

DONALD SPECTER – 083925
STEVEN FAMA – 099641
MARGOT MENDELSON – 268583
PRISON LAW OFFICE
1917 Fifth Street
Berkeley, California 94710-1916
Telephone: (510) 280-2621

CLAUDIA CENTER – 158255
DISABILITY RIGHTS EDUCATION
AND DEFENSE FUND, INC.
Ed Roberts Campus
3075 Adeline Street, Suite 210
Berkeley, California 94703-2578
Telephone: (510) 644-2555

MICHAEL W. BIEN – 096891
JEFFREY L. BORNSTEIN – 099358
ERNEST GALVAN – 196065
THOMAS NOLAN – 169692
LISA ELLS – 243657
JENNY S. YELIN – 273601
MICHAEL S. NUNEZ – 280535
JESSICA WINTER – 294237
MARC J. SHINN-KRANTZ – 312968
CARA E. TRAPANI – 313411
ALEXANDER GOURSE – 321631
AMY XU – 330707
ROSEN BIEN
GALVAN & GRUNFELD LLP
101 Mission Street, Sixth Floor
San Francisco, California 94105-1738
Telephone: (415) 433-6830

Attorneys for Plaintiffs

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

**SEPTEMBER 15, 2020 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 July
 12 28, 2020 Order, ECF No. 6791 (“July 28 Order”). By minute order, the Court required the
 13 parties to continue to provide monthly updates regarding changes to Appendix A on the
 14 fifteenth of every month except for August 2020. *See* Minute Order, ECF No. 6814 (Aug.
 15 14, 2020). On August 21, 2020, the parties submitted their August monthly update, along
 16 with “their positions on the path to full resumption of Program Guide level mental health
 17 care assuming the COVID-19 pandemic has not abated and will not abate for some time,”
 18 July 28 Order at 3, and their agreement that the monthly update process should continue,
 19 *see* Jt. Report Addressing Current COVID-19-Related Departures from Program Guide
 20 Requirements & Resumption of Program Guide Mental Health Care, ECF No. 6831 (Aug.
 21 21, 2020) (“August Joint Report”).

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 ///

1 1. The chart attached hereto as **Appendix A** identifies a further two temporary
 2 policies and procedures implemented due to the COVID-19 pandemic that permit or
 3 effectuate departures from Program Guide requirements for mental health care. Appendix
 4 A includes policies that depart from the Program Guide and/or Compendium policies in
 5 Defendants' efforts to manage the delivery of mental health care during COVID-19. Some
 6 of these policies require care that exceeds the requirements set forth in the Program Guide.
 7 True and correct copies of the two new temporary policies and procedures are attached
 8 hereto as part of Appendix A.

9 2. The two Appendix A policies added to this update—the August 14, 2020
 10 Institutional Roadmap to Reopening and the August 19, 2020 revised Movement Matrix—
 11 address the quantity and modalities of mental health treatment provided within CDCR,
 12 along with intra- and inter-institution transfers for higher levels of mental health care
 13 (including to DSH), from desert institutions and reception centers, and to and from
 14 restricted housing settings. The parties have discussed the Movement Matrix substantively
 15 at one Taskforce meeting, but have not discussed the substance of the Roadmap to
 16 Reopening. Plaintiffs sent a letter to Defendants on September 10, 2020, expressing major
 17 concerns with these policies, and continue to have serious concerns regarding the impact of
 18 these policies on class members' access to, and the provision of, mental health treatment in
 19 Defendants' institutions. Defendants have indicated that, as a result of these two policies,
 20 revisions to some existing COVID-19 policies will be necessary and some are now
 21 superseded. The former Appendix A policies Defendants have determined are superseded
 22 in full by the revised Matrix and/or Roadmap are:

- 23 (1) COVID-19 Screening Prior to Mental Health Transfers (Apr. 5, 2020);
- 24 (2) Resumption of Mental Health Crisis Bed Transfers During COVID-19
- 25 Pandemic (June 2, 2020);
- 26 (3) DAI Update Email re: MH Movement Adjustments (June 26, 2020); and
- 27 (4) COVID-19 Pandemic – Roadmap to Reopening & COVID Screening and
- 28 Testing Matrix for Patient Movement (May 22, 2020).

Defendants have also identified the April 10 and 17 policies impacting mental health transfers and the March 25, 2020 Memo “COVID-19 Mental Health Delivery of Care Guidance & Tier Document” as requiring modification as a result of the revisions to the Roadmap and Matrix. Defendants have also indicated that they are in the process of reviewing all policies in Appendix A to ensure they are up to date and consistent with each other, and that a memo to the field will be necessary to clarify the status of these policies, once the review is complete. Plaintiffs have asked Defendants to report on institutions’ movements in and out of the Roadmap’s “phases.” *See* Appendix A at A-24 to 25. The parties will continue to meet and confer regarding these policies to clarify terms and intent, to work out implementation of the policies with regard to *Coleman* class members, and to address Defendants’ reporting on the impacts of the memos.

3. In their May 20, 2020, stipulation, Defendants agreed to provide certain reports to the Special Master and Plaintiffs. *See* ECF No. 6679 at 3-5, ¶ 2. Defendants began producing reports the week of May 25, 2020. Redacted copies of those reports are appended hereto:

- a. Tier Report, August 10 – 14, 2020; August 17 – 21, 2020; August 24 – 28, 2020; August 31 – September 4, 2020, **Exhibit 1**;
- b. Temporary Mental Health Unit (TMHU) and Treat In Place List, August 10 – 14, 2020; August 17 – 21, 2020; August 24 – 28, 2020; August 31 – September 4, 2020, **Exhibit 2**;
- c. Shower and Yard in Segregation Compliance Report for August 2020, **Exhibit 3**;
- d. TMHU 114-A Tracking Log Report for August 2020, **Exhibit 4**. This report also integrates the report on the custody reviews of Max Custody patients referred to a TMHU. *See* ECF No. 6679 at 3-4, ¶ 2(c); and
- e. On Demand TMHU Patient Registry (“TMHU Registry”), accessed September 15, 2020, **Exhibit 5**.

1 f. COVID-19 Mental Health Dashboard, accessed September 15, 2020,

2 **Exhibit 6.**

3 The parties have agreed on the form of the Tier Reports, ECF No. 6679 at 3, ¶ 2(a),
 4 and the TMHU and Treat in Place List, *id.* at ¶ 2(b), although Plaintiffs have identified
 5 many discrepancies, omissions, and apparent errors in the latter report and have repeatedly
 6 asked Defendants to provide this information—either in the List itself or via the TMHU
 7 Registry. Currently, Defendants’ reporting systems do not identify systematically all class
 8 members referred for inpatient-level care (including MHCB, acute, and intermediate
 9 inpatient care) and Plaintiffs believe that dozens, if not hundreds, of class members in this
 10 category are not being reported, tracked, or monitored. In addition, Plaintiffs believe that a
 11 significant proportion of class members referred to inpatient-level care have not been
 12 placed in a TMHU or formally designated “Treat in Place,” and hence are not captured on
 13 the TMHU and Treat in Place List report as intended. Defendants have stated that they
 14 intend to modify the TMHU Registry to include all class members referred to an MHCB,
 15 acute, or intermediate care bed. Defendants have represented that the revision should be
 16 complete by the end of September 2020. On September 10, 2020, Plaintiffs requested that
 17 Defendants correct problems with the TMHU and Treat In Place List Report to ensure
 18 appropriate oversight and monitoring of this critically ill group until the TMHU Registry
 19 changes can be completed, but Defendants declined the same day. Defendants continue to
 20 believe that once the TMHU Registry is improved to capture all patients in TMHUs and
 21 classified as “Treat in Place,” the TMHU and Treat in Place List, currently a manually
 22 generated report, should be discontinued. The parties will continue to meet and confer
 23 regarding Defendants’ reporting systems for class members referred to inpatient care who
 24 are not able to transfer due to pandemic-related restrictions.

25 On July 22, 2020, Plaintiffs provided written comments to Defendants on the
 26 Shower and Yard in Segregation Compliance Report, *id.* at 4, ¶ 2(d), and the TMHU 114-
 27 A Tracking Log Report, *id.* at 3, 4 ¶¶ 2(c), (e). *See* ECF No 6761 at 3 (July 15, 2020).
 28 Defendants responded to Plaintiffs’ comments by letter on August 5, 2020. Defendants

1 have also discussed the reports with the Special Master team in the small workgroup
2 setting and are working on modifications to the reports as a result. The parties agree to
3 meet and confer the week of September 14, 2020 to continue discussing the content of and
4 methodology used to develop these reports as well as the modifications being considered
5 as a result of the small workgroup. Plaintiffs continue to have significant concerns
6 regarding the content and utility of the Shower and Yard in Segregation Compliance
7 Report, and have a few remaining questions regarding the TMHU 114-A Tracking Log
8 Report.

9 On July 31, 2020, Plaintiffs provided Defendants written comments on the TMHU
10 Registry, *see* ECF No. 6679 at 5, ¶ 2(f)(i). Plaintiffs' letter identified, among other
11 concerns, that the TMHU Registry does not provide information regarding class members
12 being treated in place, as required by the parties' May 20, 2020 stipulation. *See id.* ("This
13 registry will provide demographic information for each inmate referred to a crisis bed or
14 inpatient program, but still in outpatient housing."). Defendants stated on August 17, 2020
15 that they are working towards modifying the TMHU Registry to also gather information
16 for patients referred to inpatient care who are not in a TMHU bed. As noted above, once
17 the TMHU Registry is updated and validated, Defendants plan to discontinue the TMHU
18 and Treat in Place List. Plaintiffs do not agree that Defendants' current reporting on
19 patients referred for inpatient-level care is sufficient or accurate. The parties will continue
20 to meet and confer regarding the TMHU Registry.

21 Defendants continue to develop the COVID-19 Mental Health Dashboard,
22 *id.* at 5, ¶ 2(f)(ii), in consultation with the Special Master. With limited exceptions,¹
23 Plaintiffs and the Special Master team now have access to the full COVID-19 Dashboard.
24 Defendants provided a second COVID-19 Dashboard training on Wednesday,
25 _____

26 ¹ Plaintiffs are not currently able to access the Glossary document linked to the COVID-19
27 Dashboard, along with other less critical links. The Glossary provides the business rules
28 and other information regarding the data reported on the COVID-19 Dashboard. Although
Defendants provided Plaintiffs a pdf version of the Glossary, that document does not
contain updates implemented since it was sent.

1 September 2, 2020.

2 4. On May 20, 2020, the parties reported that they were still negotiating the
3 data Defendants can provide regarding the average number of hours of out-of-cell
4 treatment, including yard and recreation time, offered per week, as well as the status of
5 available entertainment devices and other in-cell activities for all class members in mental
6 health segregation units. In meet and confer discussions, Defendants reported that they do
7 not have the capability to report on this information because none of this data is currently
8 automated and they lack a single source of tracking information that could be used to
9 provide a report on these issues. Defendants reported that, in lieu of a headquarters-level
10 automated tracking report, their typical practice is to regularly audit many of these items
11 via on-site audits by Mental Health Regional Administrators, but on-site audits were
12 paused due to the COVID-19 pandemic. On-site audits of open institutions resumed in
13 mid-July 2020. Since that time, Defendants have inspected seven institutions and collected
14 data on the operation of mental health segregation units at those institutions. Defendants
15 did not provide the compiled data, along with methodology, to Plaintiffs on August 26,
16 2020 as promised. *See* August Joint Report at 5, ¶ 3. On September 12, 2020, Defendants
17 provided data collected from six institutions on inmate access to entertainment appliances
18 in mental health segregation units. Additionally, Defendants provided the methodology of
19 the segregation unit audit and a copy of the standard audit form completed by its auditors.
20 Plaintiffs await further data gathered during these audits. Plaintiffs remain concerned
21 about Defendants' inability to effectively track and report on these requirements at the
22 headquarters level, and about Defendants' reliance on on-site audits as a general matter
23 given Plaintiffs' concerns about the PSU and EOP ASU hub certification process. The
24 parties nonetheless agree to continue to meet and confer about these issues under the
25 supervision of the Special Master.

26 ///

27 ///

28 ///

1 5. On August 19, 2020, Defendants’ Department Operations Center issued the
2 COVID-19 Surge Mitigation and Management Plan (dated August 17, 2020). The
3 document is attached as **Exhibit 7**. The parties could not agree on its inclusion in
4 Appendix A.

5 Defendants do not agree that the document is a policy. The document provides
6 guidance and recommendations from the California Department of Public Health (CDPH)
7 learned following the San Quentin outbreak. The document provides guidance to
8 institutions to mitigate COVID-19 and is not a directive to the field. According to the
9 document, the “guidelines are provided in the broadest form and, at any time, can be
10 increased or relaxed depending upon the current infection rate, ability to isolate, and
11 mitigate the illness.” Because the document is relaying recommendations from CDPH,
12 and not a policy direction, it is superseded by existing policy, the Healthcare Department
13 Operations Manual, and other memoranda, including the Movement Matrix.

14 ///

15 ///

16 ///

17 ///

18 ///

19 ///

20 ///

21 ///

22 ///

23 ///

24 ///

25 ///

26 ///

27 ///

28 ///

1 Plaintiffs are concerned that the COVID-19 Surge Mitigation and Management Plan
2 contains strong language potentially severely limiting non-essential movement and yard
3 and other group programming activities. Without an affirmative retraction of this
4 document, or statement to the institutions that other policies supersede it, we are concerned
5 that institutional leadership and staff may apply it, or continue to apply it, in a manner that
6 further restricts programming and movement. At the very least, without an affirmative
7 retraction, it may be confusing to staff.

8
9 DATED: September 15, 2020

Respectfully submitted,

10 ROSEN BIEN GALVAN & GRUNFELD LLP

11 By: /s/ Jessica Winter

12 Jessica Winter

13 Attorneys for Plaintiffs

14
15 DATED: September 15, 2020

XAVIER BECERRA

Attorney General of California

17 By: /s/ Kyle Lewis

18 Kyle Lewis

19 Deputy Attorney General

20 Attorneys for Defendants

APPENDIX A

Appendix A

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
*COVID-19 Mental Health Delivery of Care Guidance & Tier Document (Mar. 25, 2020)	Stipulation and Order Approving CDCR's Telepsychiatry Policy, ECF No. 6539 (Mar. 27, 2020) Program Guide 12-1-12 & Attachment A (confidentiality)	• Permits telepsychiatry broadly, including in PIPs and MHCBS, without a finding of emergency • Telepsychiatry not treated as a supplement, but rather a substitute, for in-person psychiatry at EOP and higher levels of care • Permits use of tele-psychology • Approval for use of telepsychiatry is made by the hiring authority, and may be preferred modality of providing psychiatry services • Telepsychiatrists may provide telepsychiatry services from their homes during regular work hours, rather than from telepsychiatry hubs • 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). • Telepsychiatry providers not required to conduct site-visits at any particular frequency • Registry telepsychiatrists may be used without limitation • Patients may not have an option to refuse telepsychiatry as a treatment modality

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
		• On-site psychiatrists may not be available if a clinical emergency occurs during a telepsychiatry session • Confidential space for telepsychiatry contacts may not be available • Nurse practitioners may provide telepsychiatry services • Requires telepresenters for telepsychiatry, but clinical and other telepsychiatry support-staff may not be available
	Mental Health Services Delivery System Program Guide, 2020 Revision (“Program Guide”) at 12-1-16 (timelines for level of care transfers) 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, 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	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.

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	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)	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. Larger classrooms or vocational space could be used to allow for smaller groups. Patients in isolation and/or quarantine will not attend groups but shall be provided with activities and receive daily rounding.
	Program Guide 12-1-12 & Attachment A (confidentiality requirements)	Groups may not be confidential if placed in an alternative location (e.g. day room, class rooms) 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, 12-8-10, 12-9-7 to 9, 12-10-14 (availability of treatment modalities)	Patients may be limited to in-cell activities only Patients housed in an MHCB awaiting transfer to a higher level of care and patients in alternative housing awaiting transfer to an MHCB will be provided enhanced out-of-cell time and therapeutic activities as well as daily rounds, as operations allow.

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	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) 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	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
	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) 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)	
	Program Guide at 12-1-4, 12-3-3 to 4, 12-4-10 to 11, 12-4-13 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.	Pre-release planning activities may be limited to varying degrees. All required activities to occur when social distancing can be followed.
	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,	1:1 contacts with psychiatrists may not occur within timeframes.

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	12-8-10, 12-9-7 to 9, 12-10-14 (availability of treatment modalities) 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)	
	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) 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)	1:1 contacts with psychologists or social workers may not occur within timeframes.
	Program Guide at 12-3-2 to 4, 12-3-11, 12-4-1 to 2, 12-10-15 to	1:1 suicide watch may not occur where clinically indicated

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	19 (availability of treatment modalities)	
	Program Guide 12-3-2 (psychiatrists as primary clinicians) 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)	Any physician, nurse practitioner, or physician assistant can serve as psychiatrist
	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) 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)	Psychiatrist duties may be triaged only to serve urgent or emergent needs

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
COVID-19 Pandemic – Guidance Regarding Field Operations (Mar. 18, 2019, revised Mar. 20, 2020)	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) February 14, 2017 memorandum titled Mental Health Crisis Bed Privileges Revision, Program Guide, Appendix C, <i>see</i> ECF No. 5864-1 at 349.	Not congregating in groups of 10 or more individuals and suspending group programs where participants are likely to be in close contact
Restricted housing, Reception Centers, PIP Phone Calls (Apr. 8, 2020)	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.
*COVID-19 Programming Opportunities for Inmates Participating in the MHSDS in Restricted Housing (Apr. 1, 2020)	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) Program Guide at 12-3-14 to 15, 12-4-9, 12-4-14 to 15, 12-4-19,	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
	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)	
COVID-19 Electronic Appliance Loaner Program (Apr. 1, 2020)	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.	Increase patient access to loaner electronic appliances
*COVID Emergency Mental Health Treatment Guidance and COVID Temporary Transfer Guidelines and Workflow (Apr. 10, 2020)	Program Guide 12-1-8 to 9, 12-5-1, 12-5-32 to 34 (MHCb care provided in licensed settings) Program Guide 12-1-12 & Attachment A (confidentiality) Program Guide 12-1-16 (timelines for level of care transfers) 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,	Creation of TMHUs • Replaces in many circumstances transfers to hospitals and MHCb's to provide inpatient mental health care • 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. • Decisions on admission and discharge subject to day-to-day analysis by Clinical Leadership regarding the available workforce, space availability, social distancing, restrictions on movement, individual patient needs, facility-system flows,

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	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, 12-9-19 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) Program Guide 12-3-9, 12-4-6, 12-5-11 to 12, 12-7-12 to 13, 12-8-8, 12-9-5 (required IDTT staffing) 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) CDCR-DSH MOU and PIP Policy 12.11.2101(A) – Referrals and Admissions	and quarantine and isolation status • IDTTs may occur by teleconference • IDTT staffing level varies based on availability of staff • Content and delivery of treatment will be based on a daily evaluation of the proportion of staff available for patient care and direct activities • Huddles may be telephonic, but only if in-person huddles cannot be conducted safely • Daily out-of-cell individual treatment offerings with psychiatrist or primary clinician will occur whenever possible • When possible, all PC and Psychiatrist contacts shall be conducted in a confidential space. Where necessary due to staffing, available treatment team members may engage in collaborative cell front telehealth treatment sessions using portable equipment. It is preferable for cell doors to be open when conducting this cell side treatment modality. • Permits cell-front tele-mental health • Each institution can decide which telepresenters can be used, including: MA or CNA,

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
		and any healthy staff unable to perform their assigned duties during the crisis (with training). • Upon discharge from TMHU and the IDTT determines the patient no longer requires inpatient mental health treatment, then referral to higher level of care shall be rescinded • If an inpatient bed opens, only the patient that the institution triaged as the most acutely mentally ill will be assigned to the bed
	Program Guide 12-1-12 & Attachment A (confidentiality) Program Guide 12-1-16 (timelines for level of care transfers) 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	Enhanced Treatment-in-Place • When a patient is referred to an inpatient level of care and is unable to transfer to an inpatient bed, a TMHU, or is not already in an inpatient setting, treatment will be provided in the patient's housing unit until transfer can occur ("treatment-in-place") • Decisions on admission and discharge subject to day-to-day analysis by Clinical Leadership regarding the available workforce, space availability, social distancing, restrictions on movement, individual patient needs, facility-system flows, and quarantine and isolation status • When possible, all treatment, including groups and clinical

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	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) 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) Orders, ECF Nos. 6095, 6314 (Feb. 20, 2019, Oct. 8, 2019) (requirement implementation of Custody and Mental Health Partnership Plan, including interdisciplinary huddles) CDCR-DSH MOU and PIP Policy 12.11.2101(A) – Referrals and Admissions	contacts, shall be provided in confidential setting, however that may not always be possible • Primary clinical contacts may not occur on a daily basis • 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. • If in-person Huddles cannot be conducted safely, then huddles should but are not required to occur telephonically

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	Program Guide 12-1-16 (timelines for level of care transfers) Program Guide at 12-3-1 to 2, 12-3-12 to 14, 12-4-1, 12-4-13, 12-4-16, 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) CDCR-DSH MOU and PIP Policy 12.11.2101(A) – Referrals and Admissions	Transfer Guidelines and Workflow • In an attempt to limit the transmission of COVID-19, transfers to external inpatient hospitalization, including PIPs and MHCBS, will occur only where necessitated by an imminent, life-threatening emergency, or serious mental health decompensation, and the life-threatening condition or serious decompensation cannot be treated at the same institution • External transfers to an MHCBS or inpatient hospital require an additional layer of review by regional and headquarters inpatient referral unit (IRU) staff • Medical risk for COVID-19 will factor into an evaluation as to whether an external transfer will occur • Plaintiffs will not seek contempt sanctions for failures to transfer patients in a timely manner when the failure resulted from COVID-19 • Patients will be discharged to the same facility unless irreconcilable custodial considerations prevent doing so, in which case an additional screening step will occur

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
Department of State Hospitals Directive on Suspension of Admissions from CDCR to DSH (Apr. 15, 2020)	Program Guide 12-1-9 Program Guide 12-1-16 (timelines for level of care transfers) 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) CDCR-DSH MOU and PIP Policy 12.11.2101(A) – Referrals and Admissions	Coleman admissions to DSH resumed after a 30-day suspension with additional guidelines and protocols required to effectuate transfers from CDCR to DSH.
*COVID Emergency Mental Health Treatment Guidance for MAX Custody Patients and COVID EOP Temporary Transfer Guidelines and Workflow (Apr. 17, 2020)	Program Guide 12-1-12 & Attachment A (confidentiality) Program Guide 12-1-16 (timelines for level of care transfers) 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	When referred to an inpatient bed, MAX custody patients shall be placed in an inpatient bed, if one is available within the institution, by Health Care Placement Oversight Program (HCPOP). If no inpatient bed is available within the institution, then the patient is placed under observation as clinically appropriate until a MAX custody review is completed

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	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) 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) 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) Memo: Creation of Correctional Clinical Case Management System Short Term and Long Term Restricted Housing (Jan. 15, 2015), Program Guide,	within the next 24 hours of referral. • Patients referred to an inpatient bed for whom MAX custody status is lifted will proceed through the standard COVID Emergency Mental Health Treatment Guidance and COVID Temporary Transfer Guidelines and Workflow (Apr. 10, 2020) • Patients referred to an inpatient bed who remain on MAX custody status following review can be sent to a MAX TMHU for a maximum of 10 days • Permits the creation of TMHUs specific to MAX patients. MAX Custody TMHUs will be located in a segregation setting, according to the following priority: EOP ASU Hub/PSU; STRH/LTRH; ASU. • Patients offered 5 hours weekly of structured treatment and 15 hours weekly of unstructured out of cell time • Group therapy occurs only where done safely • IDTT held within 72 hours of placement in MAX TMHU and again at 7 days from date of placement • At 7-day IDTT, if the patient is not stabilizing or improving, they are referred to MHCB and

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	Appendix C, <i>see</i> ECF No. 5864-1 at 420-24. CDCR-DSH MOU and PIP Policy 12.11.2101(A) – Referrals and Admissions	transferred to an inpatient setting, potentially at another institution, within 10 days from date of placement following procedures described in the COVID-19 Temporary Emergency Transfer Guidelines. • Decisions on admission and discharge subject to day-to-day analysis by Clinical Leadership regarding the available workforce, space availability, social distancing, restrictions on movement, individual patient needs, facility-system flows, and quarantine and isolation status • Content and delivery of treatment will be based on a daily evaluation of the proportion of staff available for patient care and direct activities • If the inpatient referral is based on acute suicidality, the patient will be placed on 1:1 watch until the Treatment Team determines what level of observation is clinically necessary • If in-person huddles cannot be accomplished safely then huddles shall occur telephonically • Individual out-of-cell treatment by psychiatrist or primary

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
		clinician shall occur daily whenever possible • Group Therapy may be reduced to 3-4 people and should only be performed where it can safely be done. It may be eliminated entirely, in which case only in-cell treatment would be provided. If no groups can be run, then yard time in the evening should be considered. • Psychiatrist and primary clinician contacts may not be confidential • Permits tele-mental health treatment • Permits the following staff members to act as tele-presenter: Medical Assistant; any staff unable to perform their assigned duties during the crisis, provided the staff member has been provided adequate training; any mental health provider; an LVN, RN, CAN, Psych Tech; or any medical provider • Upon discharge from a MAX TMHU, and the IDTT determines the patient no longer requires inpatient mental health treatment, then the referral to higher level of care shall be rescinded

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	Program Guide 12-1-8, 12-4-1, 12-4-4 (EOP patients housed in designated units only) Program Guide 12-1-16 (timelines for level of care transfers) 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, 12-9-7 to 9 (availability of treatment modalities) Program Guide at 12-3-14 to 15, 12-4-14 to 15, 12-4-19, 12-4-20, 12-9-6 to 8 (primary clinician contacts) Program Guide at 12-4-4 to 5 (access to EOP level of care)	COVID EOP Temporary Transfer Guidelines and Workflow • In an attempt to limit the transmission of COVID-19 all non-emergency transfers shall be immediately curtailed. All movement within a facility can continue while taking into consideration COVID status • Inter-facility transfers subject to review and approval by regional or headquarters staff • Outpatient external transfers or releases from segregated housing to mainline mental health programs at other institutions, to include transfers from desert institutions, transfers from stand-alone ASUs to STRH, CCCMS to EOP, and EOP to CCCMS, will only occur if the treatment team determines, and the Regional Clinical Leadership agrees, that the transfer is necessitated by an imminent, life-threatening emergency or serious mental health decompensation, and the life-threatening condition or serious decompensation cannot be reasonably treated at current institution • EOP-level treatment provided when full staffing is available; otherwise subject to tier status

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
		Patients discharged from EOP ASU who cannot transfer internally to an EOP may be placed on a local CCCMS yard
COVID-19 Temporary Transfer Restriction Psychiatric Inpatient Programs FLEX Guidance (May 14, 2020)	Program Guide Chapter 6	- 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. - 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
*Tele-Mental Health Memorandum (May 22, 2020)	Stipulation and Order Approving CDCR's Telepsychiatry Policy, ECF No. 6539 (Mar. 27, 2020)	Permits the provision of tele-mental health services beyond those permitted by the parties' stipulated telepsychiatry policy, including by psychologists and social workers
COVID-19 Guidance for Daily Program Regarding Social Distancing for Cell or Alternative/Dorm	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	Goal of having patients maintain at least six feet apart from each other, and attendant impacts on programming:

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
Style housing of Eight Persons (May 11, 2020) and COVID-19 Operational Guidelines Monitoring and Accountability (May 27, 2020)	(availability of treatment modalities) February 14, 2017 memorandum titled Mental Health Crisis Bed Privileges Revision, <i>see</i> Dkt. 5864-1 at 349.	- Requires social distancing in the workplace - Reduced numbers to allow for increased social distancing may result in no dayroom activities - 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. - 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
*COVID-19 Patient Movement for Mental Health Treatment (May 11, 2020)¹	Program Guide 12-1-16 (timelines for level of care transfers)	Provides direction on transfers between DSH and CDCR that may impact timeframes

¹ Defendants issued this policy without negotiating it with Plaintiffs, and the parties agreed in their May 18, 2020 stipulation that Defendants' current practices do not conform with these or any other existing written guidelines. *See* ECF No. 6676 at 2. Plaintiffs maintain their objection to this policy pursuant to the pending October 23, 2020

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	CDCR-DSH MOU and PIP Policy 12.11.2101(A) – Referrals and Admissions & Exceptions Addendum 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 7, 12-7-11, 12-7-12, 12-8-5 to 7, 12-8-11 to 12, 12-9-4 to 5, 12-9-12 to 14, 12-10-12 to 13, 12-10-19 to 21 (access to higher levels of care)	Prevents certain individuals who otherwise qualify for transfer from CDCR to DSH from doing so, where the patient tests or screens positive for COVID.
Updated Draft COVID Temporary Guidelines for Transfer to DSH Inpatient Care (July 16, 2020, superseding April 15, 2020, May 15, 2020, June 12, 2020, and June 19 versions)²	Program Guide 12-1-16 (timelines for level of care transfers) CDCR-DSH MOU and PIP Policy 12.11.2101(A) – Referrals and Admissions & Exceptions Addendum	- Provides direction on transfers between DSH and CDCR that may impact timeframes - Provides direction that when the psychiatric benefit of transfer outweighs the medical risk of COVID-19 transmission, a patient will be cleared for referral.

evidentiary hearing, but have agreed to include it here because Defendants have confirmed that it was issued and has not been rescinded.

² Although Plaintiffs agreed to Defendants' implementation of this policy, subject to monitoring by the Special Master and evidence that the standard is being implemented

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	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)	• Delays certain individuals who otherwise qualify for transfer from CDCR to DSH from doing so, where the patient tests or screens positive for COVID. • For referrals to DSH from a CDCR institution closed due to a COVID-19 outbreak, patient transfers to DSH will occur on a rare, case-by-case basis. CDCR and DSH leadership will discuss the details of such referrals, including exposure risk, availability and use of PPE, testing and results, 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 twice, followed by a further discussion between CDCR and DSH leadership regarding any interim exposure risks that occurred during the quarantine period. • The Special Master continues to closely monitor all referrals, rejections and completed

appropriately, Plaintiffs learned on July 29, 2020 that this policy had not been issued to the field. Defendants represent that both CDCR and DSH have been following the policy since July 14, 2020 even though the document has not been routed for finalization or issued to the field. Plaintiffs cannot confirm that representation.

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
		transfers to and from the DSH inpatient programs. <i>See</i> ECF No. 6622 at 3. DSH and CDCR have collaborated to refine the risk analysis of balancing the patients' psychiatric medical needs with the COVID-19 risk factors with the advent of new testing capabilities, under the supervision of the Special Master and within the limits outlined in the Court's April 24, 2020 Order (ECF No. 6639). DSH is working with the Special Master's experts and CDCR to update and revise these transfer protocols to capture accurately the COVID-19 risk analysis that is occurring in practice.
Memo re 90-Day Supply of Medications for Expedited Releases (July 7, 2020)	Program Guide 12-3-14 (prescribed medication supply for CCCMS patients who parole) Memorandum: Release Planning for Inmates Participating in the Institution's Mental Health Services Delivery System (Mar. 11, 2010) at 4-5, 6	• Permits the provision of a 90-day supply of certain medications for individuals subject to expedited release due to COVID-19 population density reduction measures. • 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.

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
Memo re Cell-Front Nursing Activities (June 26, 2020)	Program Guide 12-5-32, 12-10-4, 12-10-15 to 19 (describing suicide watch and observation procedures) Memorandum: Level of Observation and Property for Patients in Mental Health Crisis Beds (Mar. 15, 2016) at 2 (describing suicide watch as primarily observation)	- Permits IDTTs to recommend that nursing staff provide cell-front activities to patients - 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 - Provides a library of cell-front nursing activities for patients
*Institutional Roadmap to Reopening (August 14, 2020)	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) Program Guide 12-1-16 (timelines for level of care transfers) 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-	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 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: - Mental health treatment modalities and quantities that can be provided - Movement between or within institutions or facilities, including movement to and

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	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) Memorandum: Transfer of Correctional Clinical Case Management System Inmate-Patients to Male Short Term Restricted Housing Units (Mar. 3, 2016) Memorandum: Creation of Correctional Clinical Case Management System Short Term and Long Term Restricted Housing (Jan. 15, 2015) Memorandum: Short-Term Restricted Housing Mental Health Requirements (Feb. 8, 2016) (mandates movement of CCCMS class members with an ASU term to STRH)	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. • Out of cell and other yard time

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	Memorandum: Long Term Restricted Housing Mental Health Requirements (Feb. 8, 2016) (mandates movement of CCCMS class members with a SHU term to LTRH) 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) Stipulation & Order, ECF No. 6296 (Sept. 27, 2019) (approving and attaching policy for reducing transfer timeframes from desert institutions)	
*Movement Matrix (revised Aug. 19, 2020)	Program Guide 12-1-16 (timelines for level of care transfers) 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,	For each type of movement between and within institutions that are not closed to movement, sets the COVID testing strategy, required type of quarantine housing, and process for moving an inmate who refuses a COVID test. • Testing and quarantine procedures in some cases may

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	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). CDCR-DSH MOU and PIP Policy 12.11.2101(A) – Referrals and Admissions Memorandum: Transfer of Correctional Clinical Case Management System Inmate-Patients to Male Short Term Restricted Housing Units (Mar. 3, 2016) Memorandum: Creation of Correctional Clinical Case Management System Short Term and Long Term Restricted Housing (Jan. 15, 2015) Stipulation & Order, ECF No. 6296 (Sept. 27, 2019) (approving	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.

Policy, Memorandum, or Guidelines	Program Guide or Related Policy Provision	Summary of Departure
	and attaching policy for reducing transfer timeframes from desert institutions)	

Policies and Procedures for September 15, 2020 Program Guide Departures Stipulation and Update

Introduction

This document outlines, at a high-level, the Roadmap to Reopening major programs within the California Department of Corrections Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS). In an effort to mitigate the spread of COVID-19, the Departmental Operations Center (DOC) was established to provide statewide oversight and direction for COVID-19 efforts. The following are examples of actions taken to decrease exposure and increase physical distancing in California's prisons:

- Expedited release of inmates.
- Suspended normal visiting.
- Suspended intake from county jails.
- Modified housing assignments in dorm settings to facilitate physical distancing.
- Screening to include both a verbal questionnaire and temperature checks for all individuals entering state prisons.
- Conducted Board of Parole Hearings via videoconference.
- Continued to reinforce the importance of hand-washing and frequent cleaning.
- Provided and mandated the use of reusable cloth barrier masks
- Provided hand sanitizer to staff/inmates.
- Provide face coverings to staff/inmates
- Modified programming at all institutions to increase physical distancing and implemented enhanced cleaning.
- Implemented a screening process for all inmate workers.
- Provided daily updates on the CDCR website to ensure transparent communications with staff, families, stakeholders, and the public.
- Continued communication with local and state authorities to determine current mitigation levels in the community.

The CDCR-CCHCS Roadmap to Reopening incorporates a multi-phased approach to reopen statewide operations, relying on the recommended guidelines set forth by the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), and other stakeholders. It is important to note that multiple considerations may affect the speed at which institutions and various program areas reopen. Institutions will continuously evaluate and monitor positive COVID cases and will reinstate precautionary measures, as needed, to protect all of those who live and work in California's prisons. This document is not intended to replace other COVID-related policies, but to work in concert with companion policies. As such, and as an example, specific questions related to transferring of inmates between institutions would be detailed via the CDCR/CCHCS test-and-transfer policy.

Phases Defined

Phase 1: Most restrictive modifications

Phase 2: Ease Phase 1 restrictions

Phase 3: Expand opportunities outside housing units

Phase 4: Return to "new" normal program for all staff and the population

Movement between the phases will be at the discretion of the Warden and Chief Executive Officer who shall report daily to the Department Operations Center (DOC) their current phase, and any plans to move to different phases in subsequent days. Depending on institutional design, movement between phases may apply to the entire institution or individual facilities within an institution, at the discretion of the Warden and CEO. This is to recognize significant differences related to design, dorm/cell housing, and intermixing of inmates and staff in various facilities. Throughout the phases, the Department is committed to ensuring the safety, security, and well-being of all staff and inmates by continuing to perform the precautionary measures listed above.

Factors for Determining Movement from One Phase to the Next

When assessing an institution's readiness to move from one phase to the next, whether loosening or tightening restrictions, the following factors will be considered:

1. Is the institution experiencing a stabilizing or decreasing disease burden for the inmate population? Case Rate:
 - Phase I to II: No new cases on a rolling 14-day cumulative new case rate.
 - Phase II to III: No new cases on a rolling 60-day cumulative new case rate.
 - Phase III to IV: No positive or new cases for a 90-day period.
 - Phase IV: Reopening to new normal operations. Note that this may include continuing precautionary measures such as face coverings, more frequent cleanings, etc.
2. Is the institution able to sustain adequate testing levels to monitor the ongoing health of the institution? If inadequate, remain in Phase 1.
3. Is the institution able to sustain adequate staffing coverage for both custody and nursing posts? If inadequate, remain in Phase 1.
4. Does the institution have access to an adequate supply of personal protective equipment (PPE) and hand sanitizer should an outbreak occur? If inadequate, remain in Phase 1.
5. Has the institution instituted Physical Distancing with the ability to monitor, sustain, and enforce the measures successfully? If inadequate, remain in Phase 1.
6. Ongoing employee testing and contact tracing program in place.

General Operation Provisions

Phase 1

- The institution has a current outbreak – three or more COVID-19 positive patients
- Movement and programming access severely restricted within the individual facility or institution

Phase 2

- The institution has outbreak contained
- Movement and program-area access within the facility or institution eased based on location and COVID status of the inmate population

Phase 3

- No current positive inmates
- Increased movement and program access

Phase 4

- Resumption of pre-COVID-19 programming. Note that this may include continuing precautionary measures such as face coverings, more frequent cleanings, etc.

Health Care Operations

Phase 1

- Essential and critical health care appointments only.

Phase 2

- Careful resumption of routine clinical operations:
 - Episodic non-essential
 - High-risk and chronic care patients
 - Telemedicine (including ISUDT)
 - On-site specialty services

- Allow Mental Health services where physical distancing can be maintained
- Resume Dental

Phase 3

- Resume all clinical operations

Institutional Operations

Phase 1

- The institution is closed to visitors, volunteers, and activities involving outside groups.
- No outside vendors, non-essential contractors, or non-employees permitted on institutional grounds, other than those who are essential for supplying the institution with needed goods.
 - ISUDT Program Providers, including Alcohol And Other Drug (AOD) Counselors; are essential contractors
- Inmate workforce limited to essential functions.
- Yard/feeding with the same population within the same housing unit.
- Limited dayroom access to the same rotating groups. Physical distancing to be maintained.
- No family visiting (overnight visits).
- Limited recreational dayroom access to allow physical distancing.

