timely ultrasounds.

- 1 applies to all new intakes, regardless of vaccination status;
- 2 • addition of overnight offsite sleep study in the “Out for clinical appointment,
- 3 same day return” category when screening and testing; and
- 4 • clarification that twice weekly testing is sufficient for patients with multiple off-
- 5 site appointments with same day return within a week (e.g. chemotherapy or
- 6 radiotherapy.)

7 Additionally, as Plaintiffs note, CCHCS is addressing the backlog of specialty

8 services that has resulted from the pandemic. CDCR is committed to working closely with

9 CCHCS to do its part in facilitating these specialty encounters.

10 Finally, Defendants look forward to resuming site visits, a major step towards

11 returning to the process of delegating healthcare services back to the State.

12

13 DATED: June 25, 2021

HANSON BRIDGETT LLP

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By: /s/ Paul B. Mello

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DATED: June 25, 2021

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