Phase 2

- Visitation limited to one visitor for one hour, per inmate per month. Tables in visiting rooms must be six feet apart, staggered schedule, mandatory masks, and tables disinfected between visits.
- Outside vendors, non-essential contractors, or non-employees may be permitted.
- Inmate workforce limited to essential functions.
- Continue yard/feeding access with the same population groups cohort.
- Continue limited dayroom access to the same rotating groups. Physical distancing to be maintained.
- Family visiting still prohibited.

Phase 3

- Expand visitation to allow two visitors to visit for one hour per inmate, twice per month. Tables set six feet apart, staggered schedule, mandatory masks, and tables disinfected between visits.
- Inmate workforce may be expanded beyond essential functions.
- Expand yard access to up to two housing units at a time or by isolated/quarantined, orientation status, or general population status cohorts.
- Expand dayroom access to allow for more inmates while ensuring they maintain physical distance.
- Re-open family visiting to allow for one family visit per week, per family visiting unit.

Inmate Programs

Rather than prescribing a particular response to apply to all, individual institutions shall adapt to their local, changing needs. To that end, the roadmap conceptualizes many potential programming options as a “menu” from which institutions may select the program delivery methods which meet current operational and safety needs within the phased guidelines. These options include reduced group sizes, staggered schedules, outdoor, or programming in other non-traditional spaces to allow for physical distancing, tents, canopies, or modified hours. Best practices and solutions will be collected and shared with all institutions to add to the operations menu. The Division of Rehabilitative Programs (DRP) will

work with the In-Prison DRP CCIII to collect data on the conditions, and rationale leading to each institutional program decision and modification for historical and reporting purposes.

Phase 1

- All students receive independent study packets and teachers telework 2-4 days per week.
- Active Integrated Substance Use Disorder Treatment (ISUDT) participants receive Program Engagement Packets from ISUDT AOD Counselors.
- Inmates with legal deadlines may go to the law library so long as physical distancing is maintained. All others may request books, forms, and paging for library and law library access.
- Students may be administered educational assessments with approval from the Warden.
- The following programs remain closed: Offender Mentor Certification Program and Innovative Grants Program/Arts in Corrections.

Phase 2

- Law library limited to paging and where physical distancing can be achieved.
- Blended instruction: The number of students in class will be dependent on appropriate physical distancing. The remainder of students will receive independent study while not in class.
- Students shall be administered educational assessments if physical distancing permits.
- ISUDT Allow for Integrated/ Offender Mentor Certification Program services to resume in a group setting, but not to exceed a 1:6 ratio. Institutions may exceed these ratios if reasonable alternatives such as outdoor programming are available.
- Arts in Corrections/Innovative Grants Program/Inmate Self Help Groups where appropriate capacity exists to allow physical distancing.

Phase 3

- Continue blended instruction: Number of students in class will depend on appropriate physical distancing. The remainder of students will receive independent study while not in class.
- Inmates may use the library and law library, physical distancing permitting.
- Inmates are administered educational assessments, physical distancing permitting.
- ISUDT continues as in Phase 2. Integrated/Interventions for Sexual Offenders Program/Offender Mentor Certification Program services in a group setting using program option 'menu'.
- Expand reopening of Arts in Corrections/Innovative Grants Program/Inmate Self Help Groups by allowing the institution discretion to allow volunteers to return. Continue physical distancing.

COVID-19 SCREENING AND TESTING MATRIX FOR PATIENT MOVEMENT**August 19, 2020**

- 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.**
- 2. If transfer from one institution to another must take place, pre and post transfer quarantine and COVID-19 testing shall be performed.**
- 3. Inmates and transportation staff shall wear N95 masks during transfer. Transportation vehicles shall be disinfected after each trip. Transportation staff shall be tested as per the staff testing policy.**
- 4. Every effort shall be made to avoid layovers during transportation.**
- 5. Inmates who were previously infected with COVID and have been moved to the resolved status are considered to be immune from re-infection for at least twelve weeks, and shall not be required to re-test for movement purposes during that time frame.**
- 6. Inmates moving into higher level of care (HLOC) beds (medical CTC, OHU, MHCb, PIP) shall be quarantined in the HLOC**

TYPE OF MOVEMENT	COVID TESTING STRATEGY	HOUSING	WHAT TO DO IF PATIENT REFUSES COVID TEST
From jail to reception center	All inmates and transportation staff shall wear an N 95 respirator during transfer Quarantine all new arrivals for 14 days after arrival in cell based housing. Screen all new arrivals for COVID-19 symptoms upon arrival and then daily while in quarantine. Test all new arrivals for COVID-19 within 24 hours, again on day 7 and again prior to release from quarantine (no sooner than day 12). Place any inmate who tests positive in isolation. May release inmates from quarantine after 14 days if asymptomatic and all COVID-19 tests are negative.	Quarantine in cell based housing.	Inmate to remain in pre-transfer quarantine for at least 21 days and receive daily symptom screening. Disposition to be determined in consultation with CME and public health.
From jail directly to Specialized Medical Beds (SMB)	Advance authorization required by the Director, Health Care Services and Director, Health Care Operations. All inmates and transportation staff shall wear an N 95 respirator during transfer. Quarantine all new arrivals for 14 days after arrival in cell based housing. Screen all new arrivals for COVID-19 symptoms upon arrival and then daily while in quarantine. Test all new arrivals for COVID-19 within 24 hours, again on day 7 and again prior to release from quarantine (no sooner than day 12). Place any inmate who tests positive in isolation.		Inmate to remain in pre-transfer quarantine for at least 21 days and receive daily symptom screening. Disposition to be determined in consultation with CME and public health. .

COVID-19 SCREENING AND TESTING MATRIX FOR PATIENT MOVEMENT
August 19, 2020

	May release inmates from quarantine after 14 days if asymptomatic and all COVID-19 tests are negative.		
From reception center to institution	Screen all inmates for COVID-19 symptoms and then test for COVID-19 just prior to transfer utilizing a methodology that allows for no more than 48 hours turnaround time for results. If inmate tests negative and patient is asymptomatic, transfer as soon as possible but no more than 72 hours after test was obtained. All inmates and transportation staff shall wear an N 95 respirator during transfer.		Inmate to remain in pre-transfer quarantine for at least 21 days and receive daily symptom screening. Disposition to be determined in consultation with CME and public health.
Institution intake from reception center	Quarantine all new arrivals for 14 days in cell based housing. Facilities which by design have no cell based housing shall house newly arriving inmates in cohorts of no more than 10 in a dorm or small tent solely dedicated to the cohorts who arrive on the same day. Screen all new arrivals for COVID-19 symptoms upon arrival and then daily while in quarantine. Test all new arrivals for COVID-19 within 24 hours, on day 7 and prior to release from quarantine (no sooner than day 12). Place any inmate who tests positive in isolation. May release inmates from quarantine after 14 days if asymptomatic and all COVID-19 tests are negative.	Quarantine in celled housing, with minor exceptions as noted.	Inmate to remain in quarantine for at least 21 days. Disposition to be determined in consultation with CME and public health.
General population movement from one institution to another, including to camp hubs	Sending institution Quarantine all inmates prior to transfer in cell based housing. Facilities which by design have no cell based housing shall house inmates in cohorts of no more than 10 in a dorm or small tent solely dedicated to the cohorts who will depart on the same day. Screen all inmates for COVID-19 symptoms initially and then daily while in quarantine. Test symptomatic patients. Place any inmate who tests positive in isolation. Test for COVID after 14 days in quarantine utilizing a methodology that allows for no more than 48 hours turnaround time for results. If inmate tests negative, transfer as soon as possible but no more than 72 hours after test was obtained. All inmates and transportation staff shall wear an N 95 respirator during transfer. Receiving institution Quarantine all new arrivals for 14 days in cell based housing. Facilities which by design have no cell based housing shall house newly arriving inmates in cohorts of no more than 10 in a dorm or small tent solely dedicated to the cohorts who arrive	Quarantine in celled housing, with minor exceptions as noted.	Inmate to remain in quarantine for at least 21 days. Disposition to be determined in consultation with CME and public health.

COVID-19 SCREENING AND TESTING MATRIX FOR PATIENT MOVEMENT
August 19, 2020

	on the same day. Screen all new arrivals for COVID-19 symptoms upon arrival and then daily while in quarantine. Test all new arrivals for COVID-19 on day 12 of quarantine. May release inmates from quarantine after 14 days if asymptomatic and COVID-19 test- is negative. Place any inmate who tests positive in isolation.		
Movement from one institution to another for specialized medical bed placement	Sending institution Movement that is not considered clinically urgent or emergent: - Quarantine all inmates prior to transfer in cell based housing. Screen all inmates for COVID-19 symptoms initially and then daily while in quarantine. - Test symptomatic patients. - Place any inmate who tests positive in isolation. - Test for COVID after 14 days in quarantine utilizing a methodology that allows for no more than 48 hours turnaround time for results. - If inmate tests negative, transfer as soon as possible but no more than 72 hours after test was obtained. - All inmates and transportation staff shall wear an N 95 respirator during transfer. Movement that is considered clinically urgent or emergent: - Perform rapid testing for COVID-19 prior to movement. - Communicate results to receiving facility. - All inmates and transportation staff shall wear an N 95 respirator during transfer. Receiving institution House appropriately at receiving institution (isolation vs quarantine) depending upon the results of the rapid test. New arrivals who tested positive at sending institution shall be housed in isolation at receiving institution and managed per CCHCS guidelines. New arrivals who tested negative at sending institution shall be quarantined for 14 days in cell based housing. These inmates shall be screened for COVID-19 symptoms upon arrival and then daily while in quarantine. Test these inmates for COVID-19 on day 12 of quarantine. May release inmates from quarantine after 14 days if asymptomatic and all COVID-19 tests are negative.		Inmate to remain in quarantine for at least 21 days. Disposition to be determined in consultation with CME and public health.

COVID-19 SCREENING AND TESTING MATRIX FOR PATIENT MOVEMENT
August 19, 2020

	Place any inmate who tests positive in isolation.		
Movement within same institution • Release from STRH, LTRH, ASU, SHU • PIP / MHCB admission or discharge • CTC, OHU, hospice admission or discharge • Mental health level of care change • DPP moves • DDP moves • All other routine movement	No screening or testing if remains at current institution UNLESS Moving from a COVID-19 outbreak unit to a non-outbreak unit: • All such movement should be avoided. • If movement from a COVID-19 outbreak unit to a non-outbreak unit is essential, inmate shall be quarantined in new unit and screened/tested as if coming from a different institution. (See "General population movement from one institution to another, including to camp hubs"). Moving into a large dorm (50 or more residents): • Perform COVID-19 symptom screening and COVID-19 rapid testing of the inmate prior to this move.	No COVID-19 related housing restrictions EXCEPT inmates moving from a COVID-19 outbreak unit to a non-outbreak unit shall be quarantined in a cell in the new unit and tested prior to release.	Inmate to remain in quarantine for at least 21 days, unless placement in quarantine is impossible (e.g.: MSF), in which case the inmate will not be moved. Disposition to be determined in consultation with CME and public health.
Movement from one institution to another for MHCB or PIP placement	MH Regional required to receive approval from the Deputy Director, Health Care Services, to move patient who declines testing. Sending institution Perform rapid testing for COVID-19 prior to movement. Communicate results to receiving facility. All inmates and transportation staff shall wear an N 95 respirator during transfer. Receiving institution House appropriately at receiving institution (isolation vs quarantine) depending upon the results of the rapid test. New arrivals who tested positive at sending institution shall be housed in isolation at receiving institution and managed per CCHCS guidelines. New arrivals who tested negative at sending institution shall be quarantined for 14 days in cell based housing. These inmates shall be screened for COVID-19 symptoms upon arrival and then daily while in quarantine. Test these inmates for COVID-19 on day 12 of quarantine. May release inmates from quarantine after 14 days if asymptomatic and all COVID-19 tests are negative. Place any inmate who tests positive in isolation.	Quarantine in celled housing.	Inmate to remain in quarantine for at least 21 days. Disposition to be determined in consultation with CME and public health.
Admission to DSH from CDCR	Quarantine all inmates prior to transfer in cell based housing. Screen all inmates for COVID-19 symptoms initially and then	As per DSH protocols upon arrival to DSH	Inmate to remain in quarantine for at least 21 days.

COVID-19 SCREENING AND TESTING MATRIX FOR PATIENT MOVEMENT
August 19, 2020

	daily while in quarantine. Test symptomatic patients. Place any inmate who tests positive in isolation. Test for COVID after 14 days in quarantine utilizing a methodology that allows for no more than 48 hours turnaround time for results. If inmate tests negative, transfer as soon as possible but no more than 72 hours after test was obtained. All inmates and transportation staff shall wear an N 95 respirator during transfer.		Disposition to be determined in consultation with the Deputy Director, Mental Health and public health.
DSH discharge to CDCR	Sending DSH institution Quarantine all inmates prior to transfer in cell based housing. Screen all inmates for COVID-19 symptoms initially and then daily while in quarantine. Test for COVID after 14 days in quarantine utilizing a methodology that allows for no more than 48 hours turnaround time for results. If inmate tests negative, transfer as soon as possible but no more than 72 hours after test was obtained. All inmates and transportation staff shall wear an N 95 respirator during transfer. Receiving CDCR institution Quarantine all new arrivals for 14 days in cell based housing. Screen all new arrivals for COVID-19 symptoms upon arrival and then daily while in quarantine. Test all new arrivals for COVID-19 on day 12 of quarantine. May release inmates from quarantine after 14 days if asymptomatic and all COVID-19 tests are negative Place any inmate who tests positive in isolation.	Quarantine in celled housing.	Inmate to remain in quarantine for at least 21 days. Disposition to be determined in consultation with the Deputy Director, Mental Health and public health.
To MCCF, ACP, CTRP, MCRP, fire camp	Quarantine all inmates prior to transfer in cell based housing. Facilities which by design have no cell based housing shall house newly arriving inmates in cohorts of no more than 10 in a dorm or small tent solely dedicated to the cohorts who arrive on the same day. Screen all inmates for COVID-19 symptoms initially and then daily while in quarantine. Test symptomatic patients. Place any inmate who tests positive in isolation. Test for COVID after 14 days in quarantine utilizing a methodology that allows for no more than 48 hours turnaround time for results. If inmate tests negative, transfer as soon as possible but no	Quarantine in celled housing, with minor exceptions as noted.	Do not transfer.

COVID-19 SCREENING AND TESTING MATRIX FOR PATIENT MOVEMENT
August 19, 2020

	more than 72 hours after test was obtained. All inmates and transportation staff shall wear an N 95 respirator during transfer.		
From MCCF, ACP, CCTRP, MCRP, fire camp to an institution	All inmates and transportation staff shall wear an N 95 respirator during transfer. Screen all new arrivals for COVID-19 symptoms upon arrival and then daily while in quarantine. Test all new arrivals for COVID-19 on day 12 of quarantine. May release inmates from quarantine after 14 days if asymptomatic and all COVID-19 tests are negative Place any inmate who tests positive in isolation.	Quarantine in celled housing.	
Parole, medical parole, PRCS release	All inmates shall be screened for COVID-19 symptoms and then tested for COVID one week prior to transfer. Results of testing shall be communicated to parole agent or probation officer and local public health officer in county of release. If inmate tests positive, immediately consult with HQ public health unit re transportation and placement All inmates and transportation staff shall wear an N 95 respirator during transfer.		Inmates cannot be held beyond their parole date regardless of whether they agree to test or if the test is positive.
Out to court, same day return	All inmates and transportation staff shall wear an N 95 respirator during transfer. Use videoconferencing to avoid out to court travel in all cases unless court refuses to do so. Perform daily COVID screening for 14 days upon return. Place symptomatic returns in single cell quarantine while awaiting testing.	No housing restrictions.	.
Out to court, overnight stay.	Manage like an intake from jail to reception center All inmates and transportation staff shall wear an N 95 respirator during transfer. Use video conferencing to avoid out to court travel in all cases unless court refuses to do so. Quarantine all new arrivals for 14 days after arrival in cell based housing. Facilities which by design have no cell based housing shall house newly arriving inmates in cohorts of no more than 10 in a dorm or small tent solely dedicated to the cohorts who arrive on the same day. Screen all new arrivals for COVID-19 symptoms upon arrival and then daily while in quarantine. Test all new arrivals for COVID-19 within 24 hours, again on day 7 and again prior to release from quarantine (no sooner than	Quarantine in celled housing, with minor exceptions as noted.	Inmate to remain in quarantine for at least 21 days. Disposition to be determined in consultation with CME and public health.

COVID-19 SCREENING AND TESTING MATRIX FOR PATIENT MOVEMENT**August 19, 2020**

	day 12). Place any inmate who tests positive in isolation. May release inmates from quarantine after 14 days if asymptomatic and all COVID-19 tests are negative.		
Out for clinical appointment, same day return	All inmates and transportation staff shall wear an N 95 respirator during transfer. Use “e-consult” and telemedicine whenever possible to avoid unnecessary offsite transportation. Perform daily COVID screening for 14 days upon return. Place symptomatic returns in single cell quarantine while awaiting testing.	No housing restrictions.	
Return from outside hospitalizations and emergency department visits	Manage like an intake from jail to reception center All inmates and transportation staff shall wear an N 95 respirator during transfer. Quarantine all new arrivals for 14 days after arrival in cell based housing. Facilities which by design have no cell based housing shall house newly arriving inmates in cohorts of no more than 10 in a dorm or small tent solely dedicated to the cohorts who arrive on the same day. Screen all new arrivals for COVID-19 symptoms upon arrival and then daily while in quarantine. Test all new arrivals for COVID-19 within 24 hours, on day 7 and prior to release from quarantine (no sooner than day 12). Place any inmate who tests positive in isolation. May release inmates from quarantine after 14 days if asymptomatic and all COVID-19 tests are negative.	Quarantine in celled housing, with minor exceptions as noted.	Inmate to remain in quarantine for at least 21 days. Disposition to be determined in consultation with CME and public health.

DEFINITIONS

Patients placed in isolation or quarantine shall not move outside of the isolation or quarantine housing unless approved by clinical staff. Medical care and meals shall be provided/served within the isolation/quarantine space. Isolated and quarantined patients shall shower and toilet separately from other patients, and the showers/toilets shall be disinfected prior to use by others. All group activities shall be canceled.

1. ISOLATION**a. Persons who are CONFIRMED to have COVID-19:**

- i. Isolation is necessary.

COVID-19 SCREENING AND TESTING MATRIX FOR PATIENT MOVEMENT

August 19, 2020

- ii. For individual cases, the preference is for isolation in a negative pressure room.
- iii. The second choice is isolation in a private room with a solid, closed door.
- iv. Multiple confirmed COVID-19 positive cases can be housed together.
- v. Confirmed positive patients shall not be housed in the same unit with those who are not known to have COVID-19.
- vi. If there are no other options and these patients must be housed in the same building with non-infected patients, they must be physically separated from patients who do not have COVID-19. Physical separation requires solid walls and solid doors.
- vii. Patients confirmed to have COVID-19 shall not be housed in dorms with those who are not confirmed to have COVID-19.
- viii. Daily healthcare monitoring shall be conducted for patients diagnosed with COVID-19.
- ix. All staff interacting with confirmed positive patients shall wear appropriate PPE including N 95 respirators.
- x. To the extent possible, staff who are working in housing units with COVID-19 infected patients shall be cohorted such that they are not interacting with patients who are not known to be infected.

2. QUARANTINE

a. Persons who have been exposed to COVID-19

- i. Quarantine is necessary.
- ii. These patients are at risk of being infected as a result of their exposure. Thus, they shall be separated from both the confirmed cases and from the symptomatic but not yet confirmed cases to avoid re-exposure.
- iii. For individual cases, the preference is for quarantine in a private room with a solid, closed door.
- iv. Exposed persons shall not be housed in dorms with those who are not known to be exposed.
- v. If private rooms are not available, exposed persons can be quarantined together as a cohort.
- vi. If cohorting is essential, quarantine cohorts shall be as small as possible (1-10 persons) to minimize spread.
- vii. Cohorts with different exposure dates shall not be housed together.
- viii. Cohorts with different types of exposures shall also be separated, including those coming in from jails.
- ix. Daily healthcare monitoring shall be conducted for patients who are under quarantine.
- x. Serial testing and healthcare surveillance is used to identify those infected so that they can be moved to isolation.

b. Precautionary Quarantine for persons who are not known to be exposed

- i. Quarantine is necessary.
- ii. Each facility shall maintain sufficient quarantine space to accommodate its historical average volume of transfers
- iii. For individual cases, the preference is for quarantine in a private room with a solid, closed door.
- iv. If private rooms are not available, exposed persons can be quarantined together as a cohort.
- v. If cohorting is essential, quarantine cohorts shall be as small as possible (1-10 persons) to minimize spread.
- vi. Cohorts with different movement dates shall be separated. Cohorts with different types of movement shall also be separated, including those coming in from jails or transferring between institutions.
- vii. Serial testing and healthcare surveillance is used to identify those infected so that they can be moved to isolation.

COVID-19 SCREENING AND TESTING MATRIX FOR PATIENT MOVEMENT
August 19, 2020

- viii. Patients arriving to an institution shall not be released from quarantine until they have completed quarantine and tested negative for COVID-19.

EXHIBIT 1

August 10, 2020 - August 14, 2020			
Region	Institution	MH Program	Current Tier
I	CHCF PIP	ICF	4
I	CHCF PIP	Acute	4
I	CMF PIP	Acute	4
I	CMF PIP	ICF	4
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
I	SQ	STRH	4
I	SQ	CCCMS	4
I	SQ	ASU	4
I	SQ	EOP	4
I	SQ	Acute	4
I	SQ	ICF	4
I	SQ	MHCB	4
II	CCWF	CCCMS	4
II	CCWF	EOP	3
II	CCWF	STRH	3
II	SVSP	EOP	4
II	SVSP	CCCMS	4
II	SVSP	STRH	4
III	ASP	CCCMS	3
III	LAC	ASU	3
III	LAC	EOP	3
III	LAC	TMHU	3
III	WSP	RC EOP	3
III	WSP	CCCMS	3
III	WSP	STRH	3
III	WSP	MHCB	3
IV	CAL	NA	4
IV	CAL	TMHU	4
IV	CEN	NA	3
IV	CIM	MHCB	3
IV	CIM	STRH	3
IV	CIM	RC EOP	3
IV	CIW ¹	EOP	3
IV	CIW	CCCMS	3
IV	CRC	CCCMS	4

¹ On 8/11/20 CIW EOP changed from Tier 3 to Tier 2 then on 8/12/20 went back to Tier 3 for remainder of the week

August 17, 2020 - August 21, 2020			
Region	Institution	MH Program	Current Tier
I	CHCF PIP	ICF	4
I	CHCF PIP	Acute	4
I	CMF PIP	Acute	4
I	CMF PIP	ICF	4
I	PBSP ¹	CCCMS	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
I	SQ ²	STRH	3
I	SQ ²	CCCMS	3
I	SQ ²	ASU	3
I	SQ ²	EOP	3
I	SQ ²	Acute	3
I	SQ ²	ICF	3
I	SQ ²	MHCB	3
II	CCWF	CCCMS	4
II	CCWF	EOP	3
II	CCWF	STRH	3
II	SVSP ³	EOP	3
II	SVSP ³	CCCMS	3
II	VSP ⁴	EOP	3
III	ASP	CCCMS	3
III	LAC	ASU	3
III	LAC	EOP	3
III	LAC	TMHU	3
III	WSP	RC EOP	3
III	WSP	CCCMS	3
III	WSP	RC-STRH	3
III	WSP	MHCB	3
IV	CAL	NA	4
IV	CAL	TMHU	4
IV	CEN	NA	3
IV	CEN ⁵	TMHU	3
IV	CIM	MHCB	3
IV	CIM	RC-STRH	3
IV	CIM	RC EOP	3
IV	CIW	CCCMS	3
IV	CRC	CCCMS	4

¹ PBSP CCCMS changed from a Tier 1 to a Tier 3 on 8/21/2020.

² SQ STRH, CCCMS, ASU, EOP, Acute, ICF, and MHCB changed from a Tier 4 to a Tier 3 on 8/20/20.

³ SVSP EOP and CCCMS changed from a Tier 4 to a Tier 3 on 8/18/20.

⁴ VSP EOP changed from a Tier 2 to a Tier 3 on 8/19/20.

⁵ CEN TMHU was added as a Tier 3 on 8/20/20.

August 24, 2020 - August 28, 2020			
Region	Institution	MH Program	Current Tier
I	CHCF PIP	ICF	4
I	CHCF PIP ¹	Acute	4
I	CMF PIP	Acute	4
I	CMF PIP	ICF	4
I	FOL ²	CCCMS	3
I	PBSP	CCCMS	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
I	SQ	STRH	3
I	SQ	CCCMS	3
I	SQ	ASU	3
II	CCWF	CCCMS	4
II	CCWF	EOP	3
II	CCWF	RC STRH	3
II	SVSP	EOP	3
II	SVSP	CCCMS	3
II	VSP	EOP	3
III	ASP	CCCMS	3
III	LAC	EOP	3
III	LAC ³	ASU	3
III	LAC	TMHU	3
III	NKSP ⁴	CCCMS	3
III	WSP	RC EOP	3
III	WSP	CCCMS	3
III	WSP	RC STRH	3
III	WSP	MHCB	3
IV	CAL	CCCMS	4
IV	CAL	EOP	4
IV	CAL	TMHU	4
IV	CEN	CCCMS	3
IV	CEN ⁵	TMHU	3
IV	CIM	MHCB	3
IV	CIM	RC STRH	3
IV	CIM	RC EOP	3
IV	CIW	CCCMS	3
IV	CRC	CCCMS	4

¹CHCF PIP Acute changed from Tier 4 to Tier 2 on 8/27/20.

² FOL CCCMS changed from Tier 1 to Tier 3 on 8/28/20.

³ LAC ASU changed from Tier 3 to Tier 2 on 8/26/20.

⁴ NKSP CCCMS changed from Tier 1 to Tier 3 on 8/25/20.

⁵ CEN TMHU changed from Tier 3 to Tier 1 on 8/26/20.

August 31, 2020 - September 4, 2020			
Region	Institution	MH Program	Current Tier
I	CHCF PIP	ICF	4
I	CMF PIP	Acute	4
I	CMF PIP	ICF	4
I	FOL	CCCMS	3
I	PBSP	CCCMS	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
I	SQ	STRH	3
I	SQ	CCCMS	3
I	SQ	ASU	3
II	CCWF	CCCMS	4
II	CCWF	EOP	3
II	CCWF	RC STRH	3
II	SVSP	EOP	3
II	SVSP	CCCMS	3
II	VSP	EOP	3
III	ASP	CCCMS	3
III	LAC	EOP	3
III	LAC	TMHU	3
III	NKSP ¹	CCCMS	3
III	WSP	RC EOP	3
III	WSP	CCCMS	3
III	WSP	RC STRH	3
III	WSP	MHCB	3
IV	CAL	NA	4
IV	CAL	NA	4
IV	CAL	TMHU	4
IV	CEN	NA	3
IV	CEN ²	NA	3
IV	CIM	MHCB	3
IV	CIM	RC STRH	3
IV	CIM	RC EOP	3
IV	CIW	CCCMS	3
IV	CRC	CCCMS	4

¹NKSP CCCMS changed from a Tier 3 to a Tier 1 on 9/3/20.

²CEN EOP was added as a Tier 3 on 9/2/20.

EXHIBIT 2

TMHU and Treat In Place List, August 10, 2020 to August 14, 2020

Region	Institution	Last Name	First Name	CDCR#	Housing Location	Level of Care	Date of Arrival	Date of Release	Level of Care When Released	Housing Prior to Release (TIP)
III	ASP				Treatment in Place	MHCB	7/31/2020	8/11/2020	EOP	OHU
I	MCSP				Non-Max	MHCB	8/11/2020	Pending		
I	MCSP				Non-Max	MHCB	8/10/2020	Pending		
I	MCSP				Non-Max	MHCB	8/5/2020	8/13/2020	EOP	
I	MCSP				Max	MHCB	8/3/2020	8/12/2020	MCSP-MHCB	
I	MCSP				Non-Max	MHCB	8/7/2020	8/11/2020	EOP	
I	MCSP				Non-Max	MHCB	8/6/2020	8/11/2020	CCCMS	
I	MCSP				Max	MHCB	8/8/2020	8/10/2020	EOP	
I	MCSP				Max	MHCB	8/7/2020	8/10/2020	EOP	
I	MCSP				Non-Max	MHCB	8/7/2020	8/10/2020	EOP	
I	MCSP				Max	MHCB	8/7/2020	8/10/2020	EOP	
I	MCSP				Non-Max	MHCB	8/4/2020	8/10/2020	CCCMS	
III	ASP				Treatment in Place	MHCB	8/8/2020	8/11/2020	CCCMS	OHU
II	CTF				Max custoday in an OHU	MHCB	8/4/2020	Pending		
II	CTF				Non-Max	MHCB	8/2/2020	Pending		
II	VSP				Non-Max	MHCB	8/7/2020	Pending		
II	VSP				Non-Max	MHCB	7/29/2020	8/12/2020	EOP	
II	CTF				Non-Max	MHCB	8/4/2020	8/11/2020	CCCMS	
II	SCC				Non-Max	ICF	7/20/2020	8/12/2020	ICF	
III	CCI				Non-Max	MHCB	8/11/2020	8/13/2020	CCCMS	
IV	RJD				Max	MHCB	8/6/2020	Pending		
II	VSP				Non-Max	MHCB	8/11/2020	8/12/2020	CCCMS	
II	VSP				Non-Max	MHCB	7/29/2020	8/11/2020	EOP	
II	VSP				Non-Max	MHCB	8/8/2020	8/10/2020	CCCMS	
II	VSP				Non-Max	MHCB	8/9/2020	8/10/2020	CCCMS	
IV	ISP				Treatment in Place	MHCB	7/13/2020	Pending		NDPF
III	LAC				Max	MHCB	8/10/2020	8/13/2020	MHCB	
III	LAC				Non-Max	MHCB	8/10/2020	8/13/2020	CCCMS	
III	CCI				Non-Max	MHCB	8/11/2020	8/13/2020	CCCMS	
III	CCI				Non-Max	MHCB	8/12/2020	8/13/2020	GP	
III	LAC				Max	MHCB	8/9/2020	Pending		
III	LAC				Non-Max	MHCB	8/7/2020	8/10/2020	MHCB	
III	PVSP				Non-Max	MHCB	8/5/2020	8/10/2020	CCCMS	
IV	RJD				Max	MHCB	8/10/2020	Pending		
IV	RJD				Treatment in Place	ICF	7/27/2020	Pending		ASU
IV	RJD				Non-Max	MHCB	8/6/2020	Pending		
IV	RJD				Treatment in Place	ICF	7/17/2020	Pending		MHCB
IV	RJD				Treatment in Place	MHCB	3/11/2020	Pending		EOP
IV	RJD				Treatment in Place	ICF	6/8/2020	Pending		MHCB
IV	RJD				Non-Max	MHCB	8/9/2020	Pending		
IV	RJD				Treatment in Place	ICF	6/4/2020	Pending		EOP
IV	RJD				Non-Max	MHCB	8/12/2020	Pending		
IV	RJD				Treatment in Place	ICF	3/27/2020	Pending		EOP
IV	ISP				Non-Max	MHCB	8/5/2020	Pending		
I	CCC				Max	MHCB	8/9/2020	8/10/2020	GP	
II	SCC				Non-Max	MHCB	8/8/2020	Pending		
I	MCSP				Non-Max	MHCB	8/13/2020	Pending		

IV	CAL		Non-Max	MHCB	8/8/2020	Pending	
IV	RJD		Max	MHCB	8/4/2020	8/12/2020	CCCMS
IV	RJD		Non-Max	MHCB	8/3/2020	8/12/2020	MHCB
IV	RJD		Treatment in Place	ICF	7/27/2020	Pending	EOP
IV	RJD		Treatment in Place	ICF	6/24/2020	Pending	EOP
IV	RJD		Treatment in Place	ICF	7/3/2020	Pending	MHCB
IV	CAL		Non-Max	MHCB	8/10/2020	Pending	
IV	RJD		Non-Max	MHCB	8/5/2020	8/10/2020	EOP
IV	RJD		Treatment in Place	ICF	7/6/2020	Pending	MHCB

TMHU and Treat In Place List, August 17, 2020 to August 21, 2020

Region	Institution	Last Name	First Name	CDCR#	Housing Location	Level of Care	Date of Arrival	Date of Release	Level of Care When Released	Treat in Place Housing
I	CCC				Non-Max	MHCB	8/15/2020	8/17/2020	GP	
I	MCSP				Treat in Place	MHCB	8/17/2020	8/20/2020	EOP	ASU EOP
I	MCSP				Non-Max	MHCB	8/18/2020	Pending		
I	MCSP				Max	MHCB	8/15/2020	8/17/2020	EOP	
I	MCSP				Non-Max	MHCB	8/13/2020	8/17/2020	EOP	
I	MCSP				Non-Max	MHCB	8/10/2020	8/17/2020	MHCB	
II	CTF				Max	MHCB	8/18/2020	8/20/2020	CCCMS	
II	SCC				Non-Max	MHCB	8/19/2020	Pending		
II	SCC				Non-Max	MHCB	8/8/2020	8/17/2020	CCCMS	
II	VSP				Non-Max	MHCB	8/19/2020	Pending		
II	VSP				Non-Max	MHCB	8/18/2020	8/19/2020	EOP	
II	VSP				Non-Max	MHCB	8/15/2020	8/18/2020	CCCMS	
II	VSP				Non-Max	MHCB	8/7/2020	8/19/2020	Acute	
II	VSP				Non-Max	MHCB	8/20/2020	Pending		
II	VSP				Non-Max	MHCB	8/20/2020	Pending		
III	ASP				Treatment in Place	MHCB	8/19/2020	Pending		OHU
III	ASP				Treatment in Place	MHCB	8/17/2020	8/20/2020	CCCMS	NDPF
III	COR				Non-Max	MHCB	8/16/2020	8/17/2020	MHCB	
III	COR				Non-Max	MHCB	8/16/2020	8/17/2020		
III	LAC				Max	MHCB	8/19/2020	Pending		
III	LAC				Non-Max	MHCB	8/14/2020	8/17/2020	MHCB	
III	LAC				Max	MHCB	8/20/2020	Pending		
III	PVSP				Non-Max	MHCB	8/15/2020	8/19/2020	CCCMS	
III	PVSP				Max	MHCB	8/14/2020	8/18/2020	EOP	
IV	CAL				Non-Max	MHCB	8/18/2020	Pending		
IV	CAL				Non-Max	MHCB	8/15/2020	Pending		
IV	CAL				Non-Max	MHCB	8/8/2020	8/19/2020	CCCMS	
IV	CAL				Non-Max	MHCB	8/20/2020	Pending		
IV	CEN				Non-Max	MHCB	8/19/2020	Pending		
IV	CRC				Non-Max	MHCB	8/14/2020	8/19/2020	CCCMS	
IV	CRC				Non-Max	MHCB	8/14/2020	8/17/2020	CCCMS	
IV	CRC				Non-Max	MHCB	8/20/2020	Pending		
IV	ISP				Non-Max	MHCB	8/17/2020	Pending		
IV	ISP				Non-Max	MHCB	8/5/2020	Pending		
IV	ISP				Treatment in Place	MHCB	7/13/2020	Pending		NDPF
IV	RJD				treatment in Place	MHCB	8/13/2020	Pending		EOP
IV	RJD				Treatment in Place	ICF	8/12/2020	Pending		ASU
IV	RJD				Treatment in Place	ICF	8/7/2020	Pending		MHCB
IV	RJD				Treatment in Place	ICF	8/7/2020	Pending		MHCB
IV	RJD				Treatment in Place	ICF	7/27/2020	Pending		EOP
IV	RJD				Treatment in Place	ICF	7/27/2020	Pending		EOP
IV	RJD				Treatment in Place	ICF	7/6/2020	Pending		MHCB
IV	RJD				Treatment in Place	ICF	7/3/2020	Pending		MHCB
IV	RJD				Treatment in Place	ICF	6/24/2020	Pending		EOP
IV	RJD				Treatment in Place	ICF	6/8/2020	Pending		MHCB
IV	RJD				Treatment in Place	ICF	6/4/2020	Pending		EOP
IV	RJD				Treatment in Place	ICF	3/27/2020	Pending		EOP
IV	RJD				Treatment in Place	MHCB	3/11/2020	Pending		EOP

IV	RJD			Non-Max	MHCB	8/12/2020	8/20/2020	EOP	
IV	RJD			Max	MHCB	8/6/2020	8/17/2020	MHCB	
IV	RJD			Treatment in Place	ICF	7/17/2020	Pending		RC

TMHU and Treat In Place List, August 24, 2020 to August 28, 2020

Region	Institution	Last Name	First Name	CDCR#	Housing Location	Level of Care	Date of Arrival	Date of Release	Level of Care When Released	Treatment in Place Housing
I	FOL				Non Max	MHCB	8/23/2020	8/26/2020	MHCB	
II	CTF				Non-Max	MHCB	8/23/2020	Pending		
II	SCC				Non-Max	MHCB	8/24/2020	Pending		
II	VSP				Non-Max	MHCB	8/24/2020	8/27/2020	CCCMS	
II	VSP				Non-Max	Acute	8/27/2020	Pending		
II	VSP				Non-Max	MHCB	8/25/2020	8/26/2020	CCCMS	
II	VSP				Non-Max	MHCB	8/20/2020	8/24/2020	CCCMS	
II	VSP				Non-Max	MHCB	8/19/2020	8/25/2020	CCCMS	
III	ASP				Treatment in Place	MHCB	8/19/2020	8/27/2020	CCCMS	NDPF
III	ASP				Non-Max	MHCB	8/22/2020	Pending		
III	ASP				Treatment in Place	MHCB	8/24/2020	8/27/2020	CCCMS	OHU
III	LAC				Max	MHCB	8/21/2020	8/25/2020	MHCB	
III	LAC				Max	MHCB	8/20/2020	8/24/2020	MHCB	
III	LAC				Non-Max	MHCB	8/26/2020	8/27/2020	MHCB	
IV	CAL				Non-Max	MHCB	8/20/2020	Pending		
IV	CAL				Non-Max	MHCB	8/15/2020	8/24/2020	CCCMS	
IV	CAL				Non-Max	MHCB	8/22/2020	8/25/2020	CCCMS	
IV	CAL				Non-Max	MHCB	8/22/2020	8/24/2020	CCCMS	
IV	CAL				Non-Max	MHCB	8/18/2020	8/27/2020	CCCMS	
IV	CEN				Non-Max	MHCB	8/19/2020	8/26/2020	CCCMS	
IV	CRC				Non-Max	MHCB	8/20/2020	8/24/2020	CCCMS	
IV	ISP				Treatment in Place	MHCB	7/13/2020	Pending		NDPF
IV	ISP				Non-Max	MHCB	8/26/2020	8/27/2020	GP	
IV	ISP				Non-Max	MHCB	8/17/2020	Pending		
IV	ISP				Non-Max	MHCB	8/22/2020	8/27/2020	CCCMS	
IV	ISP				Non-Max	MHCB	8/25/2020	Pending		
IV	RJD				Non-Max	MHCB	8/26/2020	Pending		
IV	RJD				Non-Max	MHCB	8/25/2020	Pending		
IV	RJD				Non-Max	MHCB	8/26/2020	Pending		
IV	RJD				Treatment in Place	ICF	7/27/2020	Pending		EOP
IV	RJD				Max	MHCB	8/21/2020	8/24/2020	MHCB	
IV	RJD				Treatment in Place	ICF	8/12/2020	Pending		EOP
IV	RJD				Max	MHCB	8/27/2020	Pending		
IV	RJD				Non-Max	MHCB	8/26/2020	Pending		
IV	RJD				Max	MHCB	8/26/2020	Pending		
IV	RJD				Treatment in Place	MHCB	3/11/2020	Pending		EOP
IV	RJD				Treatment in Place	ICF	6/8/2020	Pending		MHCB
IV	RJD				Treatment in Place	ICF	6/4/2020	Pending		EOP
IV	RJD				Treatment in Place	ICF	3/27/2020	Pending		EOP
IV	RJD				Treatment in Place	ICF	8/7/2020	Pending		EOP
IV	RJD				Treatment in Place	ICF	7/27/2020	Pending		EOP
IV	RJD				Treatment in Place	ICF	8/7/2020	Pending		EOP
IV	RJD				Non-Max	MHCB	8/22/2020	8/24/2020	EOP	
IV	RJD				Treatment in Place	ICF	6/24/2020	Pending		EOP
IV	RJD				Treatment in Place	ICF	7/3/2020	Pending		MHCB
IV	RJD				Treatment in Place	ICF	7/6/2020	Pending		MHCB
IV	RJD				Treatment in Place	ICF	7/17/2020	Pending		RC

**TMHU and Treat In Place List,
August 31, 2020 to
September 4, 2020**

Region	Institution	Last Name	First Name	CDCR#	Housing Location	Level of Care	Date of Arrival	Date of Release	Level of Care
I	CCC				Max	MHCB	9/2/2020	Pending	
I	FOL				Non-Max	MHCB	8/29/2020	8/31/2020	MHCB
I	MCSP				Non-Max	MHCB	8/28/2020	8/31/2020	EOP
I	MCSP				Max	MHCB	8/28/2020	8/31/2020	MCSP-MHCB
I	MCSP				Non-Max	MHCB	8/31/2020	8/31/2020	CCCMS
I	MCSP				Non-Max	MHCB	9/3/2020	Pending	
I	MCSP				Non-Max	MHCB	9/1/2020	9/2/2020	CCCMS
I	MCSP				Non-Max	MHCB	8/27/2020	8/31/2020	MCSP-MHCB
I	MCSP				Non-Max	MHCB	8/31/2020	Pending	
I	MCSP				Non-Max	MHCB	9/1/2020	9/2/2020	MCSP-MHCB
II	CTF				Non-Max	MHCB	8/23/2020	9/2/2020	MHCB
II	CTF				Non-Max	MHCB	8/29/2020	9/1/2020	EOP
II	SCC				Non-Max	MHCB	8/24/2020	9/2/2020	CCCMS
II	VSP				Non-Max	MHCB	8/31/2020	9/2/2020	EOP
II	VSP				Non-Max	MHCB	8/30/2020	8/31/2020	EOP
III	ASP				Non-Max	MHCB	8/22/2020	Pending	
III	CCI				Non-Max	MHCB	8/30/2020	8/31/2020	CCCMS
III	CCI				Non-Max	MHCB	9/3/2020	Pending	
III	PVSP				Non-Max	MHCB	9/1/2020	Pending	
IV	CAL				Non-Max	MHCB	8/20/2020	9/4/2020	CCCMS
IV	ISP				Non-Max	MHCB	8/17/2020	Pending	
IV	RJD				Non-Max	MHCB	9/2/2020	Pending	
IV	RJD				Non-Max	MHCB	8/26/2020	9/4/2020	EOP
IV	RJD				Non-Max	MHCB	8/26/2020	9/4/2020	EOP
IV	RJD				Max	MHCB	8/31/2020	Pending	
IV	RJD				Treatment in Place	ICF	7/27/2020	Pending	EOP
IV	RJD				Treatment in Place	ICF	8/12/2020	Pending	ASU
IV	RJD				Max	MHCB	8/27/2020	9/4/2020	Acute
IV	RJD				Non-Max	MHCB	8/26/2020	9/3/2020	EOP
IV	RJD				Max	MHCB	8/26/2020	8/31/2020	MHCB
IV	RJD				Treatment in Place	MHCB	3/11/2020	Pending	EOP
IV	RJD				Treatment in Place	ICF	6/8/2020	Pending	MHCB
IV	RJD				Treatment in Place	ICF	6/4/2020	Pending	EOP
IV	RJD				Treatment in Place	ICF	3/27/2020	Pending	EOP
IV	RJD				Max	MHCB	9/2/2020	Pending	
IV	RJD				Treatment in Place	ICF	8/7/2020	Pending	MHCB
IV	RJD				Treatment in Place	ICF	7/27/2020	Pending	EOP
IV	RJD				Treatment in Place	ICF	8/7/2020	Pending	MHCB
IV	RJD				Treatment in Place	ICF	6/24/2020	Pending	EOP
IV	RJD				Treatment in Place	ICF	7/3/2020	Pending	MHCB
IV	RJD				Treatment in Place	ICF	7/6/2020	Pending	MHCB
IV	RJD				Treatment in Place	ICF	7/17/2020	Pending	RC

EXHIBIT 3

Institution	Facility	3 Showers Offered/Week	10 Hours Yard Offered/Week
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%	98%
CMF	A	100%	100%
COR	ASU	100%	100%
CTF	ASU	100%	100%
CVSP	A	100%	100%
DVI	K&L WING	99%	99%
FOL	ASU	100%	100%
HDSP	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

EXHIBIT 4

August 2020

Week Of: July 27-Aug 2

Name	CDCR#	Institution	Date of Arrival	Discharge Date	Custody Status	Housing Location	Hours of Yard	Phone Call(s)	Showers	Appliances (Radio/TV/Tablet)	Dayroom for Non-MAX	Linen Exchange	RVR's received in TMHU (if yes, fill out next column)	RVR Date and Offense	Supplies Issued	Comments (any additional information or unusual events)	ICC Review of MAX IP's
		ASP	7/31/2020	Remained MHCB	MAX		6	Yes	Yes	No	N/A	Yes	No		No		No ICC completed therefore retained MAX
		CRC	7/27/2020	Remained MHCB	GP		1	No	Yes	No	No	Yes	No		No		N/A
		CTF	7/24/2020	Remained MHCB	GP		9	Yes	Yes	No	No	Yes	No		Yes		N/A
		DVI	7/31/2020	Remained MHCB	GP		0	No	No	No	No	No	No		No		N/A
		DVI	7/29/2020	Remained MHCB	MAX		0	No	Yes	No	N/A	No	No		Yes		No ICC completed therefore retained MAX
		LAC	7/28/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		LAC	7/25/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		LAC	7/25/2020	Remained MHCB	MAX		10	Yes	Yes	No	N/A	Yes	No		Yes		No ICC completed therefore retained MAX
		LAC	7/27/2020	Remained MHCB	MAX		8	No	Yes	No	N/A	Yes	No		Yes		No ICC completed therefore retained MAX
		MCSP	7/30/2020	Remained MHCB	GP		0	Yes	Yes	No	No	No	No		No		N/A
		MCSP	7/30/2020	Remained MHCB	GP		0	Yes	Yes	No	No	No	No		No		N/A
		MCSP	7/31/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		MCSP	7/30/2020	Remained MHCB	GP		0	Yes	Yes	No	No	No	No		No		N/A
		MCSP	7/30/2020	Remained MHCB	GP		0	Yes	Yes	No	No	No	No		No		N/A
		MCSP	7/22/2020	Remained MHCB	GP		0	Yes	Yes	No	No	No	No		No		N/A
		MCSP	7/15/2020	7/28/2020	GP		0	Yes	Yes	No	No	No	No		No		N/A
		MCSP	7/29/2020	7/31/2020	GP		0	No	No	No	No	No	No		No		N/A
		MCSP	7/29/2020	Remained MHCB	GP		0	Yes	No	No	No	No	Yes	7/31/20 Indecent Exposure Without Prior Conv for PC 288	No		N/A
		PVSP	7/29/2020	Remained MHCB	MAX		5.5	No	No	No	N/A	Yes	Yes	7/29/20 Batt on a Prisoner 7/30/20 Refusing to Provide a Urine Sample 8/1/20 Batt on a Peace Officer	Yes		No ICC completed therefore retained MAX
		PVSP	7/30/2020	Remained MHCB	GP		2	Yes	Yes	No	Yes	Yes	No		No		N/A
		RJD	8/2/2020	Remained MHCB	GP		0	No	No	No	No	No	No		No		N/A
		RJD	7/30/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		RJD	8/2/2020	Remained MHCB	GP		0	No	No	No	No	No	No		No		N/A
		RJD	8/2/2020	Remained MHCB	GP		0	No	No	No	No	No	No		No		N/A
		RJD	7/30/2020	Remained MHCB	GP		0	No	No	No	No	No	No		No		N/A
		RJD	7/29/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		RJD	7/31/2020	Remained MHCB	GP		0	No	No	No	No	No	No		Yes		N/A
		RJD	7/24/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		RJD	7/27/2020	7/28/2020	GP		0	No	Yes	No	No	No	No		Yes		N/A
		RJD	7/27/2020	7/28/2020	GP		0	No	Yes	No	No	No	No		Yes		N/A
		RJD	7/30/2020	Remained MHCB	MAX		1	No	Yes	No	N/A	No	No		No		No ICC completed therefore retained MAX
		SCC	7/19/2020	7/29/2020	GP		0	No	Yes	Yes	No	No	No		Yes		N/A
		SVSP	7/7/2020	Remained MHCB	GP		0	No	No	No	No	No	No		No		N/A
		SVSP	7/27/2020	7/30/2020	GP		0	No	Yes	No	No	No	No		No		N/A
		VSP	7/25/2020	Remained MHCB	GP		6	No	Yes	No	No	Yes	No		Yes		N/A
		VSP	7/29/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		VSP	7/27/2020	Remained MHCB	GP		3	No	Yes	No	No	No	No		No		N/A
		VSP	7/30/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		VSP	7/27/2020	7/29/2020	GP		3	No	No	No	No	Yes	Yes	7/27/20 Delaying a PO	No		N/A

*Data Source - Manual CDC-11 As submitted by each institution and Strategic Offender Management System

August 2020

Week Of:Aug 3-9

Name	CDCR#	Institution	Date of Arrival	Discharge Date	Custody Status	Housing Location	Hours of Yard	Phone Call(s)	Showers	Appliances (Radio/TV/Tablet)	Dayroom for Non-MAX	Linen Exchange	RVR's received in TMHU (if yes, fill out next column)	RVR Date and Offense	Supplies Issued	Comments (any additional information or unusual events)	ICC Review of MAX IP's
		ASP	8/8/2020	Remained MHCB	GP		0	No	No	No	No	No	No		No		N/A
		ASP	7/31/2020	Remained MHCB	MAX		0	No	No	No	N/A	No	No		No		No ICC completed therefore retained MAX
		CAL	8/8/2020	Remained MHCB	MAX		R	No	Yes	No	N/A	Yes	No		No		No ICC completed therefore retained MAX
		CEN	8/3/2020	8/4/2020	GP		0	No	No	No	No	Yes	No		No		N/A
		CEN	8/4/2020	8/6/2020	GP		0	No	No	No	No	Yes	No		No		N/A
		CTF	8/4/2020	Remained MHCB	GP		0	Yes	Yes	No	No	Yes	No		No		N/A
		CTF	8/2/2020	Remained MHCB	GP		0	Yes	Yes	No	No	No	No		No		N/A
		CTF	8/3/2020	Remained MHCB	GP		3	Yes	Yes	No	No	Yes	No		Yes		N/A
		CTF	8/4/2020	Remained MHCB	GP		0	Yes	Yes	No	No	Yes	Yes	8/6/2020 Indecent Exposure W/out Priors	Yes		N/A
		CTF	7/24/2020	Remained MHCB	GP		14	Yes	Yes	No	No	Yes	No		Yes		N/A
		CTF	7/31/2020	8/6/2020	GP		3	No	Yes	No	No	No	No		No		N/A
		DVI	7/31/2020	Remained MHCB	GP		0	No	No	No	No	Yes	No		No		N/A
		ISP	8/5/2020	Remained MHCB	GP		0	No	Yes	No	No	Yes	No		No		N/A
		LAC	8/8/2020	Remained MHCB	MAX		0	No	No	No	N/A	Yes	No		Yes	Made Max on 8/7	No ICC completed therefore retained MAX
		MCSP	8/7/2020	Remained MHCB	GP		0	No	No	No	No	No	No		No		N/A
		MCSP	8/4/2020	Remained MHCB	GP		0	Yes	Yes	No	No	No	No		No		N/A
		MCSP	8/5/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		MCSP	8/7/2020	Remained MHCB	GP		0	Yes	No	No	No	No	No		No		N/A
		MCSP	8/6/2020	Remained MHCB	GP		0	No	No	No	No	No	No		No		N/A
		PVSP	8/5/2020	Remained MHCB	GP		0	No	No	No	No	No	No		No		N/A
		RJD	7/30/2020	8/7/2020	GP		0	Yes	Yes	No	No	Yes	No		No		N/A
		RJD	8/2/2020	Remained MHCB	GP		5	No	Yes	No	No	Yes	No		No		N/A
		RJD	8/6/2020	Remained MHCB	MAX		0	No	Yes	No	N/A	Yes	No		No		No ICC completed therefore retained MAX
		RJD	8/3/2020	Remained MHCB	MAX		5	No	Yes	No	N/A	Yes	No		No		No ICC completed therefore retained MAX
		RJD	8/6/2020	Remained MHCB	GP		0	No	Yes	No	No	Yes	No		No		N/A
		SCC	8/8/2020	Remained MHCB	MAX		0	No	No	No	N/A	No	No		Yes		No ICC completed therefore retained MAX
		SCC	7/19/2020	Paroled 8/3/2020	GP		0	Yes	Yes	Yes	No	No	No		No		N/A
		VSP	7/25/2020	8/3/2020	GP		9	No	Yes	No	No	Yes	No		Yes		N/A
		VSP	8/3/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		VSP	7/27/2020	8/5/2020	GP		6	No	Yes	No	No	No	No		No		N/A
		VSP	8/3/2020	8/7/2020	GP		6	No	No	No	No	Yes	No		No		N/A
		VSP	7/30/2020	Remained MHCB	GP		11	No	Yes	No	No	Yes	No		Yes		N/A
		VSP	8/7/2020	Remained MHCB	GP		0	No	No	No	No	Yes	No		Yes		N/A
		VSP	8/7/2020	Remained MHCB	GP		0	No	No	No	No	No	No		Yes		N/A
		VSP	8/4/2020	8/7/2020	GP		3	No	No	No	No	No	No		No		N/A

*Data Source – Manual CDC-11 As submitted by each institution and Strategic Offender Management System

August 2020

Week Of: Aug 10-16

Name	CDCR#	Institution	Date of Arrival	Discharge Date	Custody Status	Housing Location	Hours of Yard	Phone Call[s]	Showers	Appliances (Radio/TV/Tablet)	Dayroom for Non-MAX	Linen Exchange	RVR's received in TMHU (if yes, fill out next column)	RVR Date and Offense	Supplies Issued	Comments (any additional information or unusual events)	ICC Review of MAX IP's
		ASP	7/31/2020	8/11/2020	MAX		0	No	No	No	N/A	No	No		No		No ICC completed therefore retained MAX
		ASP	8/8/2020	8/13/2020	GP		0	No	Yes	No	No	No	No		No		N/A
		CAL	8/8/2020	Remained MHCB	MAX		0	Yes	Yes	No	N/A	No	No		No		No ICC completed therefore retained MAX
		CAL	8/15/2020	Remained MHCB	MAX		0	No	Yes	No	N/A	Yes	No		No		No ICC completed therefore retained MAX
		CAL	8/10/2020	8/13/2020	MAX		0	No	Yes	No	N/A	No	No		No		No ICC completed therefore retained MAX
		OCI	8/11/2020	8/13/2020	GP		0	No	No	No	No	No	No		No		N/A
		OCI	8/11/2020	8/13/2020	GP		0	No	No	No	No	No	No		No		N/A
		OCI	8/11/2020	Remained MHCB	MAX		0	No	Yes	No	N/A	No	No		No		No ICC completed therefore retained MAX
		OCI	8/10/2020	8/13/2020	GP								No		No		N/A
		OCI	8/8/2020	Remained MHCB	MAX		0	No	Yes	No	N/A	No	No		No		No ICC completed therefore retained MAX
		OCI	8/14/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		CRC	8/13/2020	Remained MHCB	GP		0	No	No	No	No	Yes	No		No		N/A
		CRC	8/14/2020	Remained MHCB	GP		0	No	Yes	No	No	Yes	No		No		N/A
		MCSP	8/7/2020	8/11/2020	MAX		0	No	No	No	N/A	No	No		No	No phone calls due to Covid Lockdown in Bldg 13	No ICC completed therefore retained MAX
		MCSP	8/4/2020	8/10/2020	GP		0	No	No	No	No	No	No		No	No phone calls due to Covid Lockdown in Bldg 13	N/A
		MCSP	8/5/2020	8/13/2020	GP		0	No	No	No	No	No	No		No	No phone calls due to Covid Lockdown in Bldg 13	N/A
		MCSP	8/7/2020	8/10/2020	GP		0	No	No	No	No	No	No		No	No phone calls due to Covid Lockdown in Bldg 13	N/A
		MCSP	8/6/2020	8/11/2020	GP		0	No	No	No	No	No	No		No	No phone calls due to Covid Lockdown in Bldg 13	N/A
		MCSP	8/13/2020	Remained MHCB	GP		0	No	No	No	No	No	No		No		N/A
		MCSP	8/10/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		MCSP	8/11/2020	8/14/2020	GP		0	No	Yes	No	No	No	No		No		N/A
		PVSP	8/14/2020	Remained MHCB	MAX		16.5	No	Yes	No	N/A	Yes	No		No		No ICC completed therefore retained MAX
		RJD	8/15/2020	8/16/2020	GP		0	No	No	No	No	No	No		No		N/A
		RJD	8/2/2020	Remained MHCB	GP		1	No	Yes	No	No	No	No		No		N/A
		RJD	8/6/2020	8/17/2020	GP		8	No	Yes	No	No	No	Yes	8/12/2020 Sexual Disorderly Conduct	No		N/A
		RJD	8/12/2020	Remained MHCB	GP		0	Yes	Yes	No	No	No	No		No		N/A
		RJD	8/9/2020	Remained MHCB	GP		8	Yes	Yes	No	No	No	No		No		N/A
		RJD	8/9/2020	8/13/2020	MAX		6	No	Yes	No	N/A	Yes	No		No		No ICC completed therefore retained MAX
		RJD	8/6/2020	Remained MHCB	MAX		3	No	Yes	No	N/A	Yes	No		No		No ICC completed therefore retained MAX

*Data Source - Manual CDC-11 As submitted by each institution and Strategic Offender Management System

August 2020

Week Of: August 17-23

Name	CDCR#	Institution	Date of Arrival	Discharge Date	Custody Status	Housing Location	Hours of Yard	Phone Call[s]	Showers	Appliances (Radio/TV/Tablet)	Dayroom for Non-MAX	Linen Exchange	RVR's received in TMHU (if yes, fill out next column)	RVR Date and Offense	Supplies Issued	Comments (any additional information or unusual events)	ICC Review of MAX IP's
		ASP	8/18/2020	8/19/2020	GP		0	No	No	No	No	No	No		Yes		N/A
		ASP	8/22/2020	Remained MHCB	GP		0	No	No	No	No	No	No		No		N/A
		ASP	8/18/2020	Remained MHCB	MAX		0	Yes	No	No	N/A	No	No		No		8/19/2020 Released to Medium A
		CAL	8/18/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		CAL	8/18/2020	Remained MHCB	MAX		0	No	Yes	No	N/A	Yes	No		No		No ICC completed therefore retained MAX
		CAL	8/15/2020														N/A
		CAL	8/20/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		CAL	8/20/2020	Remained MHCB	MAX		0	Yes	R	No	N/A	No	No		No		No ICC completed therefore retained MAX
		CAL	8/22/2020														N/A
		CAL	8/22/2020	Remained MHCB	MAX		0	Yes	R	No	N/A	No	No		No		No ICC completed therefore retained MAX
		CCI	8/22/2020														N/A
		CCI	8/18/2020	8/19/2020	GP		R	No	Yes	No	No	No	No		No		N/A
		CEN	8/19/2020	Remained MHCB	MAX		0	No	Yes	No	N/A	Yes	No		No	has not been approved to receive yard.	No ICC completed therefore retained MAX
		CRC	8/13/2020	8/19/2020	GP		0	No	Yes	No	No	Yes	No		No		N/A
		CRC	8/17/2020	Release to LA County	GP		0	No	No	No	No	Yes	No		No		N/A
		CRC	8/17/2020	8/18/2020													N/A
		CRC	8/20/2020	Remained MHCB	GP		0	No	Yes	No	No	Yes	No		No		N/A
		ISP	8/17/2020	Remained MHCB	MAX		1	No	Yes	No	N/A	Yes	No		No	Discharged on 8/21/2020 and returned on 8/23/2020	No ICC completed therefore retained MAX
			8/22/2020														N/A
		ISP	8/17/2020	Remained MHCB	GP		0	Yes	Yes	No	No	Yes	No		No		No ICC completed therefore retained MAX
		LAC	8/17/2020	Remained MHCB	MAX		2	No	Yes	No	N/A	Yes	No		No		N/A
			8/19/2020														N/A
		LAC	8/19/2020	Remained MHCB	MAX		16	No	Yes	No	N/A	Yes	No		Yes		No ICC completed therefore retained MAX
			8/20/2020														N/A
		LAC	8/20/2020	Remained MHCB	MAX		6	No	Yes	No	N/A	Yes	No		Yes		No ICC completed therefore retained MAX
			8/21/2020														N/A
		MCSP	8/13/2020	8/17/2020	GP		0	No	No	No	No	No	No		No		N/A
		MCSP	8/10/2020	Remained MHCB	GP		0	No	No	No	No	No	No		No		N/A
		MCSP	8/18/2020	Remained MHCB	GP		0	No	No	No	No	No	No		No		N/A
		PVSP	8/15/2020	8/19/2020	GP		0	No	No	No	No	Yes	No		Yes		N/A
		PVSP	8/15/2020	8/18/2020	MAX		9	No	Yes	No	N/A	Yes	No		Yes		No ICC completed therefore retained MAX
			8/14/2020														N/A
		RJD	8/22/2020	Remained MHCB	GP		0	No	No	No	No	No	No		No		N/A
		RJD	8/22/2020	8/23/2020	GP		0	No	No	No	No	No	No		No		N/A
		RJD	8/22/2020	8/23/2020	GP		0	No	No	No	No	No	No		No		N/A
		RJD	8/19/2020	8/20/2020	GP		0	No	No	No	No	No	No		No		N/A
		RJD	8/19/2020	8/19/2020	GP		0	No	No	No	No	No	No		No		N/A
		RJD	8/19/2020	Remained MHCB	MAX		0	No	No	No	N/A	No	No		No		No ICC completed therefore retained MAX
			8/21/2020														N/A
		VSP	8/17/2020	8/19/2020	GP		0	No	No	No	No	Yes	No		Yes		N/A
		VSP	8/17/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		VSP	8/19/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		Yes		N/A

*Data Source - Manual CDC-11 As submitted by each Institution and Strategic Offender Management System

August 2020

Week Of:Aug 24-30

Name	CDCR#	Institution	Date of Arrival	Discharge Date	Custody Status	Housing Location	Hours of Yard	Phone Call(s)	Showers	Appliances (Radio/TV/Tablet)	Dayroom for Non-MAX	Linen Exchange	RVR's received in TMHU (if yes, fill out next column)	RVR Date and Offense	Supplies Issued	Comments (any additional information or unusual events)	ICC Review of MAX IP's
		ASP	8/18/2020	8/27/2020	GP		0	No	Yes	No	No	No	No		No		N/A
		ASP	8/22/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		ASP	8/24/2020	8/27/2020	GP		0	No	Yes	No	No	No	No		No		N/A
		CAL	8/22/2020	8/25/2020	MAX		0	Yes	Yes	No	N/A	No	No		Yes		No ICC completed therefore retained MAX
		CAL	8/20/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		CEN	8/19/2020	8/26/2020	MAX		0	No	Yes	No	N/A	Yes	No		No	████ has not been approved to receive yard ████ was discharged 8/26/20	No ICC completed therefore retained MAX
		CRC	8/20/2020	8/24/2020	GP		0	No	Yes	No	No	Yes	No		No		N/A
		CTF	8/23/2020	Remained MHCB	GP		0	Yes	Yes	No	No	Yes	No		No		N/A
		ISP	8/22/2020	8/27/2020	MAX		0	No	Yes	No	N/A	No	No		No		No ICC completed therefore retained MAX
		ISP	8/26/2020	8/27/2020	GP		0	No	No	No	No	No	No		No		N/A
		LAC	8/21/2020	8/27/2020	MAX		0	No	Yes	No	N/A	No	No		No		No ICC completed therefore retained MAX
		MCSP	8/28/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		MCSP	8/27/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		No		N/A
		MCSP	8/28/2020	Remained MHCB	GP		0	No	Yes	No	No	No	Yes	8/28/2020 Indecent Exposure Without Prior Convictions for PC 314	No		N/A
		RJD	8/22/2020	8/24/2020	GP		0	No	No	No	No	No	No		No		N/A
		RJD	8/25/2020	8/26/2020	GP		0	No	No	No	No	No	No		No		N/A
		RJD	8/24/2020	8/25/2020	GP		0	No	No	No	No	No	No		No		N/A
		RJD	8/26/2020	8/27/2020	GP		0	No	No	No	No	No	No		No		N/A
		RJD	8/30/2020	Remained MHCB	GP		0	No	No	No	No	No	No		No		N/A
		RJD	8/29/2020	8/30/2020	GP		0	No	No	No	No	No	No		No		N/A
		RJD	8/26/2020	Remained MHCB	GP		0	Yes	Yes	No	No	No	No		No		N/A
		RJD	8/26/2020	Remained MHCB	GP		0	No	Yes	No	No	No	No		Yes		N/A
		RJD	8/25/2020	8/28/2020	GP		1	No	No	No	No	Yes	No		No		N/A
		RJD	8/26/2020	Remained MHCB	MAX		0	No	Yes	No	N/A	No	No		No	I/P has gone out to medical isnce arriving to ASU TMHU	No ICC completed therefore retained MAX
		RJD	8/21/2020	Remained MHCB	MAX		0	No	No	No	N/A	No	No		No		No ICC completed therefore retained MAX
		RJD	8/26/2020	Remained MHCB	MAX		R	No	No	No	N/A	No	No		Yes		No ICC completed therefore retained MAX
		SCC	8/24/2020	Remained MHCB	GP		3.5	No	Yes	No	No	No	No		Yes		N/A
		VSP	8/24/2020	8/27/2020	GP		0	No	Yes	No	No	Yes	No		Yes		N/A
		VSP	8/24/2020	8/24/2020	GP		0	No	No	No	No	No	No		Yes		N/A
		VSP	8/19/2020	8/24/2020	GP		0	No	Yes	No	No	No	No		Yes		N/A
		VSP	8/14/2020	8/25/2020	GP		0	No	Yes	No	No	No	No		No		N/A
		VSP	8/29/2020	Remained MHCB	GP		0	No	No	No	No	Yes	No		Yes		N/A

*Data Source – Manual CDC-11 A's submitted by each institution and Strategic Offender Management System

EXHIBIT 5

[About this Report.](#)
[Click here for a list of TMHU cell beds.](#)

Date	Region	Institution	CDCR#	Patient Name	Cell bed	Program	Sub Program	MHC	Referral Date	Time	Clinical LOS	MHU Placement Date	MHU Release Date	MHU LOS	Release to Sub Program	Release to MHC	SRASHE	SPI	5 Day Follow Up	PC Contact	PC Contact Confidential Count	PC Contact Non-Confidential Count	MHMD Contact	MHMD Contact Confidential Count	MHMD Contact Non-Confidential Count	ID	1st Rounding	2nd Rounding	Cell Front (Hour)	Group Attended (Hour)	Group Refused (Hour)	Group Offered (Hour)	Confidential x (Hour)	Non Confidential x (Hour)	Total Attended (Hour)	Total Refused (Hour)	Total Offered (Hour)			
8/15/2020	Reg on I	CCC				ML	GP	MHCB	8/15/2020 3:30 PM	1.79	8/15/2020 6:08:36 PM	8/20/2020 12: 9:52 PM	7.9	FF	GP	8/15/2020 : 5:50 PM	SPI not done	2/5	15: 5:00 Standard C2: 6.6, 6.93 Min. + 18:30:00 Standard C2: 6.6, 6.93 Min. +	2	0					NSD at 08:51	0	0	0	0	1	0	1	0	1					
8/16/2020	Reg on I	CCC				ML	CHU	MHCB	8/15/2020 3:30 PM	1.79	8/15/2020 6:08:36 PM	8/20/2020 12: 9:52 PM	7.9	FF	GP	8/15/2020 12:01: 5 PM	Required by policy	2/5		1	0			0	0			0	0	0	0	0.5	0	0.5	0	0	0.5			
8/17/2020	Reg on I	CCC				ML	CHU	MHCB	8/15/2020 3:30 PM	1.79	8/15/2020 6:08:36 PM	8/20/2020 12: 9:52 PM	7.9	FF	GP	8/17/2020 12:01: 5 PM	Required by policy	2/5										0	0	0	0	0	0	0	0	0	0	0		
9/3/2020	Reg on I	CCC				ASU	ASU	MHCB	9/2/2020 10:39:00 PM	6.53	9/3/2020 12:05: 0 AM	9/9/2020 3:55:59 PM	6.66	ASU	CCCMS			/5										0	0	0	0	0	0	0	0	0	0	0		
9/4/2020	Reg on I	CCC				ML	CHU	MHCB	9/2/2020 10:39:00 PM	6.53	9/3/2020 12:05: 0 AM	9/9/2020 3:55:59 PM	6.66	ASU	CCCMS			/5	10:15:00 Standard C2: 6.6, 6.93 Min. + 08:30:00 Standard C2: 6.6, 6.93 Min. + 09:12:00 Standard NonConf for 0. 7	1	0		0	0	10:55:00 Standard C2: 6.6, 6.93 Min. +		0	0	0	0	0.5	0	0.5	0	0.5	0	0.5			
9/5/2020	Reg on I	CCC				ML	CHU	MHCB	9/2/2020 10:39:00 PM	6.53	9/3/2020 12:05: 0 AM	9/9/2020 3:55:59 PM	6.66	ASU	CCCMS			/5									0	0	0	0	0	0	0.38	0	0.38	0	0.38			
9/6/2020	Reg on I	CCC				ML	CHU	MHCB	9/2/2020 10:39:00 PM	6.53	9/3/2020 12:05: 0 AM	9/9/2020 3:55:59 PM	6.66	ASU	CCCMS			/5									0	0	0	0	0	0	0	0.7	0	0.7	0	0.7		
9/7/2020	Reg on I	CCC				ML	CHU	MHCB	9/2/2020 10:39:00 PM	6.53	9/3/2020 12:05: 0 AM	9/9/2020 3:55:59 PM	6.66	ASU	CCCMS			/5	08: 0:00 Standard C2: 6.6, 6.93 Min. + 1: 20:00 Ce Front NonConf for 0.25	1	0		0	0			0	0	0	0.25	0	0.25	0	0.25	0	0.25	0	0.25		
9/8/2020	Reg on I	CCC				ML	CHU	MHCB	9/2/2020 10:39:00 PM	6.53	9/3/2020 12:05: 0 AM	9/9/2020 3:55:59 PM	6.66	ASU	CCCMS			/5									0.25	0	0	0	0	0	0	0.25	0	0.25	0	0.25		
9/9/2020	Reg on I	CCC				ML	CHU	MHCB	9/2/2020 10:39:00 PM	6.53	9/3/2020 12:05: 0 AM	9/9/2020 3:55:59 PM	6.66	ASU	CCCMS	9/9/2020 2: 1:57 PM	Required by policy	/5	10:30:00 Standard Conf for 0.17 Hours	1	0		13:55:00 Standards Conf for	1	0	10:15:00 Standard NonConf 0.53 Hours		0	0	0	0	0.58	0	0.58	0	0.58	0	0.58		
8/23/2020	Reg on I	FSP				ML	GP	MHCB	8/23/2020 9: 7:00 AM	18.06	8/23/2020 12:57:29 PM	8/26/2020 : 0:1 PM	3.15		MHCB			Admit to Input ent									0	0	0	0	0	0	0	0	0	0	0	0		
8/24/2020	Reg on I	FSP				ASU	ASU	MHCB	8/23/2020 9: 7:00 AM	18.06	8/23/2020 12:57:29 PM	8/26/2020 : 0:1 PM	3.15		MHCB			Admit to Input ent									0.17	0	0	0	0	0	0.17	0	0.17	0	0.17			
8/25/2020	Reg on I	FSP				ASU	ASU	MHCB	8/23/2020 9: 7:00 AM	18.06	8/23/2020 12:57:29 PM	8/26/2020 : 0:1 PM	3.15		MHCB			Admit to Input ent									0.08	0	0	0	0	0	1.1	0.08	1.18	0	1.18			
8/26/2020	Reg on I	FSP				ASU	ASU	MHCB	8/23/2020 9: 7:00 AM	18.06	8/23/2020 12:57:29 PM	8/26/2020 : 0:1 PM	3.15		MHCB	8/26/2020 11:00:26 AM	Update	/5	07: 5:00 Ce Front NonConf for 0.08	0	1		Standards Conf for	2	0		0.08	0	0	0	0	0	0.08	0.08	0	0.08	0	0.08		
8/28/2020	Reg on I	MCSP				ML	EOP	MHCB	8/28/2020 3:32:00 AM	3.29	8/28/2020 :26:02 AM	8/31/2020 3:36:27 PM	3.7	VAR	EOP	8/28/2020 10:51:50 AM	SPI not done	/5	08:25:00 Ce Front NonConf for 0. 2	0	1		0	0			0.2	0	0	0	0	0	0.2	0.2	0	0.2	0	0.2		
8/29/2020	Reg on I	MCSP				ML	SNY	MHCB	8/28/2020 3:32:00 AM	3.29	8/28/2020 :26:02 AM	8/31/2020 3:36:27 PM	3.7	VAR	EOP			/5	12:00:00 Ce Front NonConf for 0.25	0	1	10:00:00 Ce Front NonConf 0.17	0	1			0.2	0	0	0	0	0	0.2	0.2	0	0.2	0	0.2		
8/30/2020	Reg on I	MCSP				ML	SNY	MHCB	8/28/2020 3:32:00 AM	3.29	8/28/2020 :26:02 AM	8/31/2020 3:36:27 PM	3.7	VAR	EOP			/5	07: 5:00 Ce Front NonConf for 0.17	0	1		0	0			0.17	0	0	0	0	0	0.17	0.17	0	0.17	0	0.17		
8/31/2020	Reg on I	MCSP				ML	SNY	MHCB	8/28/2020 3:32:00 AM	3.29	8/28/2020 :26:02 AM	8/31/2020 3:36:27 PM	3.7	VAR	EOP	8/31/2020 10:56: 6 AM	SPI not done	/5	08:00:00 Ce Front NonConf for 0.17	0	1		0	0			0.17	0	0	0	0	0	0.17	0.17	0	0.17	0	0.17		
8/28/2020	Reg on I	MCSP				ML	EOP	MHCB	8/28/2020 10:51:00 AM	11.98	8/28/2020 1:2 :22 PM	8/31/2020 2:57:55 PM	3.06	MCB	MHCB	8/28/2020 1:06:52 PM	SPI not done	Admit to Input ent										0	0	0	0	0	1.07	0	1.07	0	1.07	0	1.07	
8/29/2020	Reg on I	MCSP				ASU	ASUHub	MHCB	8/28/2020 10:51:00 AM	11.98	8/28/2020 1:2 :22 PM	8/31/2020 2:57:55 PM	3.06	MCB	MHCB			Admit to Input ent										0	0	0	0	0	0.5	0	0.5	0	0.5	0	0.5	
8/30/2020	Reg on I	MCSP				ASU	ASUHub	MHCB	8/28/2020 10:51:00 AM	11.98	8/28/2020 1:2 :22 PM	8/31/2020 2:57:55 PM	3.06	MCB	MHCB			Admit to Input ent										0.30	0	0	0	0	0	0.17	0.17	0	0.17	0	0.17	
8/31/2020	Reg on I	MCSP				ASU	ASUHub	MHCB	8/28/2020 10:51:00 AM	11.98	8/28/2020 1:2 :22 PM	8/31/2020 2:57:55 PM	3.06	MCB	MHCB			Admit to Input ent										0.30	0	0	0	0	0	0.17	0.17	0	0.17	0	0.17	
9/7/2020	Reg on I	MCSP				ML	VAR	MHCB	9/7/2020 11:50:00 AM	7.7	9/7/2020 1:10:5 PM	9/9/2020 1:36:13 PM	2.02	MCB	MHCB	9/7/2020 12:03:05 PM	SPI not done	Admit to Input ent										0	0	0	0	0	0	0	0	0	0	0	0	
9/8/2020	Reg on I	MCSP				ML	SNY	MHCB	9/7/2020 11:50:00 AM	7.7	9/7/2020 1:10:5 PM	9/9/2020 1:36:13 PM	2.02	MCB	MHCB			Admit to Input ent										0.75	0	0	0	0	0	0.75	0.75	0	0.75	0	0.75	
9/9/2020	Reg on I	MCSP				ML	SNY	MHCB	9/7/2020 11:50:00 AM	7.7	9/7/2020 1:10:5 PM	9/9/2020 1:36:13 PM	2.02	MCB	MHCB			Admit to Input ent										0.25	0	0	0	0	0	0.25	0.25	0	0.25	0	0.25	
9/5/2020	Reg on I	MCSP				ML	SNY	MHCB	9/5/2020 8:16:00 PM	0.6	9/5/2020 10:21:28 PM	9/6/2020 2:50:08 PM	0.69	ASUHub	CCCMS	9/5/2020 8:06: 13 PM	SPI not done	5/5										0	0	0	0	0	0	0	0	0	0	0	0	
9/6/2020	Reg on I	MCSP				ASU	ASUHub	MHCB	9/5/2020 8:16:00 PM	0.6	9/5/2020 10:21:28 PM	9/6/2020 2:50:08 PM	0.69	ASUHub	CCCMS	9/6/2020 11:27:25 AM	Required by policy	5/5										0	0	0	0	0	0	0	0	0	0	0	0	0
8/15/2020	Reg on I	MCSP				ASU	ASUHub	MHCB	8/15/2020 7:3 :00 PM	1.58	8/15/2020 8:33: 5 PM	8/22/2020 7:06:07 PM	6.9	ASUHub	EOP	8/15/2020 7:36: 8 PM	SPI not done	2/5	15:00:00 HearingCell NonConf for 0.59 Hours	0	1		0	0			0	0	0	0	0	0.5	0.5	0	0.5	0	0.5	0	0.5	
8/16/2020	Reg on I	MCSP				ASU	ASUHub	MHCB	8/15/2020 7:3 :00 PM	1.58	8/15/2020 8:33: 5 PM	8/22/2020 7:06:07 PM	6.9	ASUHub	EOP			2/5	08:10:00 Ce Front NonConf for 0.08	0	1		0	0			0.08	0	0	0	0	0	0.08	0.08	0	0.08	0	0.08		
8/17/2020	Reg on I	MCSP				ASU	ASUHub	MHCB	8/15/2020 7:3 :00 PM	1.58	8/15/2020 8:33: 5 PM	8/22/2020 7:06:07 PM	6.9	ASUHub	EOP	8/17/2020 9:10:2 AM	Required by policy	2/5	08:00:00 Ce Front NonConf for 0.08	0	1		0	0			0.08	0	0	0	0	0	0.08	0.08	0	0.08	0	0.08		
9/10/2020	Reg on I	MCSP				ML	EOP	MHCB	9/10/2020 11:30:00 PM	0.55	9/10/2020 11:30:00 PM	9/11/2020 :08:1 PM	0.69	EOP	EOP			3/5									0	0	3	3	0	0	0	3	3	0	3	3		
9/11/2020	Reg on I	MCSP				ML	SNY	MHCB	9/10/2020 11:30:00 PM	0.55	9/10/2020 11:30:00 PM	9/11/2020 :08:1 PM	0.69	EOP	EOP	9/11/2020 11:30: 0 AM	Update	3/5	09:20:00 Ce Front NonConf for 0.58	0	1		0	0			0.58	0	0	0	0	0	0.58	0.58	0	0.58	0	0.58		
8/18/2020	Reg on I	MCSP				ML	SNY	MHCB	8/17/2020 12:3 :09 PM	2.93	8/18/2020 12:36:25 PM		27.71															0.05	0	0	0	0	0	0.05	0.05	0	0.05	0	0.05	
8/19/2020	Reg on I	MCSP				ASU	ASUHub	MHCB	8/17/2020 12:3 :09 PM	2.93	8/18/2020 12:36:25 PM		27.71															0.25	0	0	0	0	0	0.25	0.25	0	0.25	0	0.25	
8/20/2020	Reg on I	MCSP				ASU	ASUHub	MHCB	8/17/2020 12:3 :09 PM	2.93	8/18/2020 12:36:25 PM		27.71															0.83	0	0	0	0	0	0.83	0.83	0	0.83	0	0.83	
8/31/2020	Reg on I	MCSP				ML	SNY	MHCB	8/31/2020 11: 00 AM	0.38	8/31/2020 1:53: 6 AM	8/31/2020 3:50:25 PM	0.58		SNY	CCCMS	8/31/2020 9:07:50 AM	Required by policy	Rerefered to MHCB									0	0	0	0	0	0	0.25	0.25	0	0.25	0	0.25	
9/4/2020	Reg on I	MCSP				ML	SNY	MHCB	9/ /2020 5: 0:00 PM	.75	9/ /2020 7:37:18 PM	9/9/2020 1:37: 0 PM	.75	EOP	EOP	9/ /2020 5: 1:53 PM	SPI not done	5/5										0	0	0	0	0	0	0	0	0	0	0	0	
9/5/2020	Reg on I	MCSP				ML	SNY	MHCB	9/ /2020 5: 0:00 PM	.75	9/ /2020 7:37:18 PM	9/9/2020 1:37: 0 PM	.75	EOP	EOP			5/5			</																			

[illegible]

8/20/2020	Reg on I	SQ								MHCB	MCB	MHCB	8/13/2020 12:11:00 AM	1	5	8/13/2020 8:36:27 AM	8/27/2020 8:36:23 PM	1	5	PF	EOP			5/5	08:00:00 Therapeutic Module Cn. f. n. 0.35 Hrs. s	1	0		0	0	0	08:30:00 Standard Conf. or 0.25 Hrs	RT at 10:00		0	0	0	0	0.5	0	0.5	0	0.5
8/21/2020	Reg on I	SQ								MHCB	MCB	MHCB	8/13/2020 12:11:00 AM	1	5	8/13/2020 8:36:27 AM	8/27/2020 8:36:23 PM	1	5	PF	EOP			5/5	08:00:00 Therapeutic Module Cn. f. n. 0.35 Hrs. s	1	0		0	0	0		RT at 10:00		0	0	0	0	0.5	0	0.5	0	0.5
8/22/2020	Reg on I	SQ								MHCB	MCB	MHCB	8/13/2020 12:11:00 AM	1	5	8/13/2020 8:36:27 AM	8/27/2020 8:36:23 PM	1	5	PF	EOP			5/5	08:00:00 Therapeutic Module Cn. f. n. 0.35 Hrs. s	0	0	1 30:00 Standard Conf for 0.15	1	0					0	0	0	0	1	0	1	0	1
8/23/2020	Reg on I	SQ								MHCB	MCB	MHCB	8/13/2020 12:11:00 AM	1	5	8/13/2020 8:36:27 AM	8/27/2020 8:36:23 PM	1	5	PF	EOP			5/5	08:00:00 Therapeutic Module Cn. f. n. 0.35 Hrs. s	0	0	1 30:00 Standard Conf for 0.15	0	1					0.08	0	0	0	0	0.08	0.08	0	0.08
8/24/2020	Reg on I	SQ								MHCB	MCB	MHCB	8/13/2020 12:11:00 AM	1	5	8/13/2020 8:36:27 AM	8/27/2020 8:36:23 PM	1	5	PF	EOP			5/5	08:15:00 Ce Ifront NonConf for 0.50	0	1		0	0					0.5	0	0	0	0.5	0.5	0	0.5	
8/25/2020	Reg on I	SQ								MHCB	MCB	MHCB	8/13/2020 12:11:00 AM	1	5	8/13/2020 8:36:27 AM	8/27/2020 8:36:23 PM	1	5	PF	EOP			5/5	12:00:00 Ce Ifront NonConf for 0.50	0	1		0	0					0.5	0	0	0	0.5	0.5	0	0.5	
8/26/2020	Reg on I	SQ								MHCB	MCB	MHCB	8/13/2020 12:11:00 AM	1	5	8/13/2020 8:36:27 AM	8/27/2020 8:36:23 PM	1	5	PF	EOP			5/5	12:00:00 Ce Ifront NonConf for 0.50	0	0	12:00:00 Ce Ifront NonConf for 0.50	0	1					0.5	0	0	0	0.5	0.5	0	0.5	
8/27/2020	Reg on I	SQ								MHCB	MCB	MHCB	8/13/2020 12:11:00 AM	1	5	8/13/2020 8:36:27 AM	8/27/2020 8:36:23 PM	1	5	PF	EOP	8/27/2020 12:08:30 PM	Update	5/5	15: 0 00 Standard Conf. or 0.25 Hrs	1	0		0	0		08: 5:00 The apeticModu e		0	0	0	0	0	0	0	0	0	
9/1/2020	Reg on II	CCWF								ML	EOP	MHCB	9/12/2020 5:19:00 PM	0.68	9/12/2020 7:12:39 PM	9/13/2020 10:50: 9 AM	0.65	EOP	EOP			1/5	15: 0 00 Standard Conf. or 0.25 Hrs	1	0		0	0					0	0	0	0	0.33	0	0.33	0	0.33		
9/13/2020	Reg on II	CCWF								ML	EOP	MHCB	9/12/2020 5:19:00 PM	0.68	9/12/2020 7:12:39 PM	9/13/2020 10:50: 9 AM	0.65	EOP	EOP	9/13/2020 2:07:52 PM	SPI not done	1/5	15: 0 00 Standard Conf. or 0.25 Hrs	0	0		0	0					0	0	0	0	0	0	0	0			
8/16/2020	Reg on II	CCWF								ML	GP	MHCB	8/16/2020 7:31:00 PM	0.51	8/16/2020 8: 3:50 PM	8/17/2020 2:17:0 PM	0.73	GP	CCCMS	8/17/2020 1:0 :58 PM	Required by policy	5/5	06:55:00 Therapeutic Module Cn. f. n. 0.35 Hrs. s	1	0		0	0					0	0	0	0	0.58	0	0.58	0	0.58		
8/23/2020	Reg on II	CCWF								ML	GP	MHCB	8/22/2020 10: 3:00 PM	2.5	8/23/2020 12:30:38 AM	8/23/2020 10:26:02 AM	0.1	MCB	MHCB	8/23/2020 10:01:28 AM	SPI not done	Admit to a. n. 1. 5/5	06:15:00 Therapeutic Module Cn. f. n. 0.35 Hrs. s	1	0		0	0					0	0	0	0	0	0	0	0	0		
8/15/2020	Reg on II	CCWF								ML	GP	MHCB	8/15/2020 9:42:20 PM	0.9	8/15/2020 10:16: 2 PM	8/16/2020 1:13:15 PM	0.62	GP	CCCMS	8/16/2020 :37: 1 PM	Required by policy	5/5	06:15:00 Therapeutic Module Cn. f. n. 0.35 Hrs. s	1	0		0	0					0	0	0	0	0	0.75	0	0.75	0	0.75	
8/25/2020	Reg on II	CCWF								ASU	ASUHub	MHCB	8/22/2020 6: 0:00 PM	0.75	8/25/2020 9:36:00 AM	8/25/2020 9:36:00 AM	20.83				8/25/2020 2:51:29 PM	Required by policy	5/5	06:15:00 Therapeutic Module Cn. f. n. 0.35 Hrs. s	0	0		0	0					0	0	0	0	0	0	0	0		
8/16/2020	Reg on II	CCWF								ML	GP	MHCB	8/16/2020 11:23:00 PM	0.36	8/16/2020 11:58:18 PM	8/17/2020 1:28:5 PM	0.56	GP	CCCMS	8/17/2020 11: 3: 3 AM	Required by policy	5/5	07:30:00 Ce Ifront NonConf for 0.58	0	2		0	0					0	0	0	0	0	0	0	1.17			
8/17/2020	Reg on II	CCWF								ML	GP	MHCB	8/16/2020 11:23:00 PM	0.36	8/16/2020 11:58:18 PM	8/17/2020 1:28:5 PM	0.56	GP	CCCMS	8/17/2020 11: 3: 3 AM	Required by policy	5/5	07:30:00 Ce Ifront NonConf for 0.58	0	2		0	0					0	0	0	0	0	0	1.17				
8/25/2020	Reg on II	CCWF								ML	GP	MHCB	8/25/2020 10:28:00 PM	0.	8/25/2020 10:58:59 PM	8/26/2020 10:09:28 AM	0.7	GP	CCCMS	8/26/2020 8:11: 1 AM	Required by policy	5/5	08:10:00 HoldingCell Conf. or 1.03 Hours	1	0		0	0					0	0	0	0	0	0	0	1.03			
8/26/2020	Reg on II	CCWF								ML	GP	MHCB	8/25/2020 10:28:00 PM	0.	8/25/2020 10:58:59 PM	8/26/2020 10:09:28 AM	0.7	GP	CCCMS	8/26/2020 8:11: 1 AM	Required by policy	5/5	08:10:00 HoldingCell Conf. or 1.03 Hours	1	0		0	0					0	0	0	0	0	0	1.03				
8/24/2020	Reg on II	CCWF								ML	GP	MHCB	8/22/2020 7: 0:00 PM	0.5	8/22/2020 9:00: PM	8/25/2020 11:1 :57 AM	0.59	GP	CCCMS	8/25/2020 9:06:02 AM	Required by policy	5/5	08:15:00 Standard Conf. or 0.25 Hrs	1	0		0	0					0	0	0	0	0	0	0	0.5			
8/25/2020	Reg on II	CCWF								ML	GP	MHCB	8/22/2020 7: 0:00 PM	0.5	8/22/2020 9:00: PM	8/25/2020 11:1 :57 AM	0.59	GP	CCCMS	8/25/2020 9:06:02 AM	Required by policy	5/5	08:15:00 Standard Conf. or 0.25 Hrs	1	0		0	0					0	0	0	0	0	0	0.5				
8/16/2020	Reg on II	CAC								ASU	ASUHub	CF	8/16/2020 11:09:00 AM	37	8/16/2020 8:21:22 PM	8/17/2020 10:10:2 AM	0.58	MCB	MHCB	8/17/2020 8:50:09 AM	SPI not done	Referte not to MCB	07:50:00 HoldingCell Conf. or 0.68 Hours	1	0		0	0					0	0	0	0	0	0	0	0.68			
8/17/2020	Reg on II	CAC								ML	PF	MHCB	8/16/2020 8:42:00 PM	0.67	8/16/2020 8:21:22 PM	8/17/2020 10:10:2 AM	0.58	MCB	MHCB	8/17/2020 8:50:09 AM	SPI not done	Referte not to MCB	07:50:00 HoldingCell Conf. or 0.68 Hours	1	0		0	0					0	0	0	0	0.68	0	0.68				
9/12/2020	Reg on II	CAC								ASU	ASUHub	MHCB	9/12/2020 10:23:00 PM	0.	9/12/2020 10:32:30 PM	9/13/2020 11:20:09 AM	0.53	ASUHub	EOP	9/13/2020 10:59:07 AM	Required by policy	1/5	09:15:00 Ce Ifront NonConf for 0.35	0	2		0	0				0	0	0	0	0	0	0	0				
9/13/2020	Reg on II	CAC								ML	PF	MHCB	9/12/2020 10:23:00 PM	0.	9/12/2020 10:32:30 PM	9/13/2020 11:20:09 AM	0.53	ASUHub	EOP	9/13/2020 10:59:07 AM	Required by policy	1/5	09:15:00 Ce Ifront NonConf for 0.35	0	2		0	0				0	0	0	0	0	0	0					
8/19/2020	Reg on II	CAC								ASU	ASUHub	MHCB	8/19/2020 :38:00 PM	10.71	8/19/2020 5: 5:03 PM	8/19/2020 7:05:55 PM	0.06	MCB	MHCB	8/19/2020 11:03:03 AM	SPI not done	Admit to Input and	09:15:00 Ce Ifront NonConf for 0.35	0	2		0	0				0.2	0	0	0	0	0.2	0.2	0	0.2			
9/8/2020	Reg on II	CAC								ML	EOP	CF	5/28/2020 12:12:00 PM	102.97	9/8/2020 2:09:05 AM	9/8/2020 10:01:20 AM	0.33	MCB	MHCB	9/8/2020 9:11:03 AM	Required by policy	5/5	09:15:00 Ce Ifront NonConf for 0.35	0	2		0	0				0	0	0	0	0	0	0	0				
9/2/2020	Reg on II	DVI								ML	GP	MHCB	9/2/2020 5:20:00 PM	0.78	9/2/2020 7:17:33 PM	9/3/2020 1:09: 6 PM	0.7	GP	GP	9/3/2020 2:13:35 PM	Required by policy	5/5	09:15:00 Ce Ifront NonConf for 0.35	0	2		0	0				0	0	0	0	0	0	0	0				
9/3/2020	Reg on II	DVI								ML	OHJ	MHCB	9/2/2020 5:20:00 PM	0.78	9/2/2020 7:17:33 PM	9/3/2020 1:09: 6 PM	0.7	GP	GP	9/3/2020 2:13:35 PM	Required by policy	5/5	09:15:00 Ce Ifront NonConf for 0.35	0	2		0	0				0	0	0	0	0	0	0	0				
8/11/2020	Reg on II	DVI								RC	RC	MHCB	8/11/2020 7:07:00 PM	0.65	8/11/2020 9:18:51 PM	9/1/2020 12:50: PM	0.65	RC	CCCMS	9/1/2020 12:53:31 PM	Required by policy	5/5	09:15:00 Ce Ifront NonConf for 0.35	0	2		0	0				0	0	0	0	0	0	0	0				
9/1/2020	Reg on II	DVI								ML	OHJ	MHCB	8/11/2020 7:07:00 PM	0.65	8/11/2020 9:18:51 PM	9/1/2020 12:50: PM	0.65	RC	CCCMS	9/1/2020 12:53:31 PM	Required by policy	5/5	09:15:00 Ce Ifront NonConf for 0.35	0	2		0	0				0	0	0	0	0	0	0	0				
9/6/2020	Reg on II	DVI								ML	GP	MHCB	9/6/2020 10:39:00 PM	2.58	9/6/2020 1:13:13 PM	9/6/2020 1:2 : 6 PM	2.58	GP	CCCMS	9/6/2020 10:39:00 PM	Required by policy	5/5	09:30:00 Standard Conf. or 0.25 Hrs	2	0		0	0					0	0	0	0	0	0	0	0			
9/7/2020	Reg on II	DVI								ML	OHJ	MHCB	9/6/2020 10:39:00 PM	2.58	9/6/2020 1:13:13 PM	9/6/2020 1:2 : 6 PM	2.58	GP	CCCMS	9/6/2020 10:39:00 PM	Required by policy	5/5	09:30:00 Standard Conf. or 0.25 Hrs	2	0		0	0					0	0	0	0	0	0	0				
9/8/2020	Reg on II	DVI								ML	OHJ	MHCB	9/6/2020 10:39:00 PM	2.58	9/6/2020 1:13:13 PM	9/6/2020 1:2 : 6 PM	2.58	GP	CCCMS	9/6/2020 10:39:00 PM	Required by policy	5/5	09:30:00 Standard Conf. or 0.25 Hrs	2	0		0	0					0	0	0	0	0	0	0				
9/9/2020	Reg on II	DVI								ML	OHJ	MHCB	9/6/2020 10:39:00 PM	2.58	9/6/2020 1:13:13 PM	9/6/2020 1:2 : 6 PM	2.58	GP	CCCMS	9/6/2020 10:39:00 PM	Required by policy	5/5	09:30:00 Standard Conf. or 0.25 Hrs	2	0		0	0					0	0	0	0	0	0	0				
8/15/2020	Reg on II	SCC								ASU	ASU	MHCB	8/8/2020 2:26:00 PM	8.87	8/8/2020 05:19 PM	8/20/2020 12:18:35 PM	11.8	PF	CCCMS	8/20/2020 12:18:35 PM	Required by policy	2/5	15:20:00 Standard Conf. or 0.15 Hrs	1	1		0	0				09:35:00 Standard Conf. or 0.15 Hrs	0.13	0	0	0	0	0.5	0.13	0.68	0	0.68	
8/16/2020	Reg on II	SCC								ASU	ASU	MHCB	8/8/2020 2:26:00 PM	8.87	8/8/2020 05:19 PM	8/20/2020 12:18:35 PM	11.8	PF	CCCMS	8/20/2020 12:18:35 PM	Required by policy	2/5	15:20:00 Standard Conf. or 0.15 Hrs	0	0	08:10:00 Ce Ifront NonConf for 0.08	2	0					0.08	0	0	0	0.35	0	0.35	0	0.35		

	Reg on II	VSP							ML	PF	MHCB	8/1/2020 03:00 PM	3.75	8/1/2020 6:19:05 PM	8/25/2020 12:56:7 PM	10.78	VAR	CCCMS	8/18/2020 12:51:17 PM	SPI not done	5/5	11:30:00 Ce Front NonConfor for 0.25	0	1	0	0	0	0	0	0.25	0	0	0	0	0	0.25	0	0	0.25
8/19/2020	Reg on II	VSP							ML	PF	MHCB	8/18/2020 11:57:00 AM	7.01	8/1/2020 6:19:05 PM	8/25/2020 12:56:7 PM	10.78	VAR	CCCMS		5/5	09:00:00 Ce Front NonConfor for 0.17 Hours	1	0	13:00:00 Standard Confor for 0.17 Hours	1	0	0	0	0	0	0	0	0	0	0	0	0		
8/20/2020	Reg on II	VSP							ML	PF	MHCB	8/18/2020 11:57:00 AM	7.01	8/1/2020 6:19:05 PM	8/25/2020 12:56:7 PM	10.78	VAR	CCCMS		5/5	08:50:00 Ce Front NonConfor for 0.17	1	1	0	0	0	0	0.33	0.17	0.5	0	0	0.5	0	0.5				
8/21/2020	Reg on II	VSP							ML	PF	MHCB	8/18/2020 11:57:00 AM	7.01	8/1/2020 6:19:05 PM	8/25/2020 12:56:7 PM	10.78	VAR	CCCMS		5/5	09:00:00 Ce Front NonConfor for 0.17	0	1	13:00:00 Standard NonConfor for 0.17	0	0	0	0	0.17	0	0	0.17	0	0.17					
8/22/2020	Reg on II	VSP							ML	PF	MHCB	8/18/2020 11:57:00 AM	7.01	8/1/2020 6:19:05 PM	8/25/2020 12:56:7 PM	10.78	VAR	CCCMS		5/5	08:50:00 Standard	1	1	0	0	0	0	0.25	0.08	0.33	0	0	0.33						
8/23/2020	Reg on II	VSP							ML	PF	MHCB	8/18/2020 11:57:00 AM	7.01	8/1/2020 6:19:05 PM	8/25/2020 12:56:7 PM	10.78	VAR	CCCMS		5/5	08:00:00 Ce Front NonConfor for 0.33	0	2	NSG at 19:30	0	0	0	0	0	0.12	0.12	0	0.12						
8/24/2020	Reg on II	VSP							ML	PF	MHCB	8/18/2020 11:57:00 AM	7.01	8/1/2020 6:19:05 PM	8/25/2020 12:56:7 PM	10.78	VAR	CCCMS		5/5	10:00:00 Ce Front NonConfor for 0.08	0	2	0	0	0	0	0	0.17	0	0	0.17	0	0.17					
8/25/2020	Reg on II	VSP							ML	PF	MHCB	8/18/2020 11:57:00 AM	7.01	8/1/2020 6:19:05 PM	8/25/2020 12:56:7 PM	10.78	VAR	CCCMS	8/25/2020 12:52 PM	Required by policy	5/5	11:00:00 Ce Front NonConfor for 0.17	0	0	NSG at 18:31	0	0	0	0	0	0	0	0	0	0	0			
8/24/2020	Reg on II	VSP							ML	PF	MHCB	8/2/2020 7:07:00 PM	1.77	8/2/2020 7:17:08 PM	8/26/2020 0:5 PM	1.87	PF	CCCMS	8/25/2020 12:53:39 PM	SPI not done	5/5	12:15:00 Ce Front NonConfor for 0.08	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0		
8/25/2020	Reg on II	VSP							ML	VAR	MHCB	8/2/2020 7:07:00 PM	1.77	8/2/2020 7:17:08 PM	8/26/2020 0:5 PM	1.87	PF	CCCMS	8/25/2020 12:53:39 PM	SPI not done	5/5	12:15:00 Ce Front NonConfor for 0.08	0	3	0	0	0	0	0.18	0	0.18	0	0.18						
8/26/2020	Reg on II	VSP							ML	VAR	MHCB	8/2/2020 7:07:00 PM	1.77	8/2/2020 7:17:08 PM	8/26/2020 0:5 PM	1.87	PF	CCCMS	8/26/2020 12:09:08 PM	Required by policy	5/5	12:05:00 Therapeutic Module	1	0	12:35:00 Ho drugCel Confor	1	0	12:00:00 TheapeuticModule	0	0	0	0.78	0	0.78	0	0.78			
8/30/2020	Reg on II	VSP							ML	EQP	MHCB	8/30/2020 8:53:00 PM	2.65	8/30/2020 9:05:27 PM	9/2/2020 3:7:52 PM	2.78	EQP	EQP	8/31/2020 10:520 AM	SPI not done	5/5	12:25:00 TherapeuticModule	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8/31/2020	Reg on II	VSP							ML	VAR	MHCB	8/30/2020 8:53:00 PM	2.65	8/30/2020 9:05:27 PM	9/2/2020 3:7:52 PM	2.78	EQP	EQP	8/31/2020 10:520 AM	SPI not done	5/5	12:25:00 TherapeuticModule	0	0	0	0	0	0.27	0	0	0.27	0	0.27	0	0.27				
9/1/2020	Reg on II	VSP							ML	VAR	MHCB	8/30/2020 8:53:00 PM	2.65	8/30/2020 9:05:27 PM	9/2/2020 3:7:52 PM	2.78	EQP	EQP		5/5	08:55:00 Ce Front NonConfor for 0.17	0	3	0	0	0	0	0.5	0	1	1	0	0.5	0.5	1	1.5			
9/2/2020	Reg on II	VSP							ML	VAR	MHCB	8/30/2020 8:53:00 PM	2.65	8/30/2020 9:05:27 PM	9/2/2020 3:7:52 PM	2.78	EQP	EQP	9/2/2020 1:27:6 PM	Required by policy	5/5	11:10:00 Ce Front NonConfor for 0.17	1	0	0	0	0	0.08	0	0.08	0	0.08	0	0.08					
9/2/2020	Reg on II	VSP							ML	EQP	MHCB	8/27/2020 8:56:00 AM	0.1	8/27/2020 9:33:1 AM	8/28/2020 9:2:08 AM	0.96	ACUTE	ACUTE	8/27/2020 8:31:12 AM	Required by policy	5/5	Admit to Input	1	0	0	0	1	0.33	0	0.33	1	1.33							
9/28/2020	Reg on II	VSP							ML	VAR	ACUTE	8/27/2020 12:23:00 PM	13.99	9/27/2020 10:33:1 AM	8/28/2020 9:2:08 AM	0.96	ACUTE	ACUTE		Admit to Input	5/5	Admit to Input	0	1	15:56:00 Ce Front NonConfor for 0.17	0	1	2.5	1.5	0.3	1.93	1	2.93						
9/17/2020	Reg on II	VSP							ML	EQP	MHCB	8/17/2020 7:15:00 PM	1.7	8/17/2020 7:16:22 PM	8/19/2020 6:6:3 PM	1.98	EQP	EQP		5/5	10:30:00 TherapeuticModule	1	0	13:00:00 TherapeuticModule	1	0	0	0	0	0	0	0	0	0	0	0			
8/18/2020	Reg on II	VSP							ML	PF	MHCB	8/17/2020 7:15:00 PM	1.7	8/17/2020 7:16:22 PM	8/19/2020 6:6:3 PM	1.98	EQP	EQP	8/18/2020 11:3:5 AM	Update	5/5	10:30:00 TherapeuticModule	1	0	13:00:00 TherapeuticModule	1	0	0.53	0	0.53	0	0.53	0	0.53					
8/19/2020	Reg on II	VSP							ML	PF	MHCB	8/17/2020 7:15:00 PM	1.7	8/17/2020 7:16:22 PM	8/19/2020 6:6:3 PM	1.98	EQP	EQP	8/19/2020 2:17:9 PM	Required by policy	5/5	09:10:00 Ce Front Confor for 0.17 Hours	1	0	0	0	0	0.17	0	0	0.17	0	0.17						
8/15/2020	Reg on II	VSP							ML	PF	MHCB	8/7/2020 6:09:00 AM	10.3	8/7/2020 6:10:5 AM	8/19/2020 7:50:57 AM	12.07	ACUTE	ACUTE		Admit to Input	5/5	1:30:00 Ce Front NonConfor for 0.17	0	1	0	0	0	0.17	0	0	0.17	0	0.17						
8/16/2020	Reg on II	VSP							ML	PF	MHCB	8/7/2020 6:09:00 AM	10.3	8/7/2020 6:10:5 AM	8/19/2020 7:50:57 AM	12.07	ACUTE	ACUTE		Admit to Input	5/5	09:00:00 Ce Front NonConfor for 0.17	0	2	0	0	0	0.33	0.33	0	0.33	0	0.33						
8/17/2020	Reg on II	VSP							ML	PF	MHCB	8/7/2020 6:09:00 AM	10.3	8/7/2020 6:10:5 AM	8/19/2020 7:50:57 AM	12.07	ACUTE	ACUTE		Admit to Input	5/5	1:10:00 Ce Front NonConfor for 0.17	0	1	0	0	0	0.17	0	0	0.17	0	0.17						
8/18/2020	Reg on II	VSP							ML	PF	ACUTE	8/7/2020 12:20:00 PM	28.68	8/7/2020 6:10:5 AM	8/19/2020 7:50:57 AM	12.07	ACUTE	ACUTE		Admit to Input	5/5	10:15:00 TherapeuticModule	2	0	0	0	0	0.33	0	0.33	0	0.33	0	0.33					
8/19/2020	Reg on II	VSP							ML	PF	ACUTE	8/17/2020 12:20:00 PM	28.68	8/7/2020 6:10:5 AM	8/19/2020 7:50:57 AM	12.07	ACUTE	ACUTE		Admit to Input	5/5	11:10:00 Ce Front NonConfor for 0.17	1	0	0	0	0	0.08	0	0.08	0	0.08	0	0.08					
9/6/2020	Reg on II	VSP							MHCB	MHCB	MHCB	9/6/2020 0:00 PM	8.56	9/6/2020 05:15 PM	9/9/2020 15:32 PM	3.01	MHCB	MHCB	9/6/2020 3:39:00 PM	SPI not done	5/5	Admit to Input	1	0	0	0	0	0	0.07	0	0.17	0	0.17						
9/7/2020	Reg on II	VSP							ML	VAR	MHCB	9/6/2020 0:00 PM	8.56	9/6/2020 05:15 PM	9/9/2020 15:32 PM	3.01	MHCB	MHCB		Admit to Input	5/5	Admit to Input	0	2	0	0	0	0.25	0	0.25	0.25	0	0.25						
9/8/2020	Reg on II	VSP							ML	VAR	MHCB	9/6/2020 0:00 PM	8.56	9/6/2020 05:15 PM	9/9/2020 15:32 PM	3.01	MHCB	MHCB		Admit to Input	5/5	09:15:00 Ce Front NonConfor for 0.05	0	1	10:35:00 Ce Front NonConfor for 0.08	0	1	0.13	0	0	0.13	0	0.13						
9/9/2020	Reg on II	VSP							ML	VAR	MHCB	9/6/2020 0:00 PM	8.56	9/6/2020 05:15 PM	9/9/2020 15:32 PM	3.01	MHCB	MHCB		Admit to Input	5/5	08:30:00 Ce Front NonConfor for 0.25	0	1	0	0	0	0.25	0.25	0.25	0	0.25							
8/22/2020	Reg on II	VSP							ML	GP	MHCB	8/22/2020 12:39:00 AM	0.	8/22/2020 1:18:00 AM	8/22/2020 10:32:0 AM	0.38	PF	CCCMS	8/22/2020 10:19:19 AM	SPI not done	5/5	09:5:00 Standard	1	0	0	0	0	0.25	0	0.25	0	0.25	0	0.25					
9/14/2020	Reg on II	VSP							ML	GP	MHCB	9/1/2020 7:52:00 PM	0.	9/1/2020 8:137 PM		0.39				0	0	0	0	0	1	0	0	0.3	0	0.3	0	0.3	0	0.3					
9/15/2020	Reg on II	VSP							ML	VAR	MHCB	9/1/2020 7:52:00 PM	0.	9/1/2020 8:137 PM		0.39				5/5	12:30:00 Ho drugCel Confor for 0.33 Hours	1	0	0	0	0	0	0	0	0	0	0	0	0	0				
8/24/2020	Reg on II	VSP							ML	PF	MHCB	8/2/2020 8:25:00 PM	2.68	8/2/2020 8:50:1 PM	8/27/2020 3:27:18 PM	2.78	PF	CCCMS		5/5	12:30:00 Ho drugCel Confor for 0.33 Hours	1	0	0	0	0	0.33	0	0.33	0	0.33	0	0.33						
8/25/2020	Reg on II	VSP							ML	VAR	MHCB	8/2/2020 8:25:00 PM	2.68	8/2/2020 8:50:1 PM	8/27/2020 3:27:18 PM	2.78	PF	CCCMS	8/25/2020 2:08:51 PM	SPI not done	5/5	12:00:00 Ce Front NonConfor for 0.17	0	2	0	0	0	0.33	0.33	0	0.33	0	0.33						
8/26/2020	Reg on II	VSP							ML	VAR	MHCB	8/2/2020 8:25:00 PM	2.68	8/2/2020 8:50:1 PM	8/27/2020 3:27:18 PM	2.78	PF	CCCMS		5/5	1:00:00 TherapeuticModule	0	0	13:5:00 Standard Confor for 0.17 Hours	1	0	0	0.92	0	0.92	0	0.92							
8/27/2020	Reg on II	VSP							ML	VAR	MHCB	8/2/2020 8:25:00 PM	2.68	8/2/2020 8:50:1 PM	8/27/2020 3:27:18 PM	2.78	PF	CCCMS	8/27/2020 :36:8 PM	Required by policy	5/5	10:30:00 Standard	1	0	0	0	0	0.83	0	0.83	0	0.83							
8/20/2020	Reg on II	VSP							ML	EQP	MHCB	8/19/2020 5:59:00 PM	1.88	8/20/2020 12:33:23 AM	8/21/2020 12:50 PM	1.65	EQP	EQP	8/20/2020 12:8:1 PM	SPI not done	5/5	09:50:00 TherapeuticModule	1	0	0	0	0	0.05	0.17	0.67	0	0.67							
8/21/2020	Reg on II	VSP							ML	PF	MHCB	8/19/2020 5:59:00 PM	1.88	8/20/2020 12:33:23 AM	8/21/2020 12:50 PM	1.65	EQP	EQP	8/21/2020 1:15:15 PM	Required by policy	5/5	09:50:00 Ce Front NonConfor for 0.17	0	2	12:31:00 Standard Confor for 0.17 Hours	1	0	0.8	0.22	0.7	0	0.7							
8/31/2020	Reg on II	VSP							ML	PF	MHCB	8/31/2020 10:3:00 PM	0.	8/31/2020 11:58:02 PM	9/12020 12:35:38 PM	0.53	VAR	GP		5/5	08:35:00 TherapeuticModule	1	0	0	0	0	0	0	0	0	0	0	0	0					
9/1/2020	Reg on II	VSP							ML	VAR	MHCB	8/31/2020 10:3:00 PM	0.	8/31/2020 11:58:02 PM	9/12020 12:35:38 PM	0.53	VAR	GP	9/1/2020 10:16:02 AM	Required by policy	5/5	08:35:00 TherapeuticModule	1	0	0	0	0.33	0	0.33	0	0.33	0	0.33						
8/17/2020	Reg on II	VSP							ASU	ASU	MHCB	8/17/2020 9:06:00 PM	10.18	8/17/2020 9:06:00 PM	8/17/2020 3:53 PM	0.28		MHCB	8/17/2020 10:05:20 AM	SPI not done	Admit to Input	0	1	0	0	0	0	0.25	0	0.25</									

8/30/2020	Region II	ASP					ML	OHJ	MHCB	8/22/2020 6:56:00 PM	17.82	8/22/2020 7:15:05 PM	9/9/2020 5:39:19 PM	17.93	PF	CCCMS		5/5	09:55:00 Therapeut cModule C:\FA\A\37444\...	1	0			0	0			0	0	0	0	0.28	0	0.28	0	0.28		
8/31/2020	Region II	ASP					ML	OHJ	MHCB	8/22/2020 6:56:00 PM	17.82	8/22/2020 7:15:05 PM	9/9/2020 5:39:19 PM	17.93	PF	CCCMS		5/5	12:55:00 Therapeut cModule C:\FA\A\37444\...	1	0			0	0			0	0	0	0	0.5	0	0.5	0	0.5		
9/1/2020	Region II	ASP					ML	OHJ	MHCB	8/22/2020 6:56:00 PM	17.82	8/22/2020 7:15:05 PM	9/9/2020 5:39:19 PM	17.93	PF	CCCMS		5/5	10:38:00 Therapeut cModule C:\FA\A\37444\...	1	0			0	0			13:00:00 The apertuModu e C:\FA\A\37444\...	0	0	0	0	0	0.9	0	0.9	0	0.9
9/2/2020	Region II	ASP					ML	OHJ	MHCB	8/22/2020 6:56:00 PM	17.82	8/22/2020 7:15:05 PM	9/9/2020 5:39:19 PM	17.93	PF	CCCMS		5/5	1:38:00 Therapeut cModule C:\FA\A\37444\...	1	0		1 2:00 Therapeu cModu e Conf for 0.37	2	0			0	0	0	0	1.13	0	1.13	0	1.13		
9/3/2020	Region II	ASP					ML	OHJ	MHCB	8/22/2020 6:56:00 PM	17.82	8/22/2020 7:15:05 PM	9/9/2020 5:39:19 PM	17.93	PF	CCCMS		5/5	09:5:00 Therapeut cModule C:\FA\A\37444\...	1	0			0	0			0	0	0	0	0.5	0	0.5	0	0.5		
9/4/2020	Region II	ASP					ML	OHJ	MHCB	8/22/2020 6:56:00 PM	17.82	8/22/2020 7:15:05 PM	9/9/2020 5:39:19 PM	17.93	PF	CCCMS		5/5	09:5:00 Standard Conf for 0.50 Hours	2	0		1 39:00 Standards Conf far	1	0			0	0	0	0	2.05	0	2.05	0	2.05		
9/5/2020	Region II	ASP					ML	OHJ	MHCB	8/22/2020 6:56:00 PM	17.82	8/22/2020 7:15:05 PM	9/9/2020 5:39:19 PM	17.93	PF	CCCMS		5/5	09:01:00 Standard Conf for 0.50 Hours	1	0			0	0			0	0	0	0	0.83	0	0.83	0	0.83		
9/6/2020	Region II	ASP					ML	OHJ	MHCB	8/22/2020 6:56:00 PM	17.82	8/22/2020 7:15:05 PM	9/9/2020 5:39:19 PM	17.93	PF	CCCMS		5/5	09:38:00 Standard Conf for 0.37 Hours	1	0			0	0			0	0	0	0	0.77	0	0.77	0	0.77		
9/7/2020	Region II	ASP					ML	OHJ	MHCB	8/22/2020 6:56:00 PM	17.82	8/22/2020 7:15:05 PM	9/9/2020 5:39:19 PM	17.93	PF	CCCMS		5/5		0	0		11:53:00 Standards Conf for	1	0			0	0	0	0	0.37	0	0.37	0	0.37		
9/8/2020	Region II	ASP					ML	OHJ	MHCB	8/22/2020 6:56:00 PM	17.82	8/22/2020 7:15:05 PM	9/9/2020 5:39:19 PM	17.93	PF	CCCMS	9/8/2020 2:06:50 PM	Update	12:25:00 Therapeut cModule C:\FA\A\37444\...	1	0			0	0			0	0	0	0	1.6	0	1.6	0	1.6		
9/9/2020	Region II	ASP					ML	OHJ	MHCB	8/22/2020 6:56:00 PM	17.82	8/22/2020 7:15:05 PM	9/9/2020 5:39:19 PM	17.93	PF	CCCMS		5/5	1:00:00 Therapeut cModule C:\FA\A\37444\...	1	0			0	0			1 00:00 The apertuModu e C:\FA\A\37444\...	0	0	0	0	0	0.7	0	0.7	0	0.7
9/3/2020	Region II	ASP					ML	GP	MHCB	9/3/2020 8:19:00 PM	0.57	9 3/2020 8: 0:59 PM	9/ /2020 7: 2:28 PM	0.96	PF	CCCMS		5/5		1	0			0	0			0	0	0	0	0	0	0	0			
9/4/2020	Region II	ASP					ML	OHJ	MHCB	9/3/2020 8:19:00 PM	0.57	9 3/2020 8: 0:59 PM	9/ /2020 7: 2:28 PM	0.96	PF	CCCMS	9/ /2020 9:19:38 AM	Required by policy	08:56:00 Therapeut cModule C:\FA\A\37444\...	1	0			0	0			0	0	0	0	1.03	0	1.03	0	1.03		
8/16/2020	Region II	ASP					ML	PF	MHCB	8/15/2020 6:18:00 PM	.85	8 16/2020 9:16: 9 AM	8 20/2020 8:15:18 PM	.6	PF	CCCMS	8/16/2020 11:38:00 AM	SPI not done	1:00:00 Standard Conf for 0.7 Hours	2	0		13:59:00 Standards Conf for	2	0			0	0	0	0	1.77	0	1.77	0	1.77		
8/17/2020	Region II	ASP					ML	OHJ	MHCB	8/15/2020 6:18:00 PM	.85	8 16/2020 9:16: 9 AM	8 20/2020 8:15:18 PM	.6	PF	CCCMS		5/5	13:00:00 Therapeut cModule C:\FA\A\37444\...	1	0			0	0			12: 9:00 The apertuModu e C:\FA\A\37444\...	0	0	0	0	0	0.75	0	0.75	0	0.75
8/18/2020	Region II	ASP					ML	OHJ	MHCB	8/15/2020 6:18:00 PM	.85	8 16/2020 9:16: 9 AM	8 20/2020 8:15:18 PM	.6	PF	CCCMS		5/5	13:00:00 Therapeut cModule C:\FA\A\37444\...	1	0			0	0			0	0	0	0	0.63	0	0.63	0	0.63		
8/19/2020	Region II	ASP					ML	OHJ	MHCB	8/15/2020 6:18:00 PM	.85	8 16/2020 9:16: 9 AM	8 20/2020 8:15:18 PM	.6	PF	CCCMS	8/20/2020 1:55: 1 PM	Required by policy	11:00:00 Therapeut cModule C:\FA\A\37444\...	1	0			0	0			13:30:00 The apertuModu e C:\FA\A\37444\...	0	0	0	0	0	0.63	0	0.63	0	0.63
8/20/2020	Region II	ASP					ML	OHJ	MHCB	8/18/2020 3:10:00 PM	8.86	8/18/2020 6:23:1 PM	8 27/2020 7:38 13 PM	9.05	PF	CCCMS	8/19/2020 3:37:08 PM	SPI not done	11:30:00 Standard Conf for 0.35 Hours	1	0			0	0			0	0	0	0	1.15	0	1.15	0	1.15		
8/19/2020	Region II	ASP					ML	OHJ	MHCB	8/18/2020 3:10:00 PM	8.86	8/18/2020 6:23:1 PM	8 27/2020 7:38 13 PM	9.05	PF	CCCMS		5/5	11: 0:00 Therapeu cModu e Conf for 0.35 Hours	1	0		13:20:00 Therapeu cModu e Conf for 0.25	1	0			13: 8:00 The apertuModu e C:\FA\A\37444\...	0	0	0	0	0	0.6	0	0.6	0	0.6
8/20/2020	Region II	ASP					ML	OHJ	MHCB	8/18/2020 3:10:00 PM	8.86	8/18/2020 6:23:1 PM	8 27/2020 7:38 13 PM	9.05	PF	CCCMS		5/5	11:57:00 Therapeut cModule C:\FA\A\37444\...	1	0			0	0			0	0	0	0	0.65	0	0.65	0	0.65		
8/22/2020	Region II	ASP					ML	OHJ	MHCB	8/18/2020 3:10:00 PM	8.86	8/18/2020 6:23:1 PM	8 27/2020 7:38 13 PM	9.05	PF	CCCMS		5/5	1: 0:00 Therapeut cModule C:\FA\A\37444\...	1	0			0	0			0	0	0	0	0.33	0	0.33	0	0.33		
8/23/2020	Region II	ASP					ML	OHJ	MHCB	8/18/2020 3:10:00 PM	8.86	8/18/2020 6:23:1 PM	8 27/2020 7:38 13 PM	9.05	PF	CCCMS		5/5	12:11:00 Therapeut cModule C:\FA\A\37444\...	1	0			0	0			0	0	0	0	0.8	0	0.8	0	0.8		
8/24/2020	Region II	ASP					ML	OHJ	MHCB	8/18/2020 3:10:00 PM	8.86	8/18/2020 6:23:1 PM	8 27/2020 7:38 13 PM	9.05	PF	CCCMS		5/5	1:00:00 Therapeut cModule C:\FA\A\37444\...	1	0			0	0			0	0	0	0	0.88	0	0.88	0	0.88		
8/25/2020	Region II	ASP					ML	OHJ	MHCB	8/18/2020 3:10:00 PM	8.86	8/18/2020 6:23:1 PM	8 27/2020 7:38 13 PM	9.05	PF	CCCMS		5/5	12:00:00 Therapeut cModule C:\FA\A\37444\...	1	0		1: 5:00 Standards Conf far	1	0			1 52:00 The apertuModu e C:\FA\A\37444\...	0	0	0	0	0	0.78	0	0.78	0	0.78
8/26/2020	Region II	ASP					ML	OHJ	MHCB	8/18/2020 3:10:00 PM	8.86	8/18/2020 6:23:1 PM	8 27/2020 7:38 13 PM	9.05	PF	CCCMS		5/5	11:53:00 Therapeut cModule C:\FA\A\37444\...	1	0			0	0			0	0	0	0	0.9	0	0.9	0	0.9		
8/27/2020	Region II	ASP					ML	OHJ	MHCB	8/18/2020 3:10:00 PM	8.86	8/18/2020 6:23:1 PM	8 27/2020 7:38 13 PM	9.05	PF	CCCMS	8/27/2020 10: 8: 9 AM	Required by policy	10: 8:00 Therapeut cModule C:\FA\A\37444\...	1	0			0	0			11:30:00 The apertuModu e C:\FA\A\37444\...	0	0	0	0	0	0.33	0	0.33	0	0.33
9/8/2020	Region II	ASP					ML	PF	MHCB	9/8/2020 3:16:00 AM	0.29	9/8/2020 :1 29 AM	9/8/2020 3:50:11 PM	0.8	PF	CCCMS	9/8/2020 10: 5:07 AM	Required by policy	09:20:00 Therapeut cModule C:\FA\A\37444\...	1	0			0	0			0	0	0	0	0.87	0	0.87	0	0.87		
9/14/2020	Region II	CCI					ML	PF	MHCB	9/1 /2020 9:11:00 PM	0.35	9/1 /2020 10:5 : 9 PM		0.28															0	0	0	0	0	0				
9/15/2020	Region II	CCI					ML	VAR	MHCB	9/1 /2020 9:11:00 PM	0.35	9/1 /2020 10:5 : 9 PM		0.28															0	0	0	0	0	0				
9/16/2020	Region II	CCI					ML	SNY	MHCB	9/3/2020 12:16:00 AM	7.5	9 3/2020 12: 1:05 AM	9 10/2020 :05: 9 PM	7.6	SNY	CCCMS	9/3/2020 :3 23 PM	Required by policy	09:10:00 Standard NonConf for 0.25 Hours	1	0			0	0			0	0	0	0	2.58	0	2.58	0	2.58		
9/4/2020	Region II	CCI					ML	VAR	MHCB	9/3/2020 12:16:00 AM	7.5	9 3/2020 12: 1:05 AM	9 10/2020 :05: 9 PM	7.6	SNY	CCCMS			11:53:00 Ca Front NonConf for 0.37 Hours	0	1		10:00:00 Therapeu cModu e NonConf for 0.37	0	1			11:00:00 Standard Conf for 0.37 Hours	0.25	0	0	0	0	0.92	0	0.92	0	0.92
9/5/2020	Region II	CCI					ML	VAR	MHCB	9/3/2020 12:16:00 AM	7.5	9 3/2020 12: 1:05 AM	9 10/2020 :05: 9 PM	7.6	SNY	CCCMS			08:20:00 Standard NonConf for 0.33	1	1			0	0			0.22	0	0	0	1.03	0.22	1.25	0	1.25		
9/6/2020	Region II	CCI					ML	VAR	MHCB	9/3/2020 12:16:00 AM	7.5	9 3/2020 12: 1:05 AM	9 10/2020 :05: 9 PM	7.6	SNY	CCCMS			09:20:00 Standard NonConf for 0.33	1	1			0	0			0.15	0	0	0	0.75	0.15	0.9	0	0.9		
9/7/2020	Region II	CCI					ML	VAR	MHCB	9/3/2020 12:16:00 AM	7.5	9 3/2020 12: 1:05 AM	9 10/2020 :05: 9 PM	7.6	SNY	CCCMS			10:00:00 Ca Front NonConf for 0.33	0	2			0	0			0.6	0	0	0	0	0.6	0.6	0	0.6		
9/8/2020	Region II	CCI					ML	VAR	MHCB	9/3/2020 12:16:00 AM	7.5	9 3/2020 12: 1:05 AM	9 10/2020 :05: 9 PM	7.6	SNY	CCCMS			12:15:00 Ca Front NonConf for 0.2	0	1		11:55:00 Ca Front NonConf for 0.25	0	1			0.67	0	0	0	0	0.67	0.67	0	0.67		
9/9/2020	Region II	CCI					ML	VAR	MHCB	9/3/2020 12:16:00 AM	7.5	9 3/2020 12: 1:05 AM	9 10/2020 :05: 9 PM	7.6	SNY	CCCMS			07:30:00 Ca Front NonConf for 0.50	0	2			0	0			0.87	0	0	0	1	0.87	1.87	0	1.87		
9/10/2020	Region II	CCI					ML	VAR	MHCB	9/3/2020 12:16:00 AM	7.5	9 3/2020 12: 1:05 AM	9 10/2020 :05: 9 PM	7.6	SNY	CCCMS	9/10/2020 3:33: 1 PM	Required by policy	11: 0:00 Ca Front NonConf for 0.25	0	1			0	0			0.25	0	0	0	0	0.25	0.25	0	0.25		
9/12/2020	Region II	CCI					ML	SNY	MHCB	9/12/2020 12:09:00 AM	0.	9/12/2020 12:56:39 AM	9 12/2020 11:11:36 AM	0.3	SNY	CCCMS	9/12/2020 10:17: 3 AM	SPI not done									0	0	0	0	0	0	0	0	0	0		
9/14/2020	Region II	CCI					ML	SNY	MHCB	9/1 /2020 9:19:00 PM	0.3	9/1 /2020 10: 6:56 PM		0.28					08:51																			

[illegible]

9/10/2020	Region II	WSP					ASU	ASU	CF	8/10/2020 11:37:00 AM	35.75	9/9/2020 3 30:39 PM	9/10/2020 11 39:01 AM	0.8	MCB	ICF		Admit to Input ent	09:00:00 Therapeutic Module NonConf for 2.32	1	1			11 00:00 Standard Conf for 1 00 Hours	1	0	13:30:00 Standard Conf or 0.08 Hours		0	1	0	1	2.75	2.32	5.07	0	5.07
8/15/2020	Reg on IV	CAL					ASU	ASUSHJ	MHCB	8/15/2020 38:00 PM	8.97	8/15/2020 5: 9:28 PM	8/2/2020 7:07 12 PM	9.05	ASUS d	CCCMS	8/15/2020 5:53:28 PM	SPI not done	5/5	13:07:00 Standard Conf for 0.78 Hours	1	0			0	0	0	0	0	0	0	0	0	0	0	0	
8/16/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/15/2020 38:00 PM	8.97	8/15/2020 5: 9:28 PM	8/2/2020 7:07 12 PM	9.05	ASUS d	CCCMS			5/5	1 05:00 Standard Conf for 0.78 Hours	1	0			09:00:00 Standard Conf for 0.33 Hours	1	0	1.53	0	1.53	0	1.53	0	1.53			
8/17/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/15/2020 38:00 PM	8.97	8/15/2020 5: 9:28 PM	8/2/2020 7:07 12 PM	9.05	ASUS d	CCCMS			5/5	12:30:00 Standard Conf for 0.33 Hours	1	0			12:50:00 Standard Conf or 0.2 Hours	1	0	0.67	0	0.67	0	0.67	0	0.67			
8/18/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/15/2020 38:00 PM	8.97	8/15/2020 5: 9:28 PM	8/2/2020 7:07 12 PM	9.05	ASUS d	CCCMS			5/5	08:30:00 Therapeutic Module Conf for 0.33 Hours	1	0			0	0	0	0	0	0.75	0	0.75	0	0.75			
8/19/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/15/2020 38:00 PM	8.97	8/15/2020 5: 9:28 PM	8/2/2020 7:07 12 PM	9.05	ASUS d	CCCMS			5/5	09:20:00 Standard Conf for 0.33 Hours	2	0			0	0	0	0.87	0	0.87	0	0.87					
8/20/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/15/2020 38:00 PM	8.97	8/15/2020 5: 9:28 PM	8/2/2020 7:07 12 PM	9.05	ASUS d	CCCMS			5/5	10:05:00 Standard Conf for 0.33 Hours	1	0			0	0	0.5	0	0.5	0	0.5	0	0.5				
8/21/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/15/2020 38:00 PM	8.97	8/15/2020 5: 9:28 PM	8/2/2020 7:07 12 PM	9.05	ASUS d	CCCMS			5/5	10:05:00 Standard Conf for 0.33 Hours	0	1			0	0	0.33	0	0.33	0	0.33	0	0.33				
8/22/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/15/2020 38:00 PM	8.97	8/15/2020 5: 9:28 PM	8/2/2020 7:07 12 PM	9.05	ASUS d	CCCMS			5/5	09:20:00 Standard Conf for 0.33 Hours	1	0			0	0	0	0	0.5	0	0.5	0	0.5				
8/23/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/15/2020 38:00 PM	8.97	8/15/2020 5: 9:28 PM	8/2/2020 7:07 12 PM	9.05	ASUS d	CCCMS	8/2/2020 2:17:21 PM	Required by policy	5/5	1 25:00 Standard Conf for 0.17 Hours	1	0			15: 00:00 Standard Conf or 0.20 Hours	1	0	0.55	0	0.55	0	0.55					
8/24/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/15/2020 38:00 PM	8.97	8/15/2020 5: 9:28 PM	8/2/2020 7:07 12 PM	9.05	ASUS d	CCCMS	8/18/2020 1:20 PM	Required by policy	5/5	1 50:00 Standard Conf for 2.83 Hours	2	0			0	0	5.62	0	5.62	0	5.62						
8/18/2020	Reg on IV	CAL					ML	SNY	MHCB	8/18/2020 9 17:00 AM	9.29	8/18/2020 11:03: 2 AM	8/27/2020 6:2 06 PM	9.31	ASUS d	CCCMS			5/5	08: 5:00 Therapeutic Module Conf for 0.33 Hours	1	0			0	0	0.53	0	0.53	0	0.53						
8/19/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/18/2020 9 17:00 AM	9.29	8/18/2020 11:03: 2 AM	8/27/2020 6:2 06 PM	9.31	ASUS d	CCCMS			5/5	10:30:00 Standard Conf for 0.33 Hours	1	0			08:30:00 Standard Conf or 0.25 Hours	1	0	0.9	0	0.9	0	0.9					
8/20/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/18/2020 9 17:00 AM	9.29	8/18/2020 11:03: 2 AM	8/27/2020 6:2 06 PM	9.31	ASUS d	CCCMS			5/5	09:30:00 Standard Conf for 0.33 Hours	1	0			0	0	0.52	0	0.52	0	0.52						
8/21/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/18/2020 9 17:00 AM	9.29	8/18/2020 11:03: 2 AM	8/27/2020 6:2 06 PM	9.31	ASUS d	CCCMS			5/5	10:31:00 Standard Conf for 0.33 Hours	0	1			0	0	0	0	0	0	0	0					
8/22/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/18/2020 9 17:00 AM	9.29	8/18/2020 11:03: 2 AM	8/27/2020 6:2 06 PM	9.31	ASUS d	CCCMS			5/5	10:00:00 Standard Conf for 0.33 Hours	1	0			0	0	0.5	0	0.5	0	0.5						
8/23/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/18/2020 9 17:00 AM	9.29	8/18/2020 11:03: 2 AM	8/27/2020 6:2 06 PM	9.31	ASUS d	CCCMS			5/5	12:58:00 Standard Conf for 0.7 Hours	1	0			16:20:00 Therapeutic Module Conf for 0.33 Hours	1	0	1.05	0	1.05	0	1.05					
8/24/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/18/2020 9 17:00 AM	9.29	8/18/2020 11:03: 2 AM	8/27/2020 6:2 06 PM	9.31	ASUS d	CCCMS			5/5	08:58:00 Standard Conf for 0.33 Hours	1	0			0	0	0.5	0	0.5	0	0.5						
8/25/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/18/2020 9 17:00 AM	9.29	8/18/2020 11:03: 2 AM	8/27/2020 6:2 06 PM	9.31	ASUS d	CCCMS			5/5	09:35:00 Standard Conf for 0.33 Hours	1	0			0	0	0.5	0	0.5	0	0.5						
8/26/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/18/2020 9 17:00 AM	9.29	8/18/2020 11:03: 2 AM	8/27/2020 6:2 06 PM	9.31	ASUS d	CCCMS			5/5	10:58:00 Standard Conf for 1.78 Hours	1	0			13: 00:00 Standard Conf or 0.22 Hours	1	0	2.02	0	2.02	0	2.02					
9/14/2020	Reg on IV	CAL					ASU	ASUSHJ	MHCB	9/1/2020 7:10:00 PM	0.3	9/1/2020 8:03:03 PM	9/3/2020 8:30 PM	13.93	SNY	CCCMS	9/1/2020 6:38:0 PM	Required by policy	5/5	12:50:00 Standard Conf for 0.37 Hours	1	0			0	0	0.17	0	0.17	0	0.17						
9/15/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/20/2020 3:36:00 PM	13.9	8/20/2020 5:32:01 PM	9/3/2020 8:30 PM	13.93	SNY	CCCMS	8/20/2020 2:51:5 PM	SPI not done	5/5	13: 5:00 Standard Conf for 0.37 Hours	2	0			16:00:00 Standard Conf for 0.33 Hours	1	0	0	0	1.73	0	1.73					
8/21/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/20/2020 3:36:00 PM	13.9	8/20/2020 5:32:01 PM	9/3/2020 8:30 PM	13.93	SNY	CCCMS			5/5	10:30:00 Standard Conf for 0.33 Hours	1	0			0	0	0.2	0	0.2	0	0.2						
8/22/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/20/2020 3:36:00 PM	13.9	8/20/2020 5:32:01 PM	9/3/2020 8:30 PM	13.93	SNY	CCCMS			5/5	10: 6:00 Standard Conf for 0.33 Hours	1	0			0	0	0.8	0	0.8	0	0.8						
8/23/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/20/2020 3:36:00 PM	13.9	8/20/2020 5:32:01 PM	9/3/2020 8:30 PM	13.93	SNY	CCCMS			5/5	10:31:00 Standard Conf for 0.33 Hours	1	0			0	0	0.8	0	0.8	0	0.8						
8/24/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/20/2020 3:36:00 PM	13.9	8/20/2020 5:32:01 PM	9/3/2020 8:30 PM	13.93	SNY	CCCMS			5/5	12:18:00 Standard Conf for 0.33 Hours	1	0			1 00:00 Standard Conf for 0.33 Hours	1	0	0.93	0	0.93	0	0.93					
8/25/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/20/2020 3:36:00 PM	13.9	8/20/2020 5:32:01 PM	9/3/2020 8:30 PM	13.93	SNY	CCCMS			5/5	09:35:00 Ca Front NonConf for 0.08	1	1			0	0	0.83	0.08	0.92	0	0.92						
8/26/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/20/2020 3:36:00 PM	13.9	8/20/2020 5:32:01 PM	9/3/2020 8:30 PM	13.93	SNY	CCCMS			5/5	10:25:00 Standard Conf for 0.75 Hours	1	0			0	0	0.27	0	0.27	0	0.27						
8/27/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/20/2020 3:36:00 PM	13.9	8/20/2020 5:32:01 PM	9/3/2020 8:30 PM	13.93	SNY	CCCMS			5/5	17:05:00 Standard Conf for 0.75 Hours	1	0			1 05:00 Standard Conf for 0.33 Hours	1	0	0.88	0	0.88	0	0.88					
8/28/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/20/2020 3:36:00 PM	13.9	8/20/2020 5:32:01 PM	9/3/2020 8:30 PM	13.93	SNY	CCCMS			5/5	11:55:00 Standard Conf for 0.33 Hours	1	0			2	0	0.87	0	0.87	0	0.87						
8/29/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/20/2020 3:36:00 PM	13.9	8/20/2020 5:32:01 PM	9/3/2020 8:30 PM	13.93	SNY	CCCMS			5/5	08: 5:00 Standard Conf for 0.33 Hours	1	0			0	0	0.5	0	0.5	0	0.5						
8/30/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/20/2020 3:36:00 PM	13.9	8/20/2020 5:32:01 PM	9/3/2020 8:30 PM	13.93	SNY	CCCMS			5/5	09: 0:00 Ca Front NonConf for 0.08	0	1			0.08	0	0	0.08	0.08	0	0.08						
8/31/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/20/2020 3:36:00 PM	13.9	8/20/2020 5:32:01 PM	9/3/2020 8:30 PM	13.93	SNY	CCCMS			5/5	11 00:00 Standard Conf for 0.33 Hours	1	0			0	0	0.68	0	0.68	0	0.68						
9/1/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/20/2020 3:36:00 PM	13.9	8/20/2020 5:32:01 PM	9/3/2020 8:30 PM	13.93	SNY	CCCMS			5/5	12:30:00 Standard Conf for 0.33 Hours	1	0			0	0	0.33	0	0.33	0	0.33						
9/2/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/20/2020 3:36:00 PM	13.9	8/20/2020 5:32:01 PM	9/3/2020 8:30 PM	13.93	SNY	CCCMS			5/5	09:35:00 Standard Conf for 0.33 Hours	1	0			0	0	0.25	0	0.25	0	0.25						
9/3/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/20/2020 3:36:00 PM	13.9	8/20/2020 5:32:01 PM	9/3/2020 8:30 PM	13.93	SNY	CCCMS	9/3/2020 11 35: 9 AM	Required by policy	5/5	11:00:00 Standard Conf for 0.27 Hours	1	0			08:33:00 Standard Conf or 0.33 Hours	1	0	0.67	0	0.67	0	0.67					
8/23/2020	Reg on IV	CAL					ASU	ASUSHJ	MHCB	8/22/2020 1:38:00 PM	3.06	8/22/2020 3:07:2 PM	8/26/2020 11 08:56 AM	3.83	EOP	EOP	8/23/2020 08:02 PM	SPI not done	/5	08:00:00 Standard Conf for 0.33 Hours	2	0			0	0	0	0	0	0	0	0	0				
8/24/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/22/2020 1:38:00 PM	3.06	8/22/2020 3:07:2 PM	8/26/2020 11 08:56 AM	3.83	EOP	EOP			/5	17: 00 Standard Conf for 0.62 Hours	1	0			0	0	0.27	0	0.27	0	0.27						
8/25/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/22/2020 1:38:00 PM	3.06	8/22/2020 3:07:2 PM	8/26/2020 11 08:56 AM	3.83	EOP	EOP	8/25/2020 1:07:29 PM	Required by policy	/5	11:51:00 Standard Conf for 0.62 Hours	1	0			12 52:00 Standard Conf for 0.12 Hours	1	0	0.85	0	0.85	0	0.85					
8/22/2020	Reg on IV	CAL					ASU	ASUSHJ	MHCB	8/22/2020 1:38:00 PM	3.09	8/22/2020 3:07:2 PM	8/25/2020 6:29 31 PM	3.1	ASUS d	CCCMS	8/23/2020 1: 02 PM	SPI not done	5/5	09:01:00 Standard Conf for 0.33 Hours	2	0			0	0	0	0	0	0	0	0	0				
8/23/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/22/2020 1:38:00 PM	3.09	8/22/2020 3:07:2 PM	8/25/2020 6:29 31 PM	3.1	ASUS d	CCCMS			5/5	11:12:00 Standard Conf for 0.33 Hours	1	0			0	0	0.37	0	0.37	0	0.37						
8/24/2020	Reg on IV	CAL					ML	OHJ	MHCB	8/22/2020 1:38:00 PM	3.09	8/22/2020 3:07:2 PM	8/25/2020 6:29 31 PM	3.1	ASUS d	CCCMS	8/25/2020 12 21:25 PM	Required by policy	5/5	11:00:00 Standard Conf for 0.33 Hours	1	0			13 00:00 Standard Conf or 0.50 Hours	1	0	0.67	0	0.67	0	0.67					
8/15/2020	Reg on IV																																				

9/5/2020	Reg on IV	CEN					ML	CTC	MHCB	9/ /2020 8:02:00 PM	3.71	9/ /2020 10:36:09 PM	9/8/2020 7:07: 3 PM	3.85	ASUS 4	GP	9/5/2020 12:53:1 PM	SPI not done	5/5	12:12:00 Standard Conf for 0. 0 Hours	1	0	09:20:00 Stand d Conf for 0. 0 Hours	1	0		0	0	0	0	2.57	0	2.57	0	2.57
9/6/2020	Reg on IV	CEN					ML	CTC	MHCB	9/ /2020 8:02:00 PM	3.71	9/ /2020 10:36:09 PM	9/8/2020 7:07: 3 PM	3.85	ASUS 4	GP			5/5							0	0	0	0	0	0	0	0		
9/7/2020	Reg on IV	CEN					ML	CTC	MHCB	9/ /2020 8:02:00 PM	3.71	9/ /2020 10:36:09 PM	9/8/2020 7:07: 3 PM	3.85	ASUS 4	GP			5/5	08: 5:00 Ca f Front NonConf for 0.25 Hours	0	1		0	0	0.25	0	0	0	0	0.25	0.25	0	0.25	
9/8/2020	Reg on IV	CEN					ML	CTC	MHCB	9/ /2020 8:02:00 PM	3.71	9/ /2020 10:36:09 PM	9/8/2020 7:07: 3 PM	3.85	ASUS 4	GP	9/8/2020 12:0 :01 PM	Required by policy	5/5	11:00:00 TherapeutModule	1	0		0	0	0	0	0	0.25	0	0.25	0	0.25		
9/10/2020	Reg on IV	SP					ML	SNY	MHCB	9/10/2020 10:57:00 PM	0.53	9/10/2020 11:09:15 PM	9/11/2020 12:35:13 PM	0.56	VAR	GP			3/5							0	0	0	0	0	0	0			
9/11/2020	Reg on IV	SP					ML	OHJ	MHCB	9/10/2020 10:57:00 PM	0.53	9/10/2020 11:09:15 PM	9/11/2020 12:35:13 PM	0.56	VAR	GP	9/11/2020 12:10:58 PM	Required by policy	3/5							0	0	0	0	0	0	0	0		
8/25/2020	Reg on IV	SP					ML	SNY	MHCB	8/25/2020 10: 0:00 PM	5.52	8/25/2020 11:36:0 PM	8/30/2020 3: 5:50 PM	.67		MHCB			Admit to Input ent							0	0	0	0	0	0	0	0		
8/26/2020	Reg on IV	SP					ML	OHJ	MHCB	8/25/2020 10: 0:00 PM	5.52	8/25/2020 11:36:0 PM	8/30/2020 3: 5:50 PM	.67		MHCB			Admit to Input ent	13:30:00 Standard Conf for 0.03 Hours	1	0		0	0	0	0	0	0	0	0	0	0		
8/27/2020	Reg on IV	SP					ML	OHJ	MHCB	8/25/2020 10: 0:00 PM	5.52	8/25/2020 11:36:0 PM	8/30/2020 3: 5:50 PM	.67		MHCB	8/27/2020 8:05: AM	Required by policy				08: 0:00 TherapeutModule Conf for 0.33 Hours	1	0	10: 6:00 The apeticModule e Conf for 0.17 Hours	0.03	0	0	0	0.33	0.03	0.37	0	0.37	
8/28/2020	Reg on IV	SP					ML	OHJ	MHCB	8/25/2020 10: 0:00 PM	5.52	8/25/2020 11:36:0 PM	8/30/2020 3: 5:50 PM	.67		MHCB			Admit to Input ent	08:55:00 Ca Front NonConf for 0.08 Hours	1	1		0	0	0.08	0	0	0	0.38	0.08	0. 7	0	0. 7	
8/29/2020	Reg on IV	SP					ML	OHJ	MHCB	8/25/2020 10: 0:00 PM	5.52	8/25/2020 11:36:0 PM	8/30/2020 3: 5:50 PM	.67		MHCB			Admit to Input ent	09:0 :00 Ca Front NonConf for 0.03 Hours	1	1		0	0	0.03	0	0	0	0.37	0.03	0.	0	0.	
8/30/2020	Reg on IV	SP					ML	OHJ	MHCB	8/25/2020 10: 0:00 PM	5.52	8/25/2020 11:36:0 PM	8/30/2020 3: 5:50 PM	.67		MHCB			Admit to Input ent	08:53:00 Ca Front NonConf for 0.20 Hours	0	1		0	0	0.2	0	0	0	0	0.2	0.2	0	0.2	
8/15/2020	Reg on IV	SP					ML	OHJ	MHCB	8/5/2020 6: 0:00 PM	15.8	8/5/2020 7:31:29 PM	8/21/2020 -17:25 PM	15.87	GP	CCCMS			Rerete red to MHCB	15:18:00 Ca Front NonConf for 0.12 Hours	1	1		0	0	0.12	0	0	0	1.02	0.12	1.13	0	1.13	
8/16/2020	Reg on IV	SP					ML	OHJ	MHCB	8/5/2020 6: 0:00 PM	15.8	8/5/2020 7:31:29 PM	8/21/2020 -17:25 PM	15.87	GP	CCCMS			Rerete red to MHCB	09:00:00 Ca Front NonConf for 0.18 Hours	1	1		0	0	0.18	0	0	0	0.	0.18	0.58	0	0.58	
8/17/2020	Reg on IV	SP					ML	OHJ	MHCB	8/5/2020 6: 0:00 PM	15.8	8/5/2020 7:31:29 PM	8/21/2020 -17:25 PM	15.87	GP	CCCMS			Rerete red to MHCB	09:3 :00 Standard Conf for 0. 0 Hours	1	1		0	0	0.1	0	0	0	0.03	0.1	0.13	0	0.13	
8/18/2020	Reg on IV	SP					ML	OHJ	MHCB	8/5/2020 6: 0:00 PM	15.8	8/5/2020 7:31:29 PM	8/21/2020 -17:25 PM	15.87	GP	CCCMS			Rerete red to MHCB	Ca f n. 0.03 Hrs. s. 0.03 Hrs. s. 0.03 Hrs. s.	1	1		0	0	0.25	0	0	0	0.25	0.53	0	0.53		
8/19/2020	Reg on IV	SP					ML	OHJ	MHCB	8/5/2020 6: 0:00 PM	15.8	8/5/2020 7:31:29 PM	8/21/2020 -17:25 PM	15.87	GP	CCCMS			Rerete red to MHCB	Ca f n. 0.25 Hrs. s. 0.25 Hrs. s. 0.25 Hrs. s.	1	1		0	0	0.38	0	0	0	0.23	0.05	0.38	0	0.38	
8/20/2020	Reg on IV	SP					ML	OHJ	MHCB	8/5/2020 6: 0:00 PM	15.8	8/5/2020 7:31:29 PM	8/21/2020 -17:25 PM	15.87	GP	CCCMS			Rerete red to MHCB	Ca f n. 0.73 Hrs. s. 0.73 Hrs. s. 0.73 Hrs. s.	1	1		0	0	0.1	0	0	0	0.8	0.1	0.9	0	0.9	
8/21/2020	Reg on IV	SP					ML	OHJ	MHCB	8/5/2020 6: 0:00 PM	15.8	8/5/2020 7:31:29 PM	8/21/2020 -17:25 PM	15.87	GP	CCCMS	8/21/2020 3:33:21 PM	Required by policy	Rerete red to MHCB	11:09:00 Standard Conf for 12. 23 Hours	1	0		0	0	0	0	0	0	0.57	0	0.57	0	0.57	
8/22/2020	Reg on IV	SP					ML	GP	MHCB	8/22/2020 2: 0:00 AM	5.39	8/22/2020 3:16:05 AM	8/27/2020 1:12:01 PM	5. 1	PF	CCCMS	8/22/2020 9:28:29 AM	SPI not done	/5	12:00:00 Standard Conf for 12. 23 Hours	2	0		0	0	0	0	0	0	0	2.8 5	0	2.8 5	0	2.8 5
8/23/2020	Reg on IV	SP					ML	OHJ	MHCB	8/22/2020 2: 0:00 AM	5.39	8/22/2020 3:16:05 AM	8/27/2020 1:12:01 PM	5. 1	PF	CCCMS			/5							0	0	0	0	0	0	0	0		
8/24/2020	Reg on IV	SP					ML	OHJ	MHCB	8/22/2020 2: 0:00 AM	5.39	8/22/2020 3:16:05 AM	8/27/2020 1:12:01 PM	5. 1	PF	CCCMS			/5	09:10:00 Ca Front NonConf for 0.78 Hours	0	2		0	0	1.03	0	0	0	0	1.03	1.03	0	1.03	
8/25/2020	Reg on IV	SP					ML	OHJ	MHCB	8/22/2020 2: 0:00 AM	5.39	8/22/2020 3:16:05 AM	8/27/2020 1:12:01 PM	5. 1	PF	CCCMS			/5	13:30:00 Ca Front NonConf for 0.30 Hours	0	1	09:38:00 Stand d Conf for 0. 0 Hours	1	0	0.5	0	0	0	0.28	0.5	0.78	0	0.78	
8/26/2020	Reg on IV	SP					ML	OHJ	MHCB	8/22/2020 2: 0:00 AM	5.39	8/22/2020 3:16:05 AM	8/27/2020 1:12:01 PM	5. 1	PF	CCCMS			/5	16: 5:00 Standard Conf for 0. 0 Hours	1	0		0	0	0	0	0	0	0	0.52	0	0.52	0	0.52
8/27/2020	Reg on IV	SP					ML	OHJ	MHCB	8/22/2020 2: 0:00 AM	5.39	8/22/2020 3:16:05 AM	8/27/2020 1:12:01 PM	5. 1	PF	CCCMS	8/27/2020 12:02:11 PM	Required by policy	/5	08:00:00 TherapeutModule Conf for 0. 0 Hours	2	0		0	0	0	0	0	0	0	0.6	0	0.6	0	0.6
9/11/2020	Reg on IV	SP					ML	SNY	MHCB	9/10/2020 11: 8:00 PM	0. 6	9/11/2020 12:16:15 AM	9/11/2020 11: 9:32 AM	0. 8	VAR	GP	9/11/2020 11:08:23 AM	Required by policy	3/5	19:2 :00 Standard Conf for 0. 0 Hours	1	0		0	0	0	0	0	0	0	0. 7	0	0. 7	0	0. 7
8/17/2020	Reg on IV	SP					ML	SNY	MHCB	8/17/2020 6: 5:00 PM	28. 5	8/17/2020 7:02:39 PM	8/17/2020 7:02:39 PM	28.			8/18/2020 10:57:13 AM	Required by policy		09: 5:00 Standard Conf for 0. 0 Hours	1	1		0	0	0	0	0	0	0	0	0	0	0	
8/18/2020	Reg on IV	SP					ML	OHJ	MHCB	8/17/2020 6: 5:00 PM	28. 5	8/17/2020 7:02:39 PM	8/17/2020 7:02:39 PM	28.						09:2 :00 Standard Conf for 0. 0 Hours	1	1		0	0	0.05	0	0	0	0.5	0.05	0.55	0	0.55	
8/20/2020	Reg on IV	SP					ML	OHJ	MHCB	8/17/2020 6: 5:00 PM	28. 5	8/17/2020 7:02:39 PM	8/17/2020 7:02:39 PM	28.						15:00:00 Ca Front NonConf for 0.17 Hours	0	1	08:30:00 TherapeutModule e Conf for 0. 7 Hours	1	0	0.17	0	0	0	0	0. 7	0.17	0.63	0	0.63
8/21/2020	Reg on IV	SP					ML	OHJ	MHCB	8/17/2020 6: 5:00 PM	28. 5	8/17/2020 7:02:39 PM	8/17/2020 7:02:39 PM	28.						09:55:00 Standard Conf for 0. 0 Hours	1	0		0	0	0	0	0	0	0	1.17	0	1.17	0	1.17
8/22/2020	Reg on IV	SP					ML	OHJ	MHCB	8/17/2020 6: 5:00 PM	28. 5	8/17/2020 7:02:39 PM	8/17/2020 7:02:39 PM	28.						15: 3:00 Standard Conf for 0. 0 Hours	1	1		0	0	0.08	0	0	0	0.95	0.98	1.03	0	1.03	
8/23/2020	Reg on IV	SP					ML	OHJ	MHCB	8/17/2020 6: 5:00 PM	28. 5	8/17/2020 7:02:39 PM	8/17/2020 7:02:39 PM	28.						09:15:00 Ca Front NonConf for 0.13 Hours	1	1		0	0	0.13	0	0	0	0.37	0.13	0.5	0	0.5	
8/24/2020	Reg on IV	SP					ML	OHJ	MHCB	8/17/2020 6: 5:00 PM	28. 5	8/17/2020 7:02:39 PM	8/17/2020 7:02:39 PM	28.						08:35:00 Ca Front NonConf for 0.50 Hours	0	2		0	0	0.78	0	0	0	0	0.78	0.78	0	0.78	
8/25/2020	Reg on IV	SP					ML	OHJ	MHCB	8/17/2020 6: 5:00 PM	28. 5	8/17/2020 7:02:39 PM	8/17/2020 7:02:39 PM	28.						09:0 :00 Standard Conf for 0. 0 Hours	1	1		0	0	0.5	0	0	0	0	0.5	0.9	0	0.9	
8/26/2020	Reg on IV	SP					ML	OHJ	MHCB	8/17/2020 6: 5:00 PM	28. 5	8/17/2020 7:02:39 PM	8/17/2020 7:02:39 PM	28.						17: 3:00 Standard Conf for 0. 0 Hours	1	0		0	0	0	0	0	0	0	0. 2	0	0. 2	0	0. 2
8/27/2020	Reg on IV	SP					ML	OHJ	MHCB	8/17/2020 6: 5:00 PM	28. 5	8/17/2020 7:02:39 PM	8/17/2020 7:02:39 PM	28.						09:00:00 TherapeutModule Conf for 0. 0 Hours	1	1		0	0	0.03	0	0	0	0	0.13	0.03	0.17	0	0.17
8/28/2020	Reg on IV	SP					ML	OHJ	MHCB	8/17/2020 6: 5:00 PM	28. 5	8/17/2020 7:02:39 PM	8/17/2020 7:02:39 PM	28.						09:00:00 Ca Front NonConf for 0.08 Hours	1	1		0	0	0.08	0	0	0	0	0.32	0.08	0.	0	0.
8/29/2020	Reg on IV	SP					ML	OHJ	MHCB	8/17/2020 6: 5:00 PM	28. 5	8/17/2020 7:02:39 PM	8/17/2020 7:02:39 PM	28.						08:18:00 Ca Front NonConf for 0.07 Hours	1	1		0	0	0.07	0	0	0	0	0.5	0.07	0.57	0	0.57
8/30/2020	Reg on IV	SP					ML	OHJ	MHCB	8/17/2020 6: 5:00 PM	28. 5	8/17/2020 7:02:39 PM	8/17/2020 7:02:39 PM	28.						08:50:00 Ca Front NonConf for 0.05 Hours	1	1		0	0	0.05	0	0	0	0	0.87	0.05	0.92	0	0.92
8/31/2020	Reg on IV	SP					ML	OHJ	MHCB	8/17/2020 6: 5:00 PM	28. 5	8/17/2020 7:02:39 PM	8/17/2020 7:02:39 PM	28.						08: 0:00 Standard Conf for 0. 0 Hours	1	1		0	0	0.25	0	0	0	0	0.6	0.25	0.85	0	0.85
9/1/2020	Reg on IV	SP					ML	OHJ	MHCB	8/17/2020 6: 5:00 PM	28. 5	8/17/2020 7:02:39 PM	8/17/2020 7:02:39 PM	28.						08:30:00 Standard Conf for 0.30 Hours	2	0	08:30:00 Stand d Conf for 0. 0 Hours	1	0	0	0	0	0	0	0.62	0	0.62		

8/27/2020	Reg on IV	RJD					ML	EOP	MHCB	8/26/2020 12:06:00 PM	1	8/26/2020 8:22:08 PM	8/27/2020 7:36:00 PM	0.97	EOP	EOP	8/27/2020 1:39:20 PM	Required by policy	0/5	09:25:00 Ce #Front NonConf for 0.2	0	1							0.2	0	0	0	0	0.2	0	0	0.2
9/10/2020	Reg on IV	RJD					ML	SNY	MHCB	9/10/2020 1:13:00 PM	1.81	9/10/2020 5:38:09 PM	9/11/2020 22:30 PM	0.96	EOP	MHCB	9/10/2020 1:15:29 PM	Required by policy	3/5	13:00 10 Standard Conf for 0.17	1	0							0	0	0	0	0.17	0	0.17	0	0.17
9/11/2020	Reg on IV	RJD					ML	EOP	MHCB	9/10/2020 1:13:00 PM	1.81	9/10/2020 5:38:09 PM	9/11/2020 22:30 PM	0.96	EOP	MHCB	9/11/2020 5:21:25 PM	SPI not done	3/5	Admit to Input ent	0	1							0	0	0	0	0	0	0	0	
9/3/2020	Reg on IV	RJD					ML	EOP	MHCB	9/2/2020 11:56:00 PM	12.2	9/3/2020 7:12:32 AM	9/9/2020 08:03 PM	6.37	MCB	MHCB			Admit to Input ent	09:25:00 Ce #Front NonConf for 0.17	0	1	08:20:00 Ce #Front NonConf for 0.33	0	1	08:25:00 Ce #Front NonConf for 1.17 Hours	0.5	0	0	0	0	0	0.5	0.5	0	0.5	
9/5/2020	Reg on IV	RJD					ML	EOP	MHCB	9/2/2020 11:56:00 PM	12.2	9/3/2020 7:12:32 AM	9/9/2020 08:03 PM	6.37	MCB	MHCB			Admit to Input ent	10:00:00 Ce #Front NonConf for 0.25	0	1		0	0	0	0.23	0	0	0	0	0.23	0.23	0	0.23		
9/6/2020	Reg on IV	RJD					ML	EOP	MHCB	9/2/2020 11:56:00 PM	12.2	9/3/2020 7:12:32 AM	9/9/2020 08:03 PM	6.37	MCB	MHCB			Admit to Input ent	10:30:00 Ce #Front NonConf for 0.08	0	1		0	0	0	0.08	0	0	0	0	0.08	0.08	0	0.08		
9/7/2020	Reg on IV	RJD					ML	EOP	MHCB	9/2/2020 11:56:00 PM	12.2	9/3/2020 7:12:32 AM	9/9/2020 08:03 PM	6.37	MCB	MHCB			Admit to Input ent	09:50:00 Ce #Front NonConf for 0.17	0	1		0	0	0	0.17	0	0	0	0	0	0.17	0	0.17		
9/8/2020	Reg on IV	RJD					ML	EOP	MHCB	9/2/2020 11:56:00 PM	12.2	9/3/2020 7:12:32 AM	9/9/2020 08:03 PM	6.37	MCB	MHCB			Admit to Input ent	09:30:00 Ce #Front NonConf for 0.25	0	1	08:00:00 Ce #Front NonConf for 0.17	0	1		0.2	0	0	0	0	0	0.2	0.2	0	0.2	
9/9/2020	Reg on IV	RJD					ML	EOP	MHCB	9/2/2020 11:56:00 PM	12.2	9/3/2020 7:12:32 AM	9/9/2020 08:03 PM	6.37	MCB	MHCB			Admit to Input ent	08:00:00 Ce #Front NonConf for 0.17	0	1					0	0	0	0	0	0	0	0	0		
8/15/2020	Reg on IV	RJD					ML	EOP	MHCB	8/12/2020 12:36:00 PM	7.9	8/12/2020 8:38:06 PM	8/20/2020 7:57:10 PM	7.97	EOP	EOP			Admit to Input ent	08:00:00 Ce #Front NonConf for 0.25	0	1					0.2	0	0	0	0	0	0.2	0.2	0	0.2	
8/16/2020	Reg on IV	RJD					ML	EOP	MHCB	8/12/2020 12:36:00 PM	7.9	8/12/2020 8:38:06 PM	8/20/2020 7:57:10 PM	7.97	EOP	EOP			Admit to Input ent	08:00:00 Ce #Front NonConf for 0.17	0	1					0.17	0	0	0	0	0	0.17	0.17	0	0.17	
8/17/2020	Reg on IV	RJD					ML	EOP	MHCB	8/12/2020 12:36:00 PM	7.9	8/12/2020 8:38:06 PM	8/20/2020 7:57:10 PM	7.97	EOP	EOP			Admit to Input ent	13:10:00 Ce #Front NonConf for 0.33	0	1	13:15:00 Ce #Front NonConf for 0.33	0	1		0	0	0	0	0	0	0	0	0	0	
8/18/2020	Reg on IV	RJD					ML	EOP	MHCB	8/12/2020 12:36:00 PM	7.9	8/12/2020 8:38:06 PM	8/20/2020 7:57:10 PM	7.97	EOP	EOP			Admit to Input ent	09:30:00 Ce #Front NonConf for 0.25	0	1					0.25	0	0	0	0	0	0.25	0.25	0	0.25	
8/19/2020	Reg on IV	RJD					ML	EOP	MHCB	8/12/2020 12:36:00 PM	7.9	8/12/2020 8:38:06 PM	8/20/2020 7:57:10 PM	7.97	EOP	EOP			Admit to Input ent	10:30:00 Ce #Front NonConf for 0.17	0	1	10:32:00 Ce #Front NonConf for 0.13	0	1	10:50:00 Ce #Front NonConf for 0.17 Hours	0.3	0	0	0	0	0	0.3	0.3	0	0.3	
8/20/2020	Reg on IV	RJD					ML	EOP	MHCB	8/12/2020 12:36:00 PM	7.9	8/12/2020 8:38:06 PM	8/20/2020 7:57:10 PM	7.97	EOP	EOP			Admit to Input ent	10:30:00 Ce #Front NonConf for 0.17	0	1					0.25	0	0	0	0	0	0.25	0.25	0	0.25	
9/11/2020	Reg on IV	RJD					ASU	ASU	MHCB	9/10/2020 12:00 PM	.7	9/11/2020 12:38:10 PM		3.71						11:50:00 Ce #Front NonConf for 0.08	0	1					0.08	0	0	0	0	0.08	0.08	0	0.08		
9/12/2020	Reg on IV	RJD					ASU	ASU	MHCB	9/10/2020 12:00 PM	.7	9/11/2020 12:38:10 PM		3.71						10:25:00 Ce #Front NonConf for 0.17	0	1					0.17	0	0	0	0	0.17	0.17	0	0.17		
9/13/2020	Reg on IV	RJD					ASU	ASU	MHCB	9/10/2020 12:00 PM	.7	9/11/2020 12:38:10 PM		3.71						11:30:00 Ce #Front NonConf for 0.17	0	1					0.17	0	0	0	0	0.17	0.17	0	0.17		
9/14/2020	Reg on IV	RJD					ASU	ASU	MHCB	9/10/2020 12:00 PM	.7	9/11/2020 12:38:10 PM		3.71							0	1															
9/15/2020	Reg on IV	RJD					ASU	ASU	MHCB	9/10/2020 12:00 PM	.7	9/11/2020 12:38:10 PM		3.71							0	1															
9/5/2020	Reg on IV	RJD					ML	EOP	MHCB	9/5/2020 7:58:00 PM	0.59	9/5/2020 8:52:03 PM	9/6/2020 7:29:02 PM	0.9	EOP	EOP	9/6/2020 12:03:01 PM	Required by policy	5/5	09:20:00 Ce #Front NonConf for 0.33	0	1					0	0	0	0	0	0	0	0	0		
9/6/2020	Reg on IV	RJD					ML	EOP	MHCB	9/5/2020 7:58:00 PM	0.59	9/5/2020 8:52:03 PM	9/6/2020 7:29:02 PM	0.9	EOP	EOP			Admit to Input ent	07:50:00 Ce #Front NonConf for 0.32	0	1					0.32	0	0	0	0	0	0.32	0.32	0	0.32	
8/19/2020	Reg on IV	RJD					ML	SNY	MHCB	8/19/2020 3:15:00 AM	0.2	8/19/2020 2:15:00 PM	8/19/2020 2:15:00 PM	0.5	SNY	CCCMS	8/19/2020 8:58:00 AM	Required by policy	5/5	09:21:00 Standard Conf for 0.88	2	0					0	0	0	0	0	1.87	0	1.87	0	1.87	
8/25/2020	Reg on IV	RJD					ML	EOP	MHCB	8/25/2020 10:20:00 AM	3.08	8/25/2020 3:13:10 PM	8/26/2020 1:25 PM	2.9	EOP	EOP	8/25/2020 3:08:05 PM	SPI not done	5/5	09:31:00 Standard Conf for 0.88	0	1					0.83	0	0	0	0	0	0.83	0.83	0	0.83	
8/26/2020	Reg on IV	RJD					ML	EOP	MHCB	8/25/2020 10:20:00 AM	3.08	8/25/2020 3:13:10 PM	8/26/2020 1:25 PM	2.9	EOP	EOP			Admit to Input ent	10:30:00 Ce #Front NonConf for 0.25	0	1	10:30:00 Ce #Front NonConf for 0.33	0	1		0.17	0	0	0	0	0	0.17	0.17	0	0.17	
8/27/2020	Reg on IV	RJD					ML	EOP	MHCB	8/25/2020 10:20:00 AM	3.08	8/25/2020 3:13:10 PM	8/26/2020 1:25 PM	2.9	EOP	EOP			Admit to Input ent	11:10:00 Ce #Front NonConf for 0.08	0	1	12:50:00 Ce #Front NonConf for 0.90 Hours	0	1	11:10:00 Ce #Front NonConf for 0.08 Hours	0.08	0	0	0	0	0	0.08	0.08	0.5	0.58	
8/28/2020	Reg on IV	RJD					ML	EOP	MHCB	8/25/2020 10:20:00 AM	3.08	8/25/2020 3:13:10 PM	8/26/2020 1:25 PM	2.9	EOP	EOP			Admit to Input ent	09:59:00 Ce #Front NonConf for 0.18	0	2	1:00:00 Ce #Front NonConf for 0.33	0	1		0.7	0	1	1	0	0.7	0.7	1	1.7		
9/9/2020	Reg on IV	RJD					ASU	ASU	MHCB	9/8/2020 1:01:00 AM	7.19	9/8/2020 2:55:25 AM	9/11/2020 3:06 PM	3.57	MCB	MHCB	9/8/2020 11:06:12 AM	SPI not done	Admit to Input ent	10:00:00 Ce #Front NonConf for 0.25	0	1					0.25	0	0	0	0	0.25	0.25	0	0.25		
9/10/2020	Reg on IV	RJD					ASU	ASU	MHCB	9/8/2020 1:01:00 AM	7.19	9/8/2020 2:55:25 AM	9/11/2020 3:06 PM	3.57	MCB	MHCB			Admit to Input ent	11:51:00 Ce #Front NonConf for 0.15	0	1	08:00:00 Ce #Front NonConf for 0.50	0	1	11:51:00 Ce #Front NonConf for 0.15 Hours	0.65	0	0	0	0	0	0.65	0.65	0	0.65	
9/11/2020	Reg on IV	RJD					ASU	ASU	MHCB	9/8/2020 1:01:00 AM	7.19	9/8/2020 2:55:25 AM	9/11/2020 3:06 PM	3.57	MCB	MHCB			Admit to Input ent	10:20:00 Ce #Front NonConf for 0.17	0	1	11:30:00 Ce #Front NonConf for 0.17	0	1		0.33	0	0	0	0	0.33	0.33	0	0.33		
8/18/2020	Reg on IV	RJD					ASU	ASU	MHCB	8/17/2020 11:55:00 PM	0	8/18/2020 12:00 PM	8/18/2020 7:58:50 PM	0.8	ASU	CCCMS	8/18/2020 1:22:03 PM	Required by policy	5/5	08:50:00 NonConf for 0.17	0	1					0	0	0	0	0	0	0.9	0.9	0	0.9	
8/20/2020	Reg on IV	RJD					ML	EOP	MHCB	8/19/2020 11:23:00 PM	0.6	8/20/2020 12:32:21 AM	8/20/2020 3:23:55 PM	0.62	EOP	EOP	8/20/2020 1:02:27 PM	Required by policy	5/5	09:30:00 Standard Conf for 0.88	1	0					0	0	0	0	0	0.58	0	0.58	0	0.58	
8/30/2020	Reg on IV	RJD					ASU	ASU	MHCB	8/30/2020 6:57:00 PM	8.62	8/30/2020 7:59:15 PM	9/8/2020 3:52:58 PM	8.83	ASU	CCCMS	8/31/2020 3:13:17 PM	Required by policy	5/5	10:30:00 Ce #Front NonConf for 0.2	0	1	13:50:00 Ce #Front NonConf for 0.33	0	1		0.57	0	0	0	0	0.57	0.57	0	0.57		
9/1/2020	Reg on IV	RJD					ASU	ASU	MHCB	8/30/2020 6:57:00 PM	8.62	8/30/2020 7:59:15 PM	9/8/2020 3:52:58 PM	8.83	ASU	CCCMS			Admit to Input ent	10:00:00 Ce #Front NonConf for 0.17	0	1					0.2	0	0	0	0	0.2	0.2	0	0.2		
9/2/2020	Reg on IV	RJD					ASU	ASU	MHCB	8/30/2020 6:57:00 PM	8.62	8/30/2020 7:59:15 PM	9/8/2020 3:52:58 PM	8.83	ASU	CCCMS			Admit to Input ent	10:20:00 Ce #Front NonConf for 0.33	0	1	10:20:00 Ce #Front NonConf for 0.33	0	2	13:30:00 Ce #Front NonConf for 0.25 Hours	0.67	0	0	0	0	0	0.67	0.67	0	0.67	
9/3/2020	Reg on IV	RJD					ASU	ASU	MHCB	8/30/2020 6:57:00 PM	8.62	8/30/2020 7:59:15 PM	9/8/2020 3:52:58 PM	8.83	ASU	CCCMS			Admit to Input ent	1:15:00 Ce #Front NonConf for 0.25	0	1					0.25	0	0	0	0	0.25	0.25	0	0.25		
9/4/2020	Reg on IV	RJD					ASU	ASU	MHCB	8/30/2020 6:57:00 PM	8.62	8/30/2020 7:59:15 PM	9/8/2020 3:52:58 PM	8.83	ASU	CCCMS			Admit to Input ent	09:05:00 Ce #Front NonConf for 0.25	0	1					0.25	0	0	0	0	0.25	0.25	0	0.25		
9/5/2020	Reg on IV	RJD					ASU	ASU	MHCB	8/30/2020 6:57:00 PM	8.62	8/30/2020 7:59:15 PM	9/8/2020 3:52:58 PM	8.83	ASU	CCCMS			Admit to Input ent	13:55:00 Ce #Front NonConf for 0.08	0	1					0.08	0	0	0	0	0.08	0.08	0	0.08		
9/6/2020	Reg on IV	RJD					ASU	ASU	MHCB	8/30/2020 6:57:00 PM	8.62	8/30/2020 7:59:15 PM	9/8/2020 3:52:58 PM	8.83	ASU	CCCMS			Admit to Input ent	10:15:00 Ce #Front NonConf for 0.25	0	1					0.25	0	0	0	0	0.25	0.25	0	0.25		
9/7/2020	Reg on IV	RJD					ASU	ASU	MHCB	8/30/2020 6:57:00 PM	8.62	8/30/2020 7:59:15 PM	9/8/2020 3:52:58 PM	8.83																							

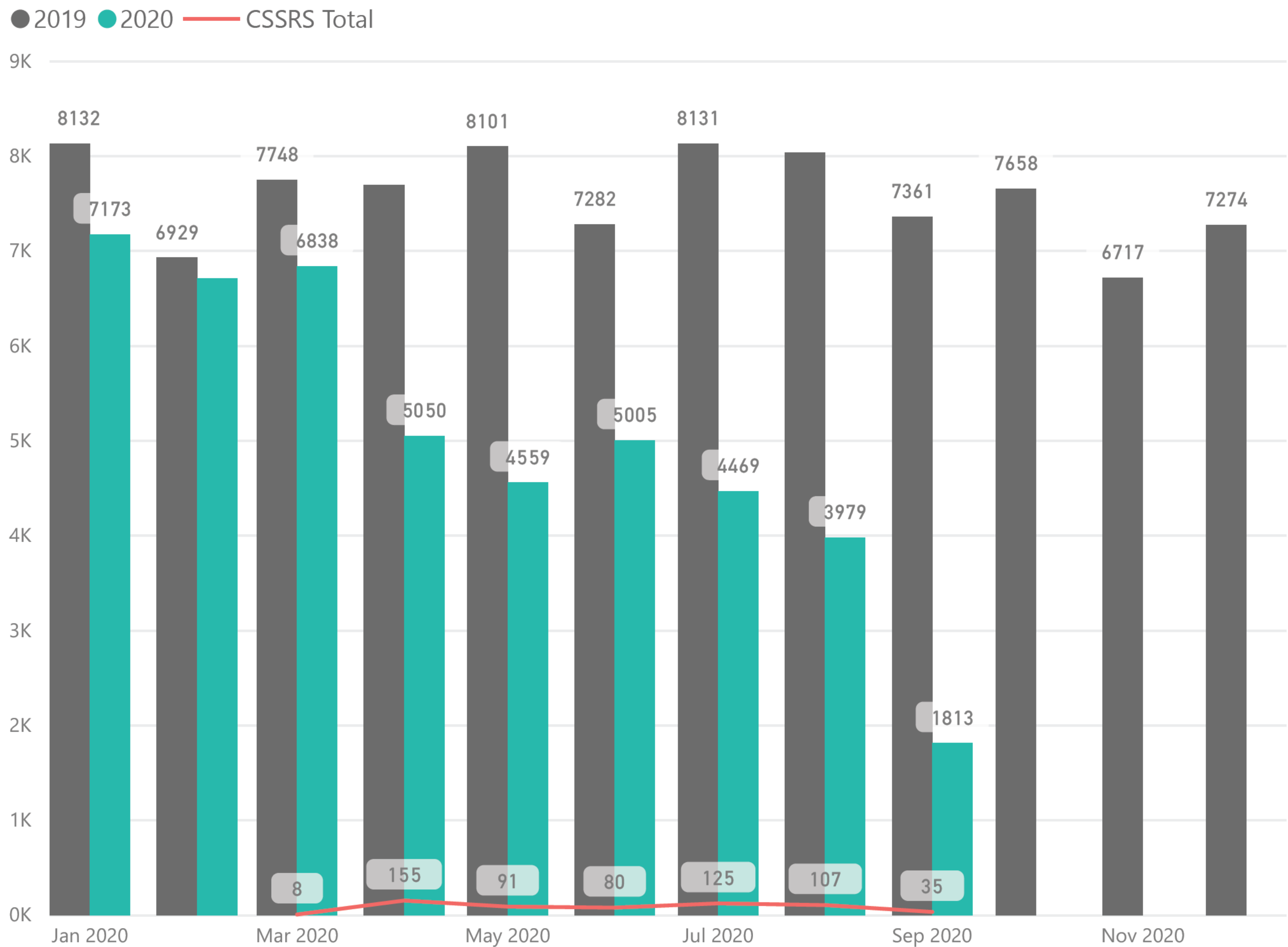
9/13/2020	Reg on IV	RJD				ML	EOP	MHCB	9/3/2020 2:11:00 PM	11.6	9/3/2020 7:39:10 PM		11.1						10:15:00 Ca iFront NonConf for 0.17 min	0	1		0	0				0.17	0	0	0	0	0.17	0.17	0	0.17
9/14/2020	Reg on IV	RJD				ML	EOP	MHCB	9/3/2020 2:11:00 PM	11.6	9/3/2020 7:39:10 PM		11.1						1:00:00 Ca iFront NonConf 0.17 min	0	0		0	1				0.17	0	0	0	0	0.17	0.17	0	0.17
9/15/2020	Reg on IV	RJD				ML	EOP	MHCB	9/3/2020 2:11:00 PM	11.6	9/3/2020 7:39:10 PM		11.1						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
8/25/2020	Reg on IV	RJD				ML	EOP	MHCB	8/25/2020 8:30:00 AM	1	8/25/2020 3:13:10 PM	8/26/2020 :01:12 PM	1.03	EOP	EOP			1/5	08:30:00 Ca iFront NonConf for 0.08 min	0	1		0	0				0.08	0	0	0	0	0.08	0.08	0	0.08
8/26/2020	Reg on IV	RJD				ML	EOP	MHCB	8/25/2020 8:30:00 AM	1	8/25/2020 3:13:10 PM	8/26/2020 :01:12 PM	1.03	EOP	EOP	8/26/2020 12: :21 PM	Required by policy	1/5	08:00:00 Ca iFront NonConf for 0.33 min	0	1		0	0				0.33	0	0	0	0	0.33	0.33	0	0.33

EXHIBIT 6

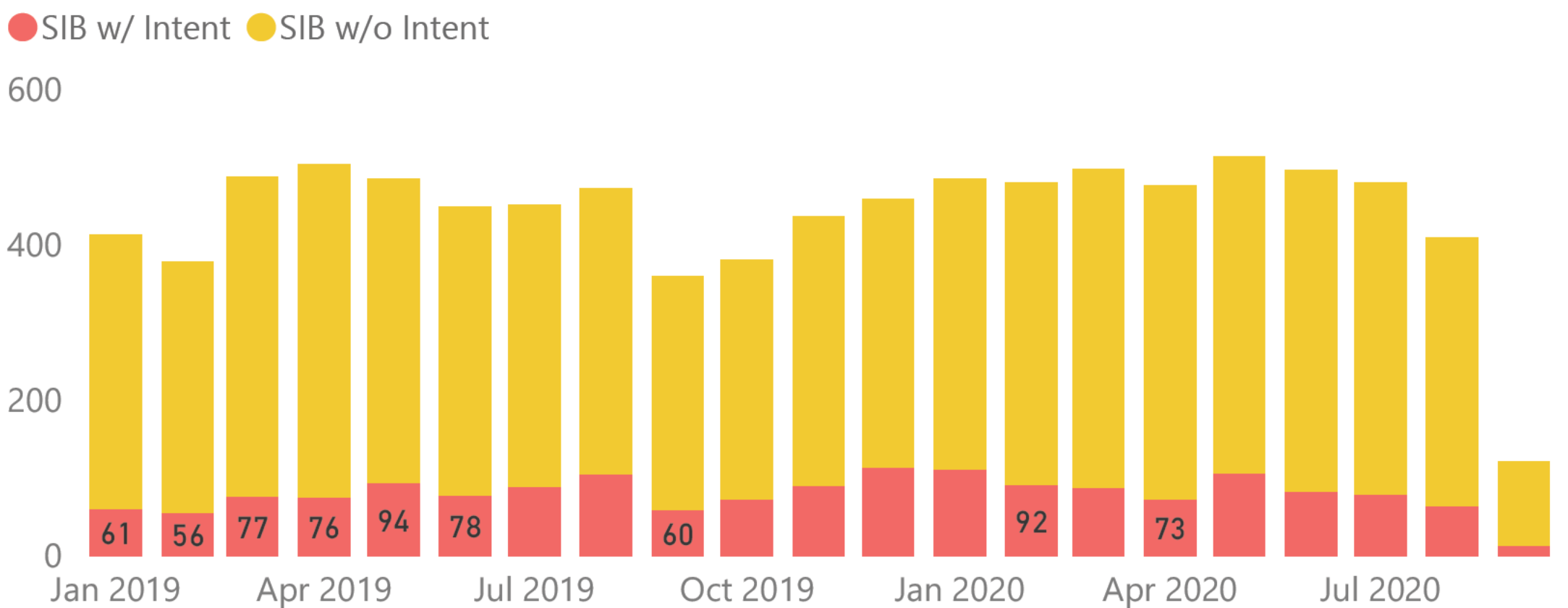


COVID-19 MH Operational Impact Dashboard - Safety

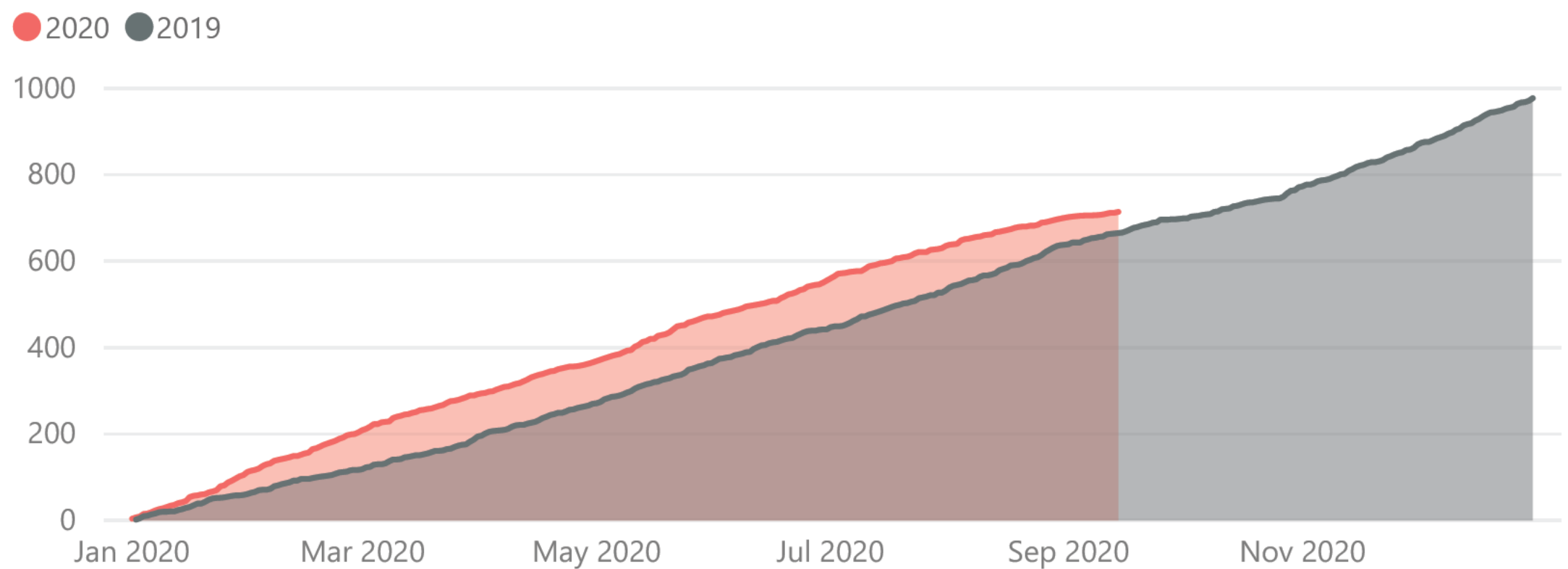
SRASHE & CSSRS Screener



Self-Injurious Behavior



YTD SIB with Intent





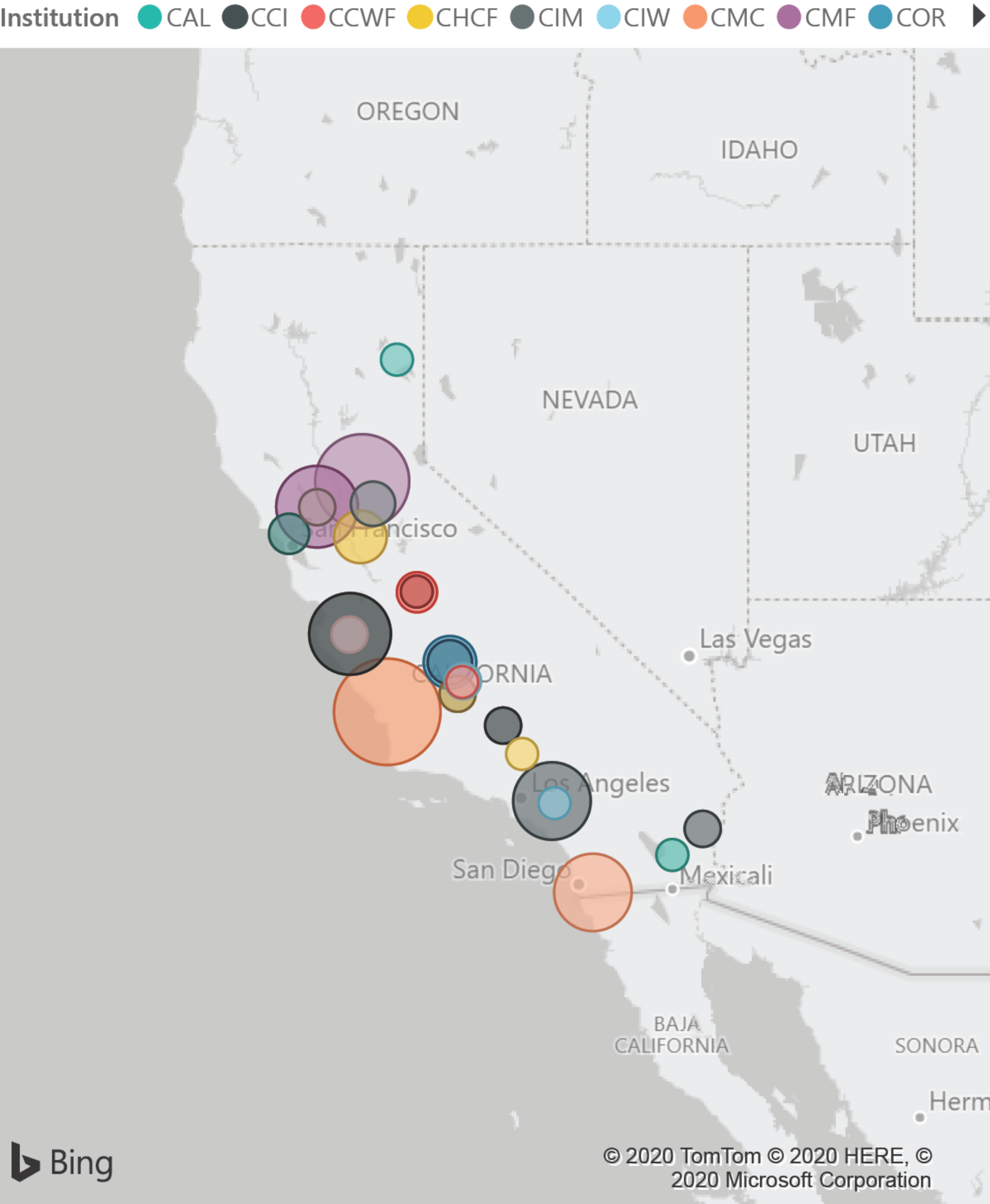
Glossary

COVID-19 MH Operational Impact Dashboard - MHCB

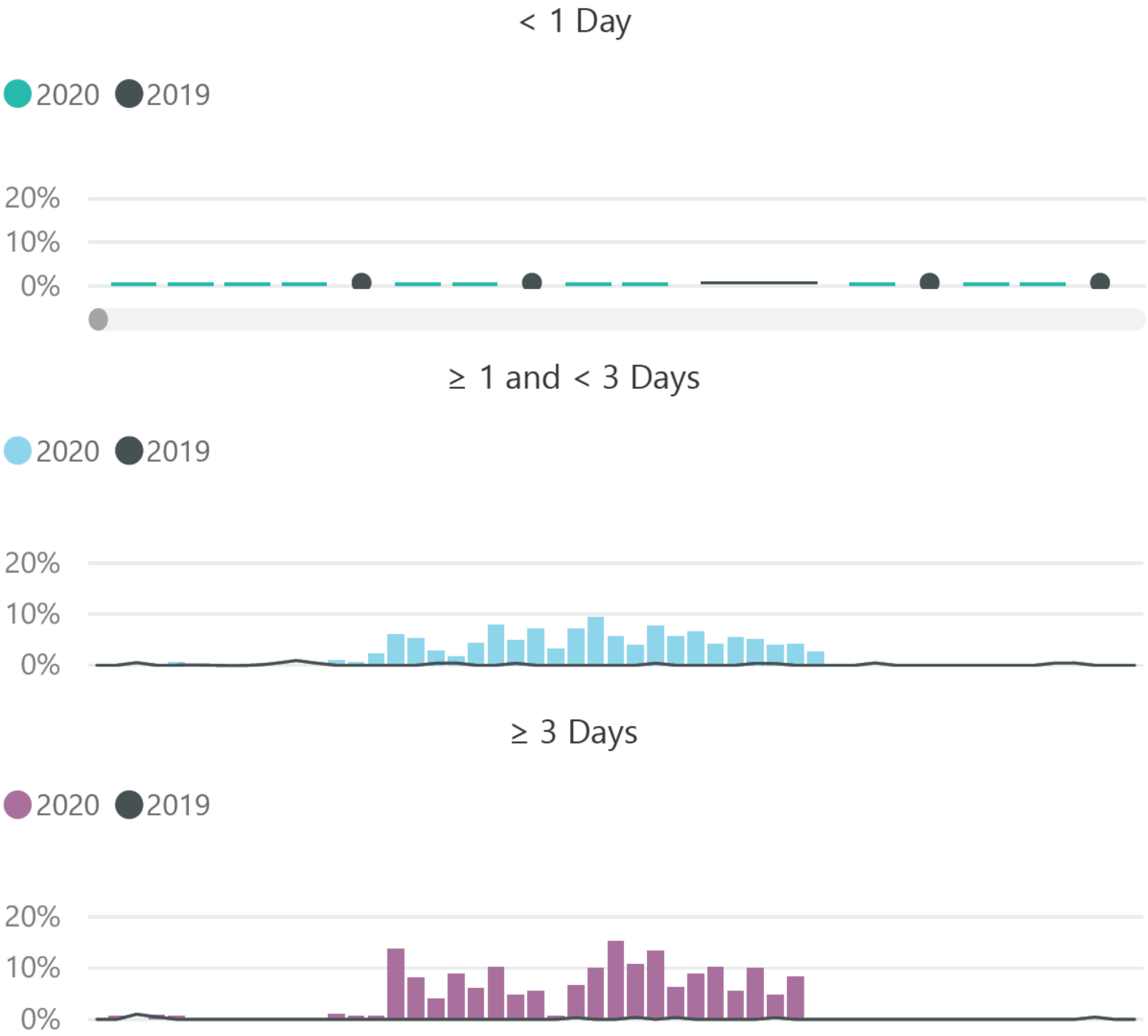
Region

All

MHCB Location



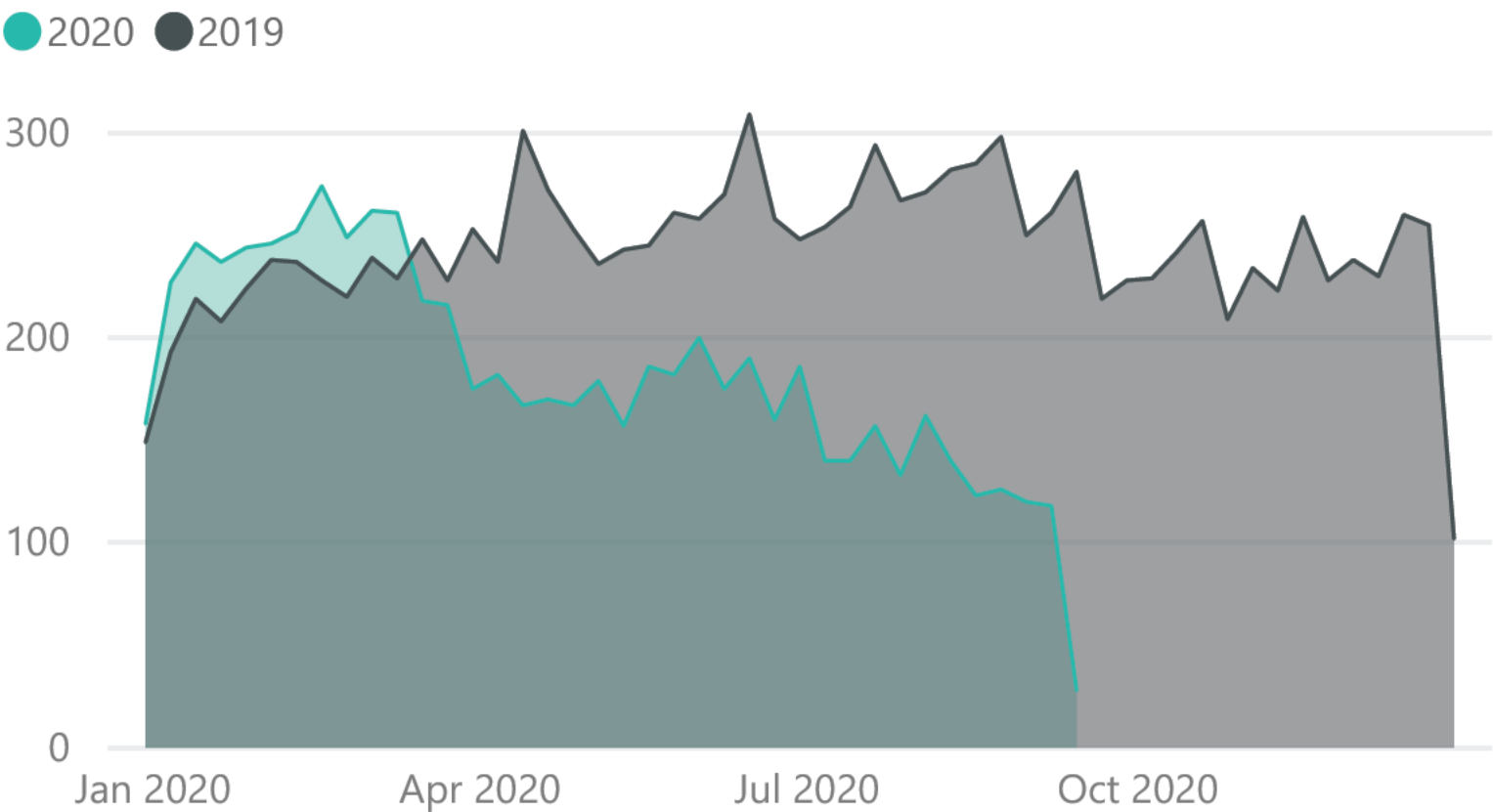
Percent Rescinded



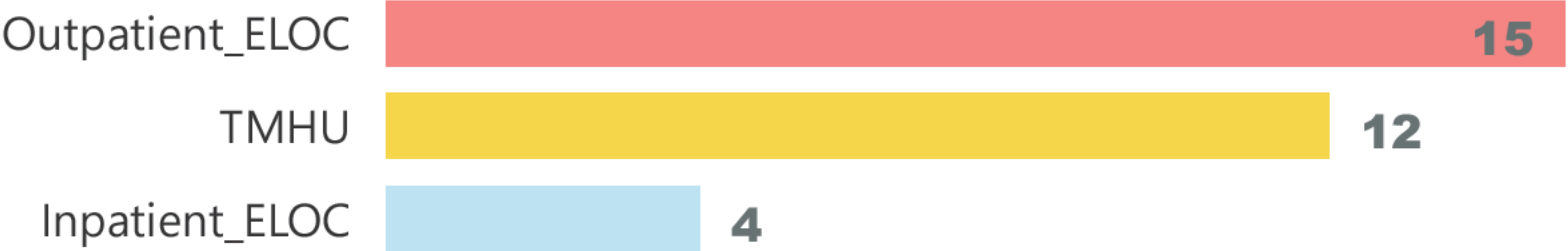
Bed Type



Referrals



MHCB in THMU & ELOC





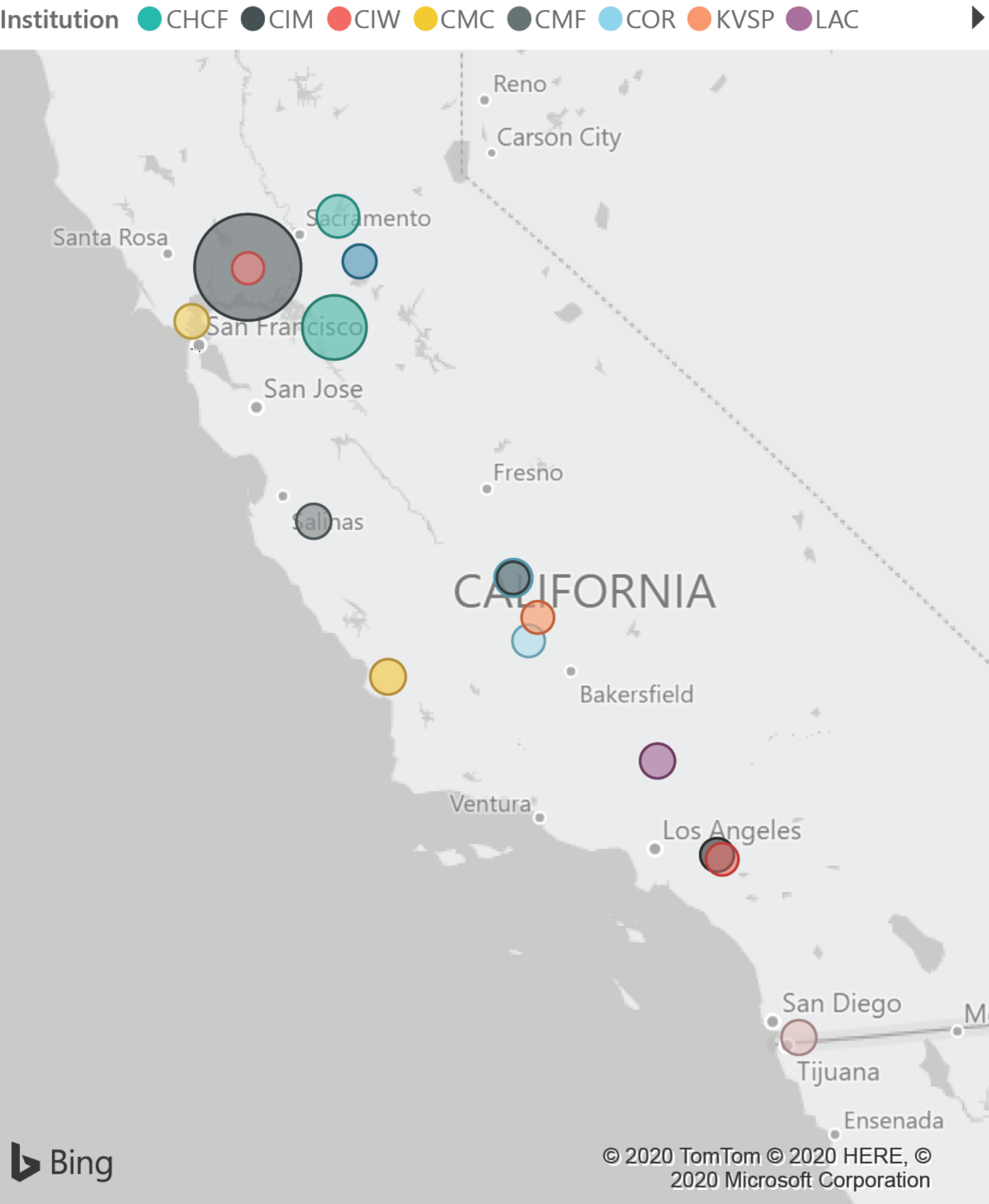
Glossary

COVID-19 MH Operational Impact Dashboard - Acute

Region

All

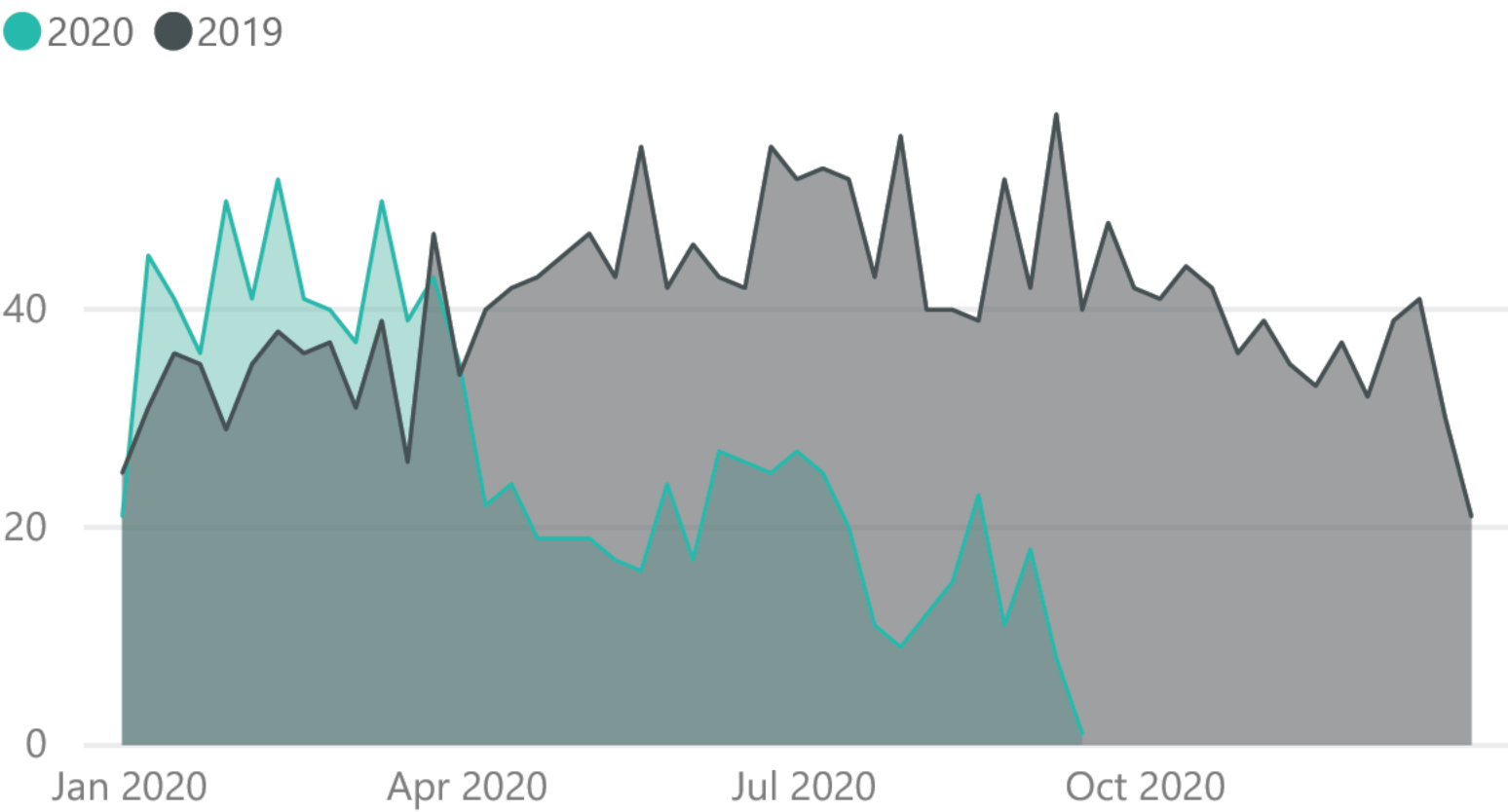
Acute Location



Bed Type



Referrals



Acute in THMU & ELOC



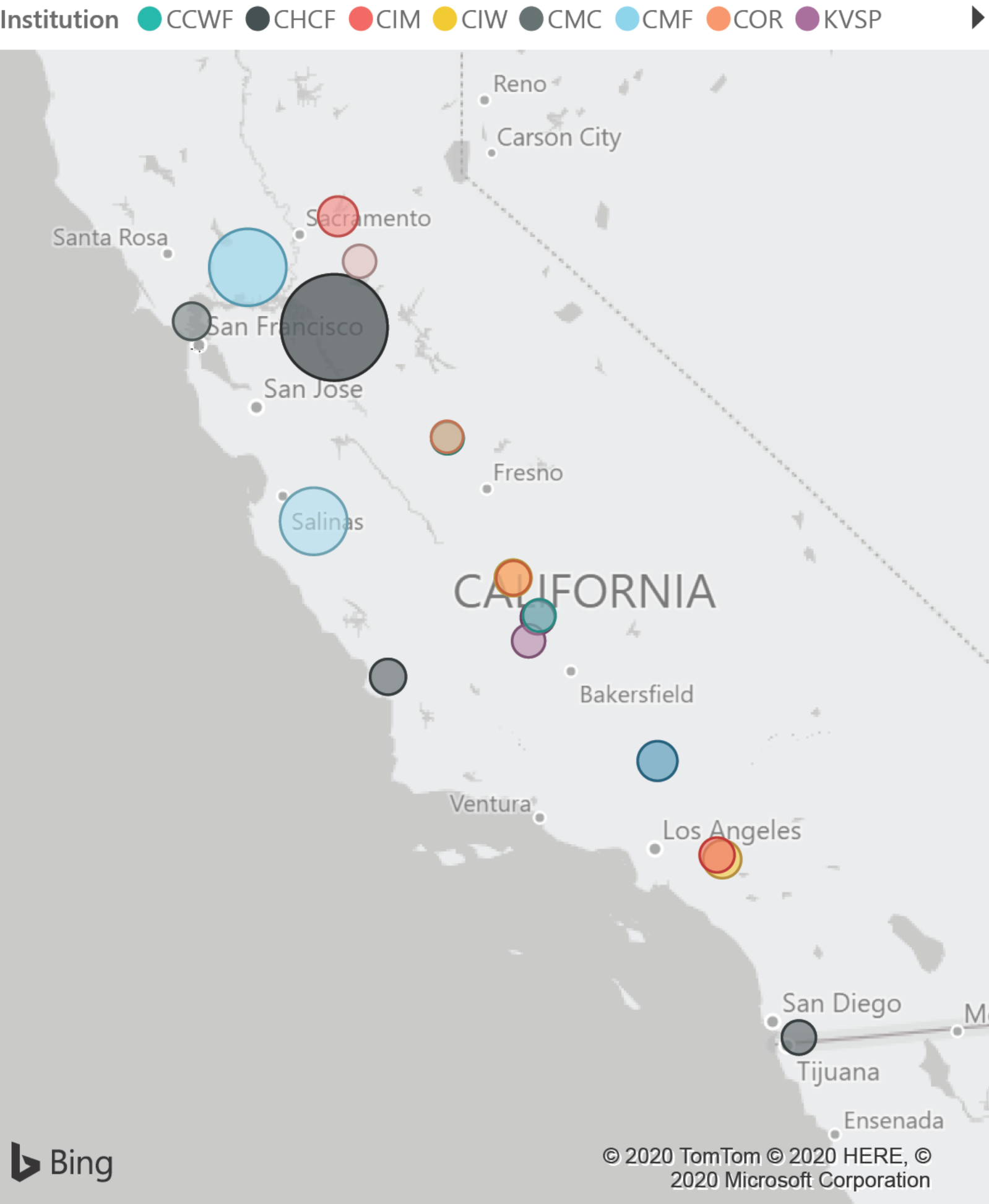


COVID-19 MH Operational Impact Dashboard - ICF

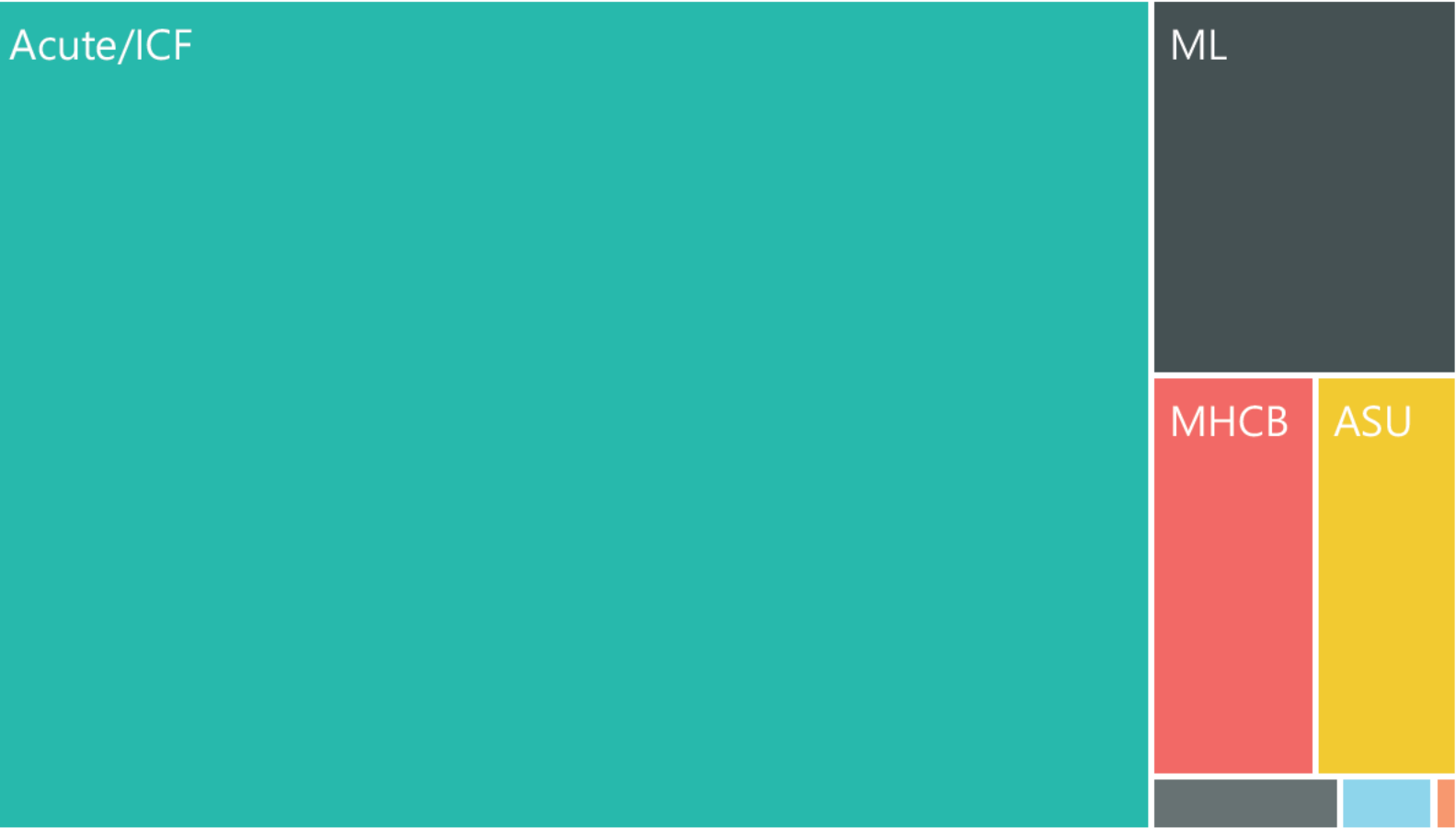
Region

All

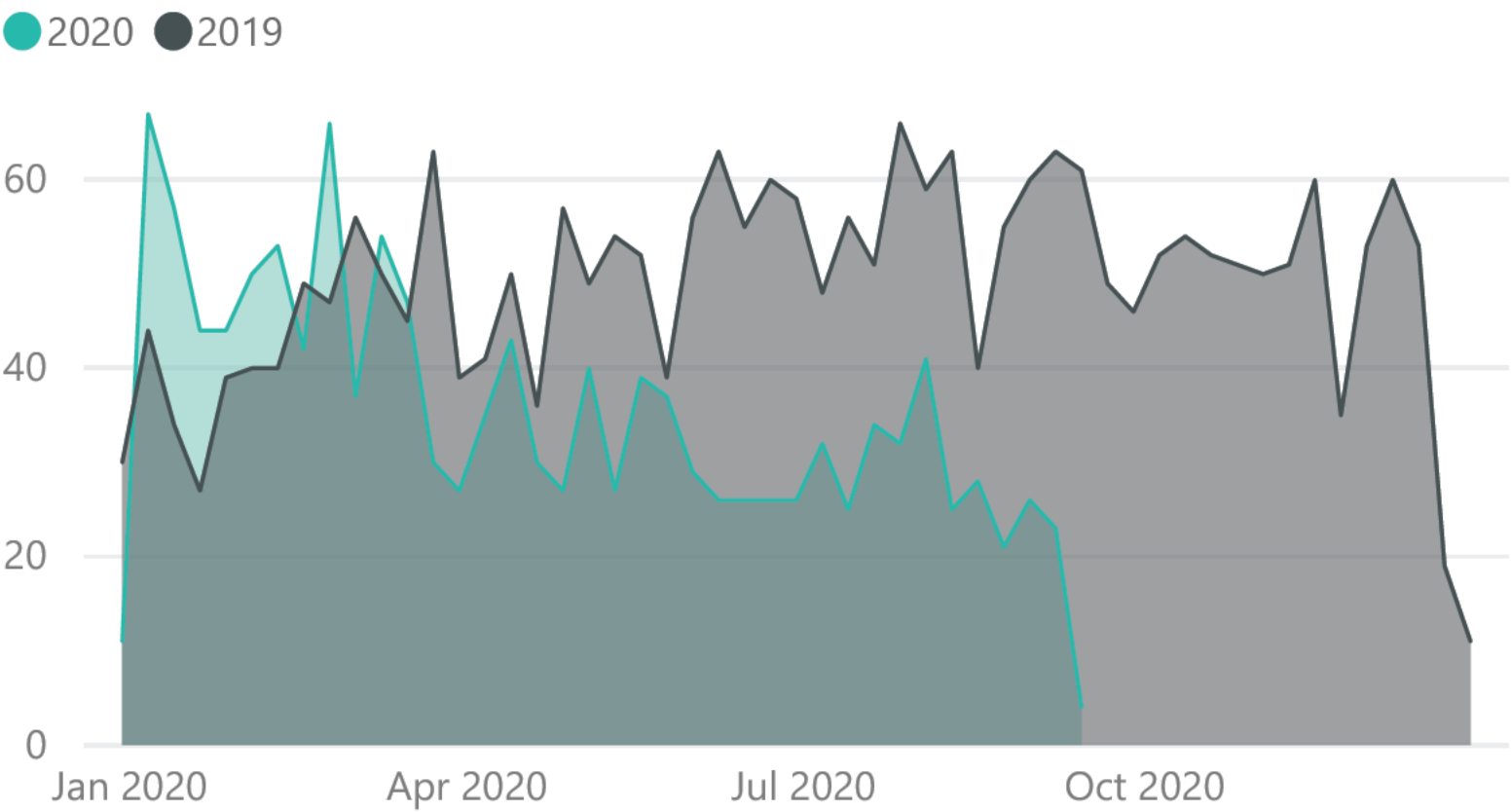
ICF Location



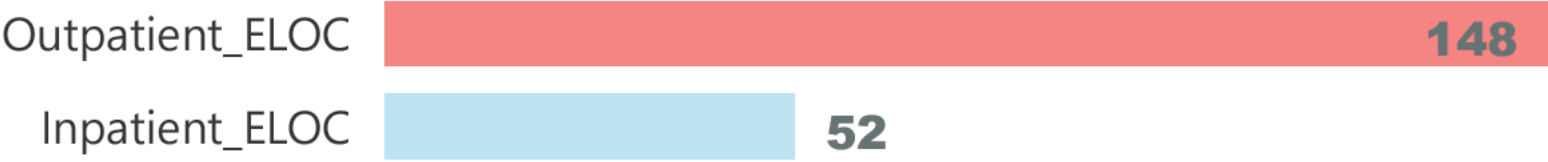
Bed Type



Referrals



ICF in THMU & ELOC



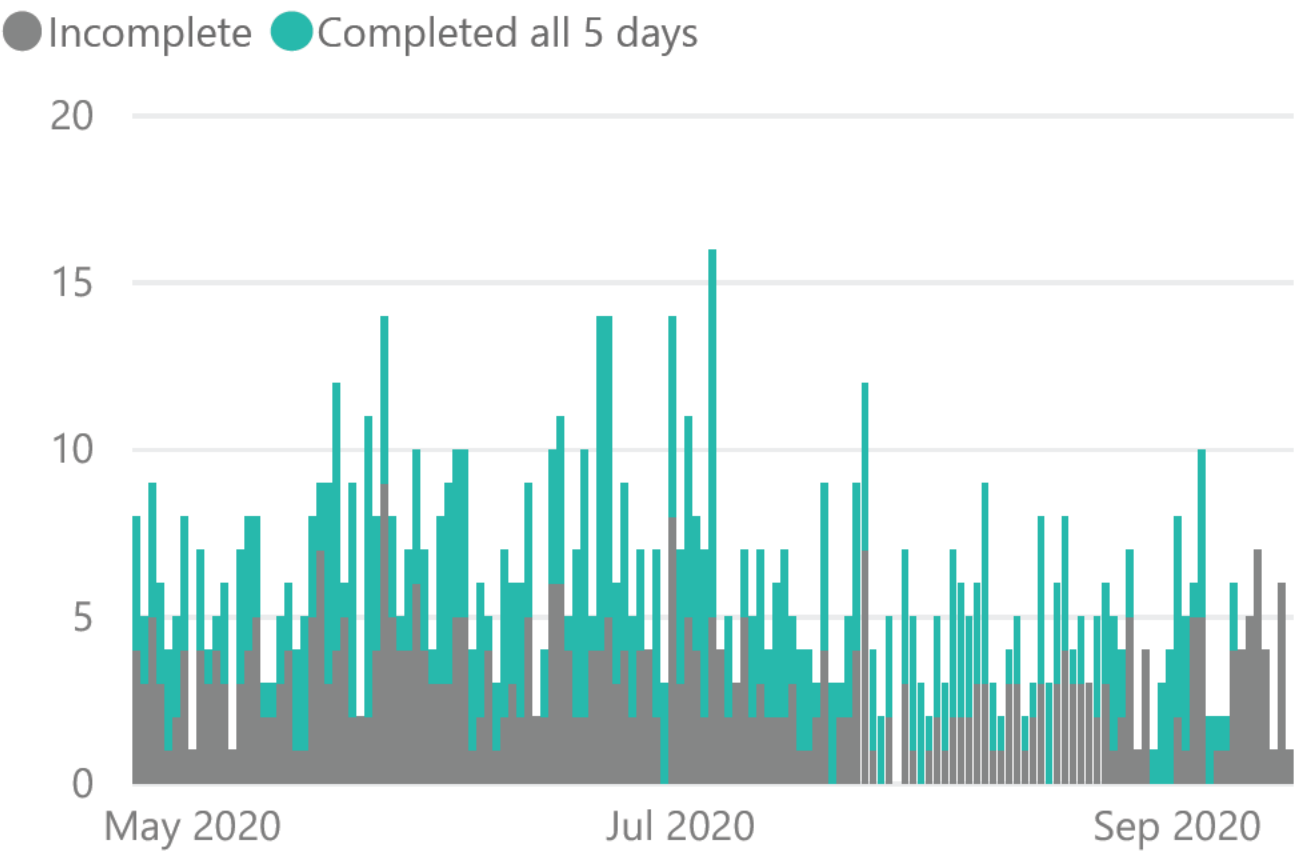


COVID-19 MH Operational Impact Dashboard - TMHU

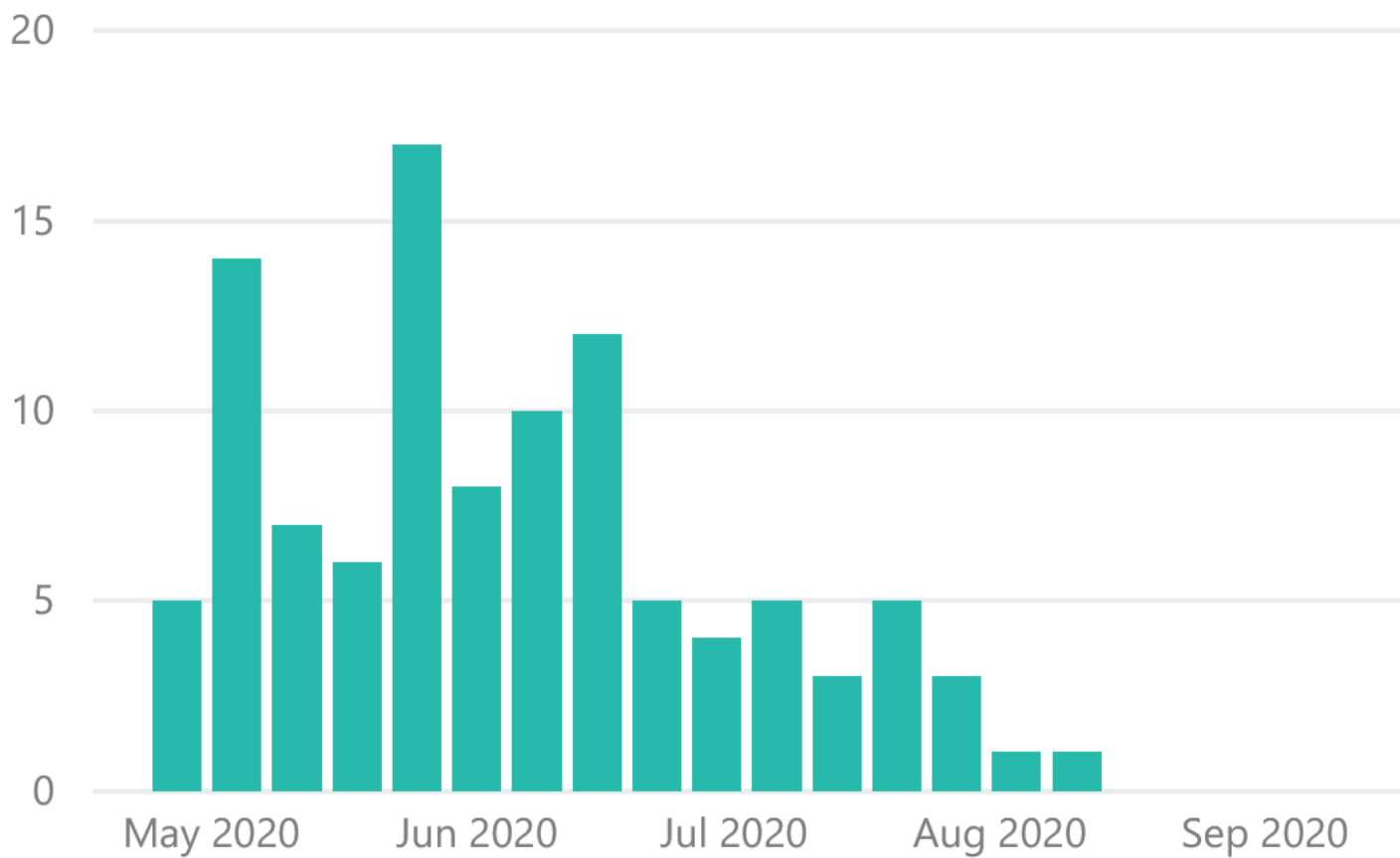
Region

All

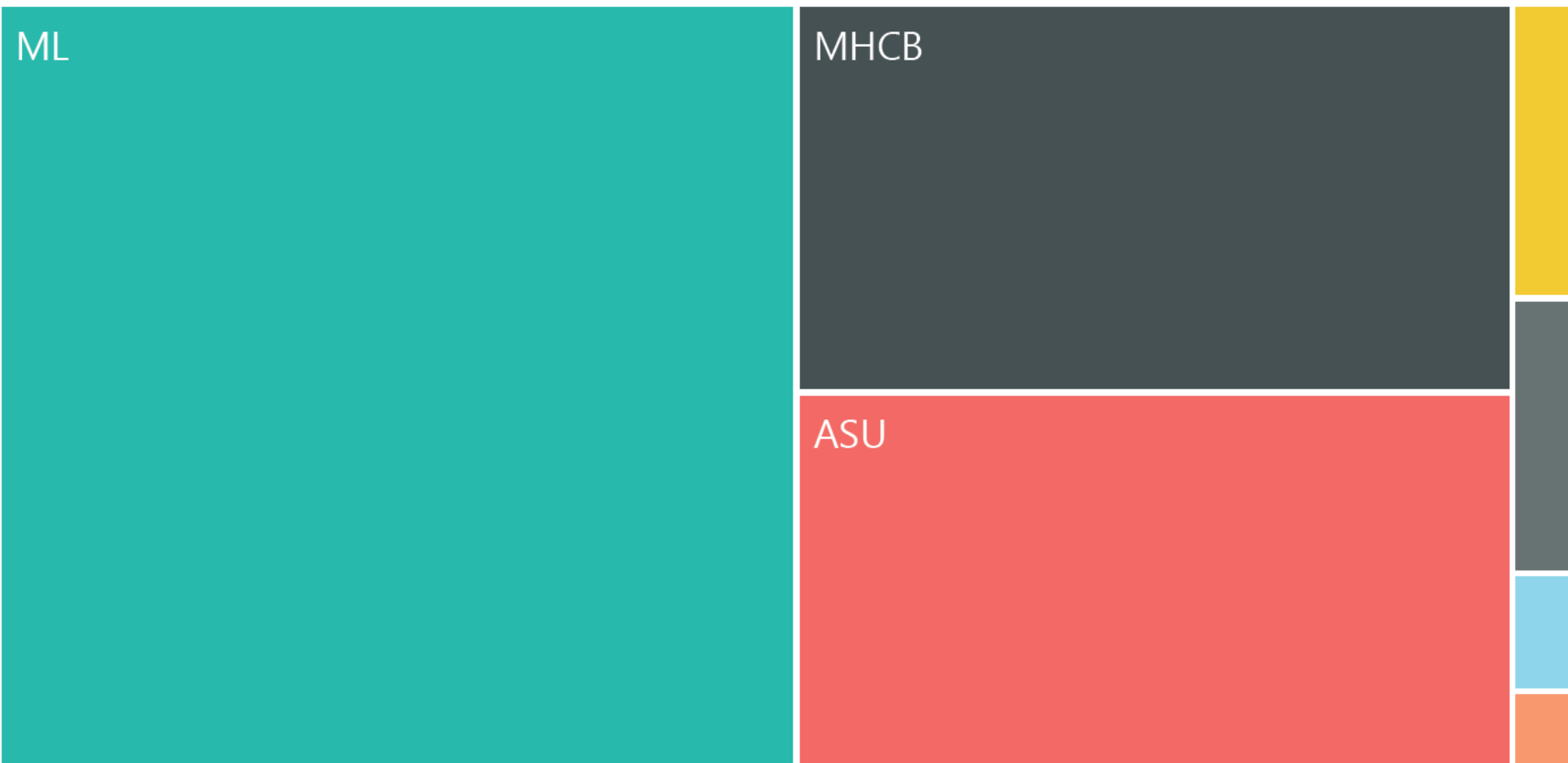
5-Day Follow Up



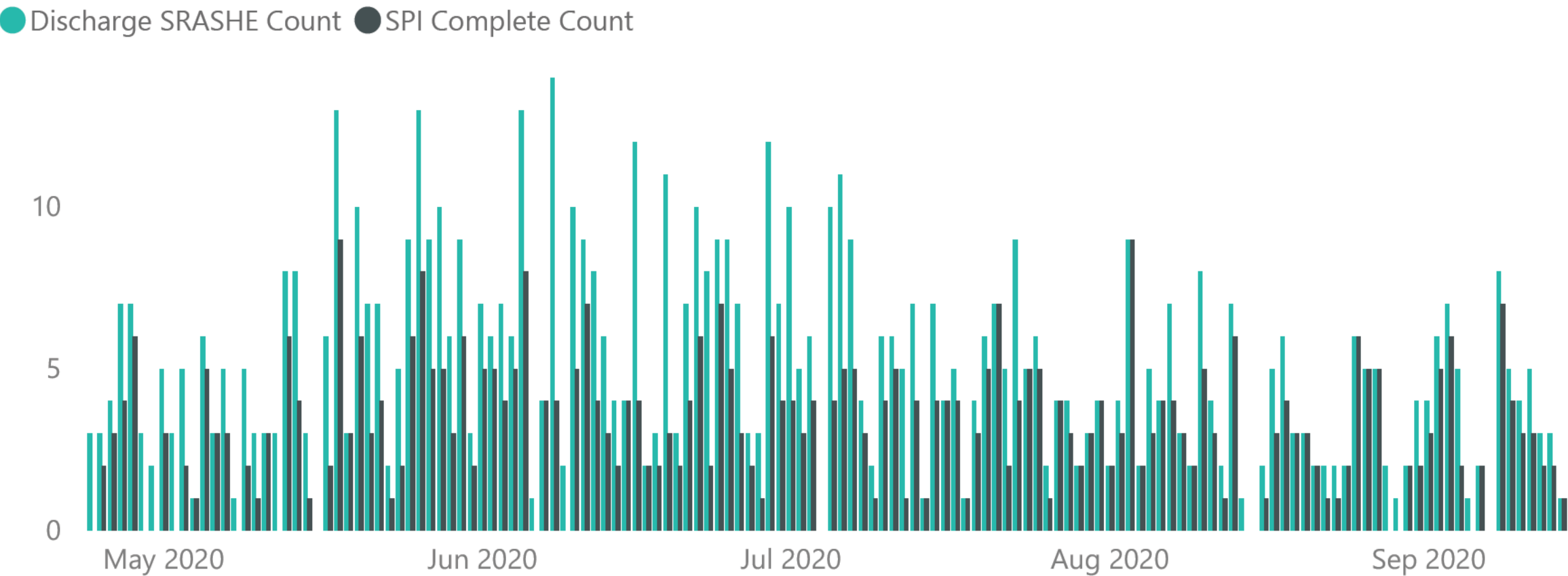
RVR's



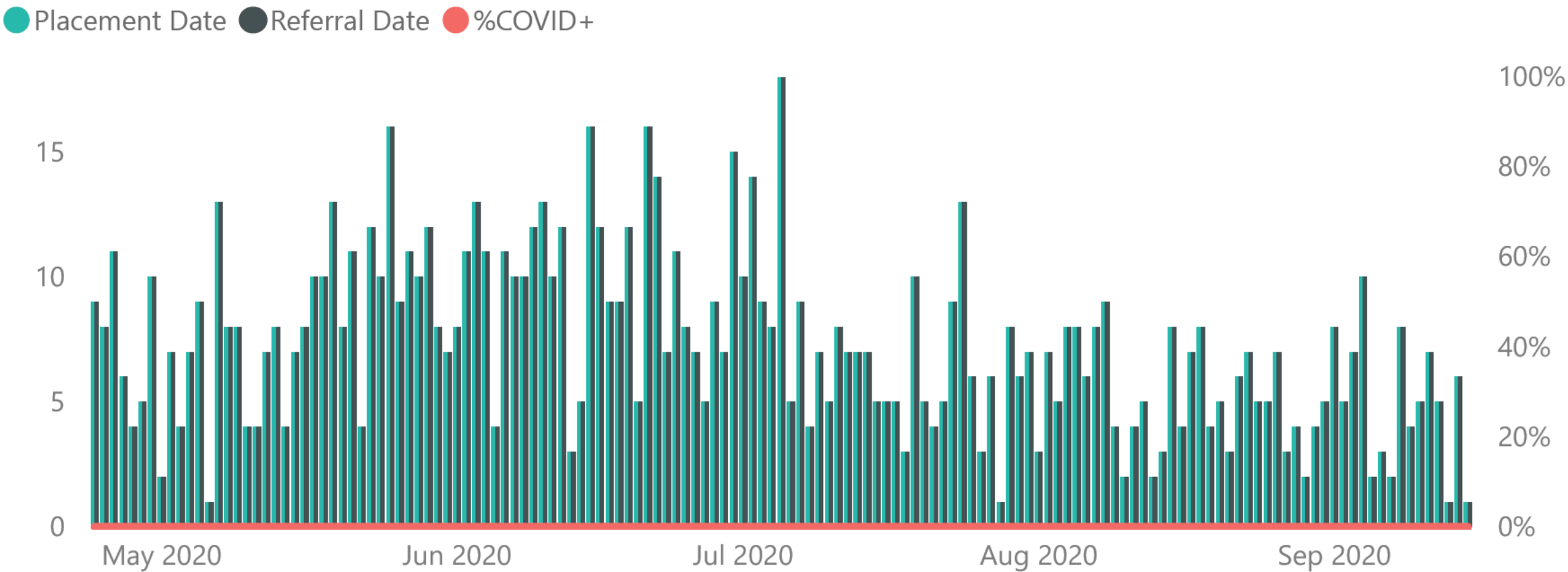
Location Sent After TMHU



Discharge SRASHE & SPI



Referral, Placement, and %COVID-19+



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



COVID-19 MH Operational Impact Dashboard - TMHU (Treatment)

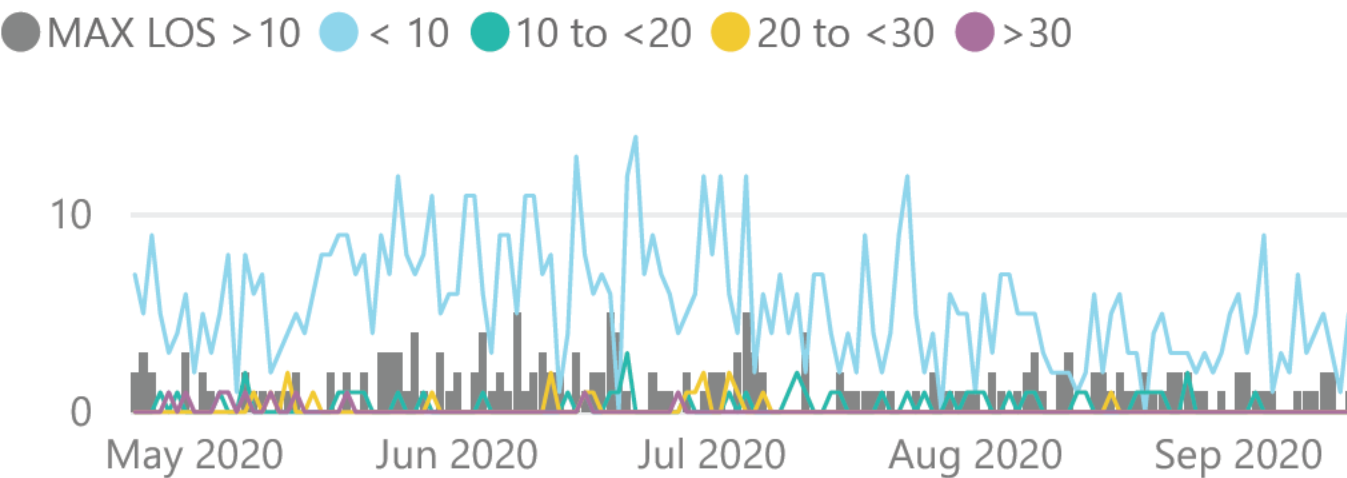
Region

All

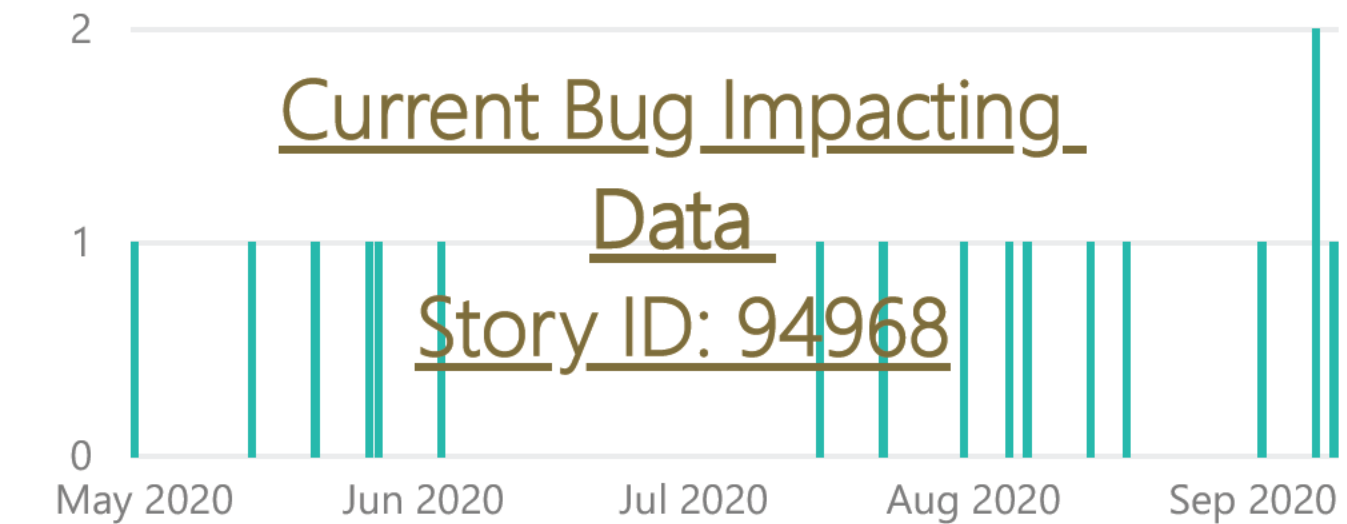
MAX: 5-Hrs. Tx. Offered Out of Cell



Length of Stay (days)



RT Contacts Offered

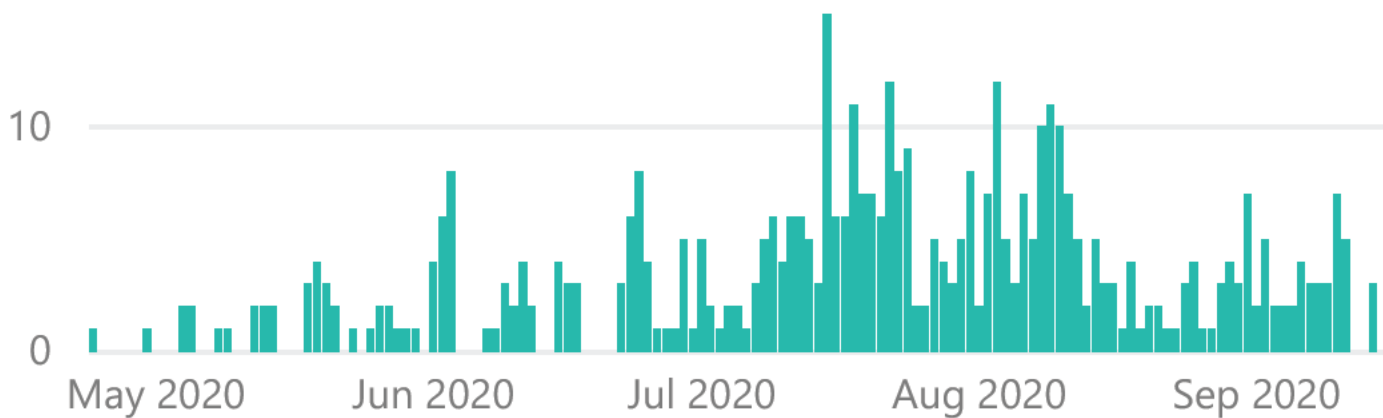


Routine IDTT

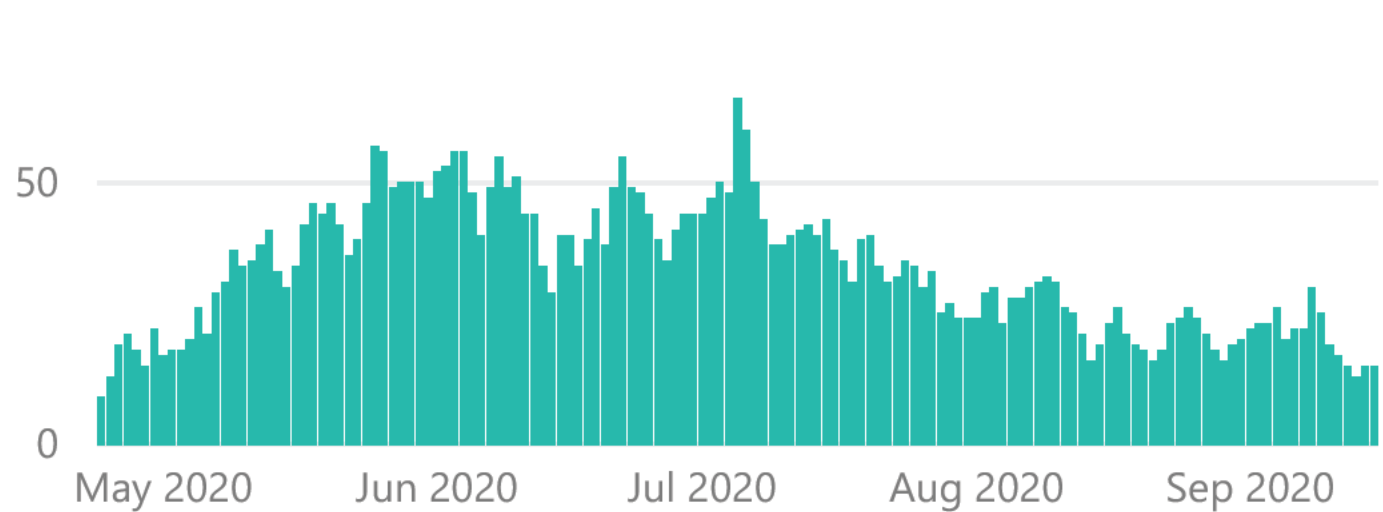
Developing and Testing Visualization

Rounding Count

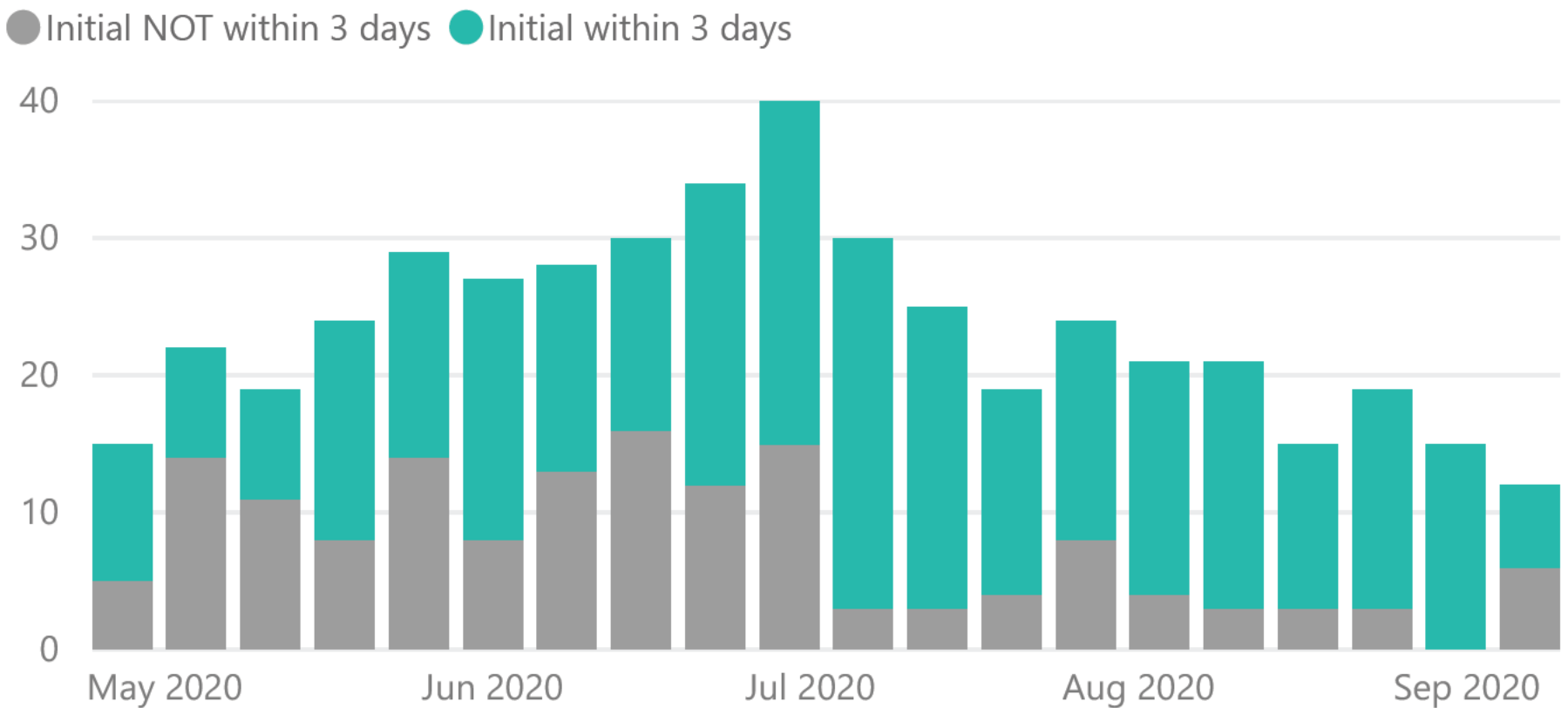
Rounding (Therapeutic Notes Only)



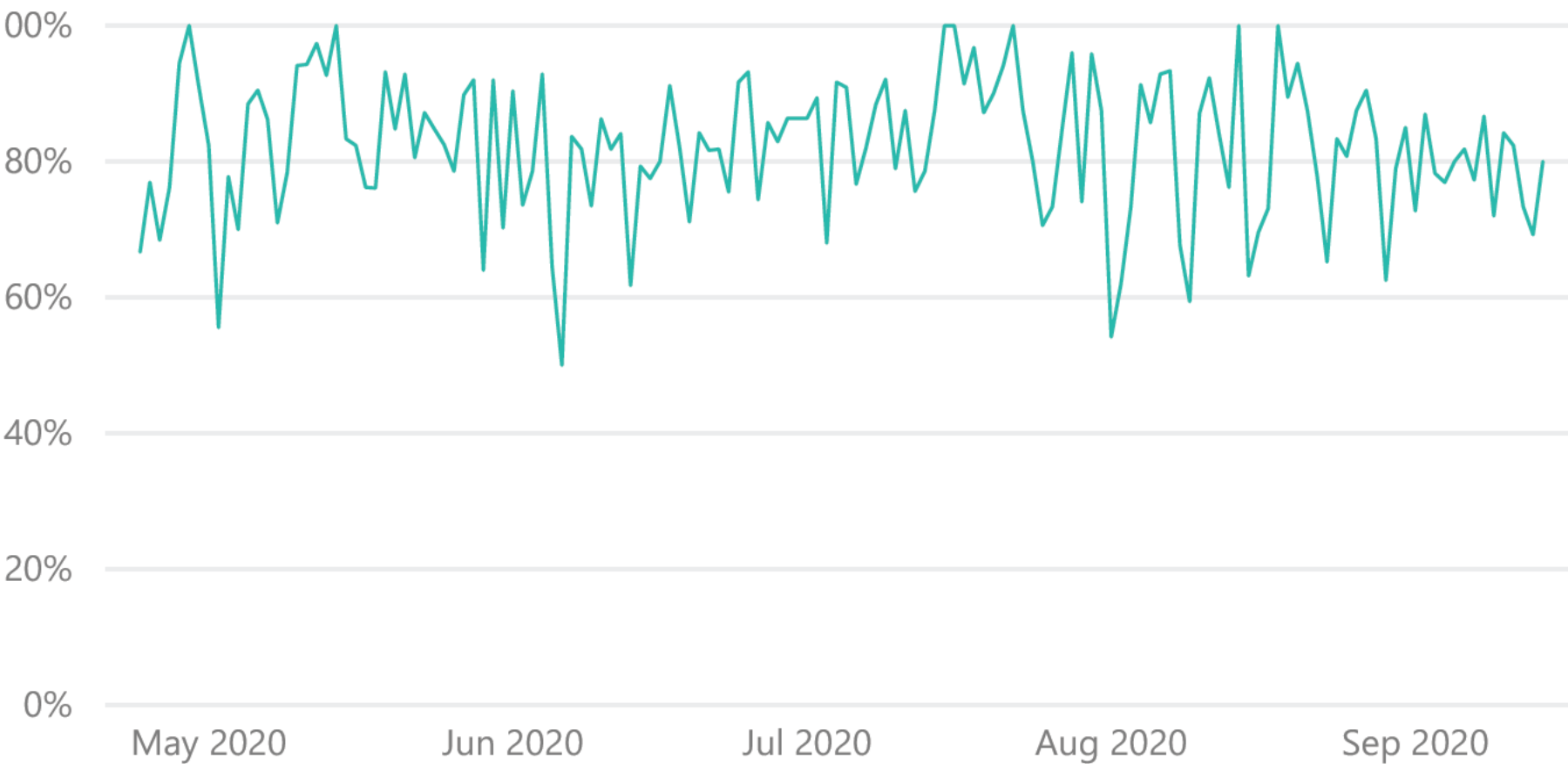
Non-Confidential Count



Initial IDTT



Daily MH Contact Offered Percentage



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

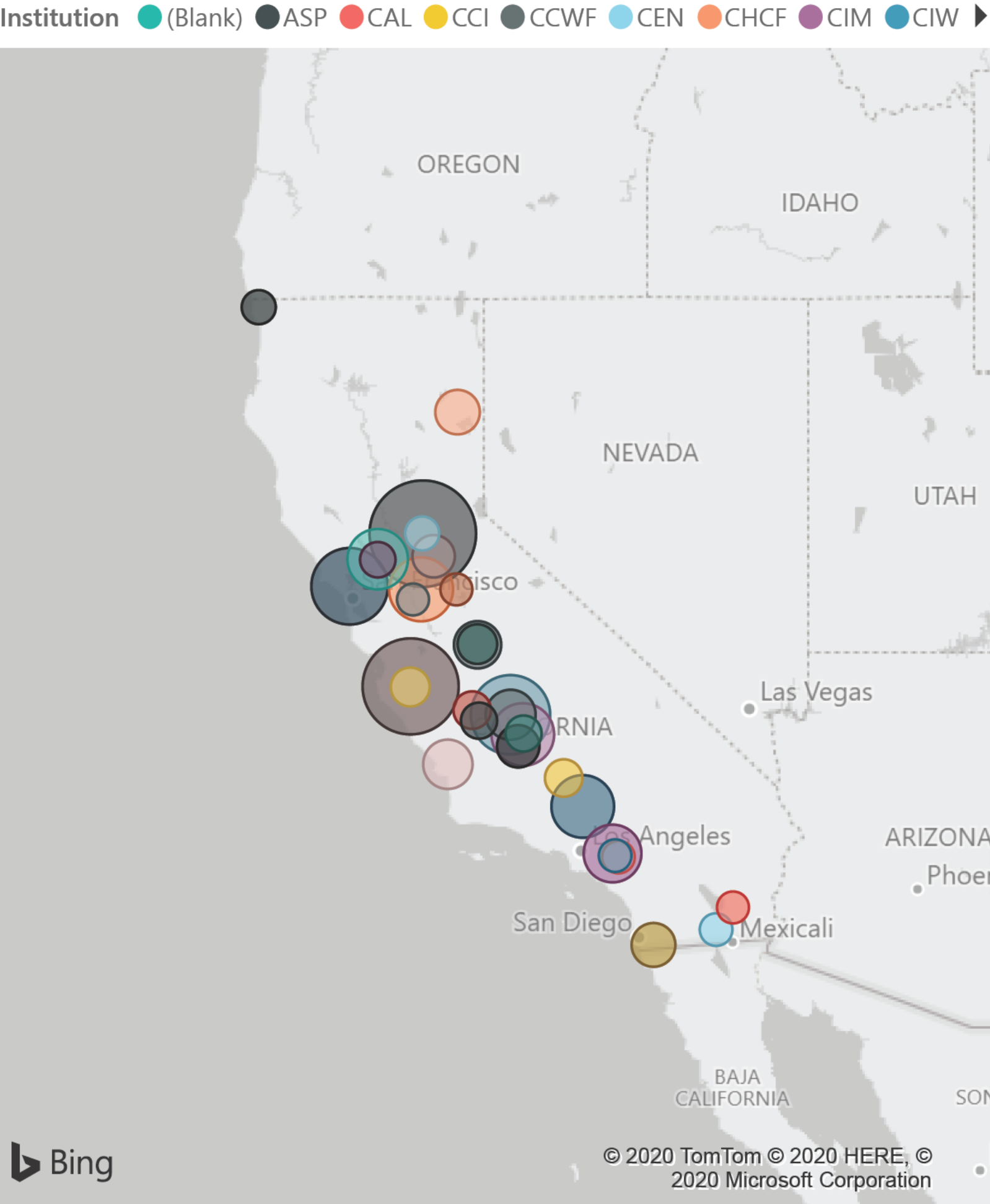


COVID-19 MH Operational Impact Dashboard - ELOC & EOP

Region

All

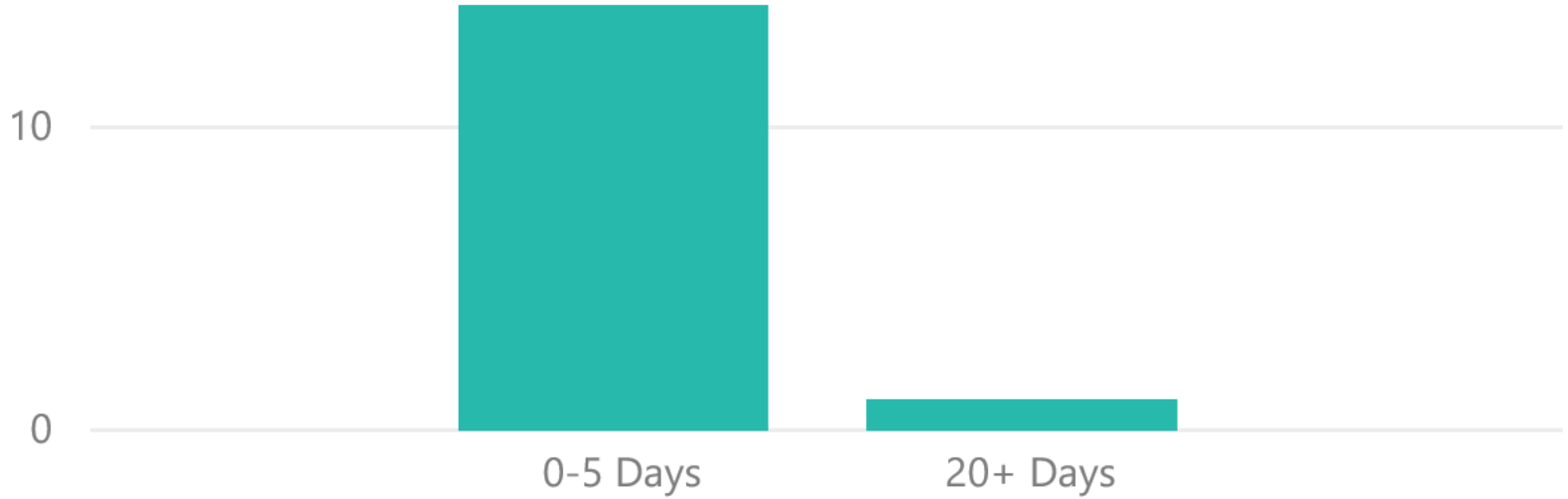
ELOC Location



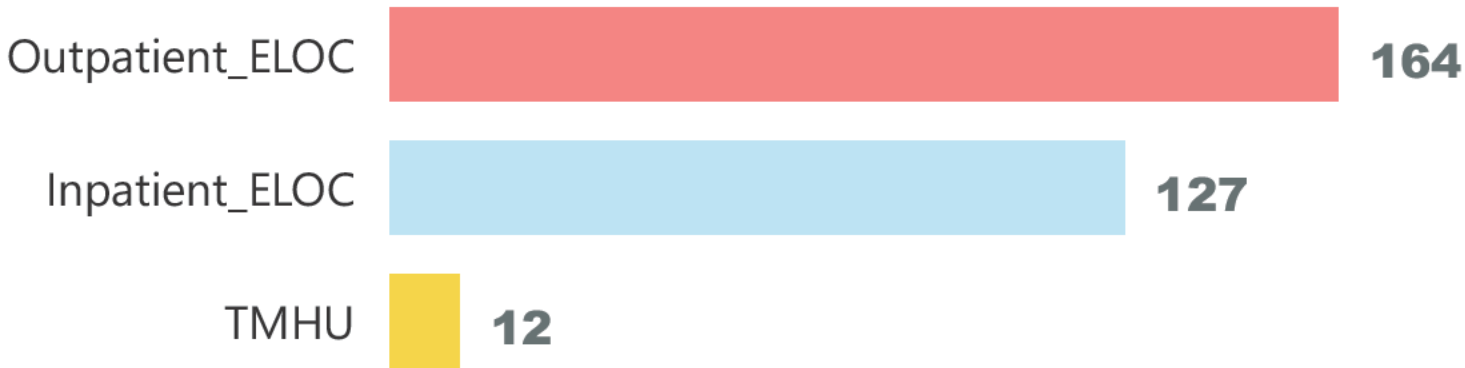
EOP Patients Not in EOP Bed

491

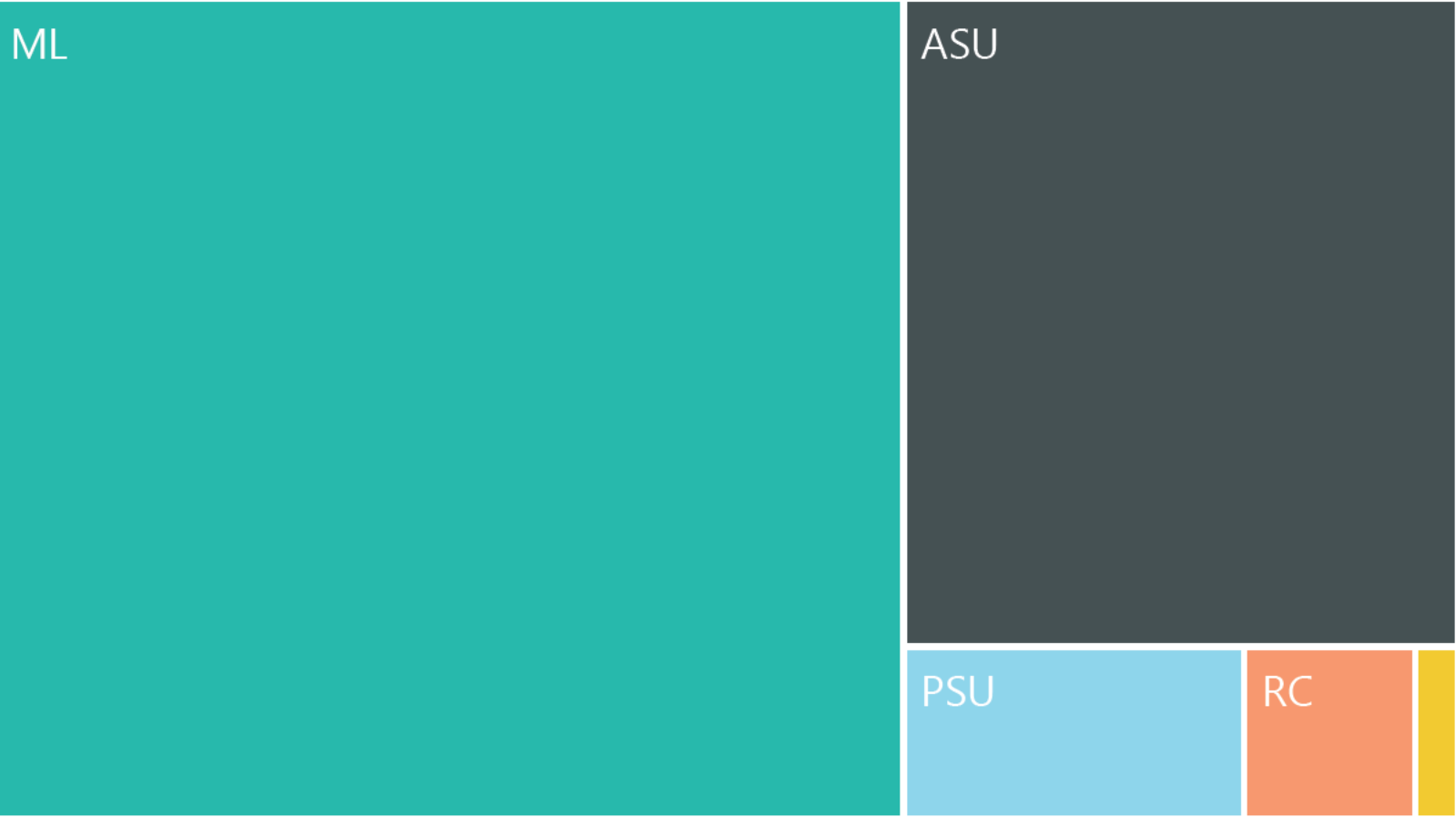
MHCB Patients LOS in Outpatient



Inpatient Referrals in ELOC



Inpatient in EOP Housing



Patients Awaiting EOP Bed



EXHIBIT 7

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES**



COVID-19 Surge Mitigation and Management Plan

Surge Mitigation and Management Plan Overview

The California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) have experienced unprecedented staff and inmate/patient challenges in addressing the impact of the COVID-19 pandemic on the California correctional system.

The following recommendations from the California Department of Public Health (CDPH) augment CDCR/CCHCS efforts to mitigate and manage COVID-19 outbreaks. These guidelines are provided in the broadest form and, at any time, can be increased or relaxed depending upon the current infection rate, ability to isolate, and mitigate the illness. Employing these recommendations will help prevent or limit the spread of COVID-19. This is a rapidly evolving situation and the CDPH will provide updated guidance as new information becomes available.

A. General Guidelines

This is inclusive of global strategies implemented statewide to support and mitigate further spread; including, but not limited to:

1. Department Operations Center (DOC) guidance.
2. Institution-specific Mitigations Plans.
3. Strategies for mass testing of staff and inmate/patients.
4. Statewide and institutional restricted and/or modified movement.
5. Screening of all persons at every entry point within an institution; including, completing temperature checks and the signs and symptoms questionnaire of COVID-19.
6. *COVID-19 Screening and Testing Matrix for Patient Movement* dated May 22, 2020.
Link: <http://lifeline/HealthCareOperations/MedicalServices/PublicHealth/Coronavirus/Movement%20Matrix%205-22-20.pdf>
7. *COVID-19: Interim Guidance for Health Care and Public Health*.
Link: <https://cchcs.ca.gov/covid-19-interim-guidance/>
8. Implement Clinical Operations Plan.
Link: <\\accounts\hcs\HQ\Main\Public\Nursing Services\Nursing\COVID-19 Clinical Operations\Clinical Operations Plan\Clinical Operations Plan - 4.15.20.pdf>
9. Promote Health and Safety Culture.
10. Conduct Hazard Risk Assessment utilizing predictive tools and Quality Management (QM) monitoring tools.
11. Daily Program Status Report (PSR).
12. Follow Respiratory Protection Program (RPP) guidelines.
13. Follow Aerosol Transmissible Disease (ATD) guidelines.
14. Continuous COVID-19 Education and Awareness.
15. Regular communication with local health departments regarding potential hospital surge and inmate/patient release procedures.
16. Operational Incident Command Posts at each institution.

B. Personal Protective Equipment

Personal Protective Equipment (PPE) will be utilized by both staff and incarcerated individuals according to Centers for Disease Control and Prevention (CDC) guidelines and the Division for Occupational Safety and Health (Cal/OSHA) regulations. This specifically includes the ATD standard and current PPE guidelines. All buildings should have donning and doffing stations with education and training on procedures. Utilization of

Case 2:90-cv-00520-KJM-DB Document 6866 Filed 09/15/20 Page 103 of 107
the *Recommended Personal Protective Equipment (PPE) For Staff and Inmates in the Institutions*, provides guidance to all CCHCS/CDCR regarding the use of:

- Isolation Gowns
- National Institute and Occupational Safety and Health-Approved N95 Respirator Mask
- Powered Air Purifying Respirator (PAPR)
- Facemask
- Face Shield
- Goggles
- Gloves

1. Inmate/patient

- a. Provide/encourage/mandate, when necessary, universal cloth facial covering or higher level of respiratory protection as directed by CCHCS in consultation with CDPH.
- b. In the event an inmate/patient is issued an N95 mask, fit testing should be done if possible, particularly if a patient is high risk.
 - i. Teach back policy with regards to the N95 mask. Educate the inmate/patient as to when, where, and how long the N95 mask should be worn.
 - ii. Periodic monitoring checks for appropriate facial covering.
 - iii. Higher level respiratory protection will be applied on a case-by-case basis and under guidance of CCHCS.

2. Inmate workers

- a. Continue to screen all critical workers for signs and symptoms of COVID-19 prior to leaving the dorm/cell for work.
- b. Provide surgical masks to all inmate workers and/or higher level PPE as indicated by the PPE guide.
- c. Provide/encourage/mandate higher level respiratory protection when required pursuant to the PPE guide and/or Cal/OSHA guidelines. If guidance dictates the issuance of an N95 to an inmate worker, provide N95 mask fit testing pursuant to Cal/OSHA guidelines.

3. Staff

- a. Following current guidelines, provide/mandate the use of appropriate PPE, to include:
 - i. Use eye goggle/face shield; N95 masks when necessary.
 - ii. Utilize the issued PAPR as directed under established RPP.
 - iii. Teach back policy regarding N95 mask use to demonstrate understanding.
 - iv. Periodic monitoring checks for proper mask use.
 - v. Mandatory Fit Testing for Staff per Cal/OSHA guidelines.
 - vi. In the event, an employee becomes ill while working in a prison, they should immediately be provided a surgical mask, referred to Office of Employee Health (OEH) and sent home until cleared to return to work by OEH.

C. Physical Distance

1. Inmate/patient

- a. Limit time in groups (i.e. yard time, dining hall, clinical areas).
- b. Monitor areas in which inmates/patients interact and ensure six feet separation.
- c. Mark six-feet spacing in congregate areas. (i.e. Culinary, Canteen, laundry lines, medication administration areas, clinical waiting rooms, etc.)
- d. In celled housing environments, non-positive inmates/patients with medical co-morbidity or deemed high risk should be placed in either a single cell or housed with a person whose recovered from

- e. Employ medical isolation/quarantine of individuals with confirmed or suspected COVID-19, including, considerations for cohorting when individual spaces are limited.
 - f. Use designated COVID-19 housing for quarantine and isolation
2. Staff
- a. Mark six-foot spacing at officer and staff workstations and podiums.
 - b. Install Plexiglas barriers at podiums and workstations if possible (*Note: CDCR/CCHCS discretion due to possible safety concerns*).
 - c. Monitor six-foot distance among staff.
 - d. Stagger break room shifts when applicable; signs and floor markings in break rooms.
 - e. When physically escorting inmate/patients follow current PPE guidelines for staff and inmates/patients.
 - f. When possible, schedule staff to work in same location and in cohorts.
 - g. When possible, assign staff only to specific areas/buildings (i.e. previously positive staff with positive inmates/patients, if possible) and continue to follow PPE guidelines.
 - h. Continue staff testing per Department/CDPH guidelines and recommendations.

D. Movement

1. Inmate/patient
 - a. Limit duration of yard time and only allow activities that maintain six-foot physical distance.
 - b. Limit yard activities that encourage close contact (i.e. basketball, etc.)
 - c. Shower with small numbers of inmates/patients per group or cell partners.
 - d. Discontinue general workers and implement Critical Workers program (i.e. Healthcare Facilities Maintenance Program, American with Disabilities Act assistants and feeding/kitchen workers).
 - e. Screen all inmate workers for COVID-19 symptoms daily prior to release.
 - f. In celled housing environments: provide medication distribution, communication, and food service at cell side to limit movement following institution's PSR.
 - g. Triage clinical operations and ensure patients are seen as needed while taking necessary exposure mitigations steps such as frequent cleaning of clinics, cohorted groups, and on-site evaluations.
2. Staff
 - a. Maintain distance when escorting unless security dictates otherwise.
 - b. Follow current CCHCS/CDPH guidelines regarding PPE use during transport and escort.
 - c. When physically escorting inmates/patients follow PPE guidelines for staff and inmate/patients.

E. Housing/Cohorting: Inmate/patients

1. Positive inmates/patients moved to COVID-19 positive designated housing units or alternative care sites/housing locations (I.e., gymnasiums, tents, if space available)
 - a. Conduct twice-daily rounds including full assessment and vital signs.
 - b. Cell/Dorm/Podium pass for medication administration.
 - c. Release from positive inmate/patient housing is dependent upon being cleared by healthcare following CDC and CCHCS guidelines.
2. Quarantine and isolation inmate/patients are cohorted in designated areas until released by healthcare following CDC and CCHCS guidelines.
 - a. Conduct minimum daily rounds with pulse oximeter, temperature checks and visual signs and symptoms of illness.
 - b. Dorm/Podium med pass or escorted in cohorts to medication administration areas.

3. COVID-19 negative buildings
 - a. In the event a symptomatic inmate/patient is identified, isolate and house appropriately as directed by CCHCS public health guidelines (Link: [COVID-19: Interim Guidance for Health Care and Public Health Providers](#)).
 - b. Conduct contact tracing investigations as needed by public health nurses, identify exposed inmate/patients and staff.
 - c. Refer staff who may have been exposed or have been identified via contact investigation to the Employee Health and Wellness contact tracing team for follow-up. Staff who may have been exposed will have follow-up contact tracing.
 - d. In dorms, cohort sleeping groups. Arrange dorm bedding to eight person cohorts. Each eight-person cohort is to be separated by a minimum of a six-foot separation. Sleeping should be head to toe.
 - e. Consider moving CPAP and nebulizer inmates/patients to a celled environment if discontinuation of these devices is not possible.

F. Alternate Care Site (ACS)

1. Consideration to stand up an ACS will be coordinated with the, State Fire Marshall, and the local county public health agency. Factors to consider include, but are not limited to:
 - a. In preparation for a potential outbreak, conduct an assessment utilizing the hospital predictive tool to determine the estimated number of patients that will require hospitalization.
 - b. Utilizing all available information coordinate with local county public health office, the Emergency Medical Services Authority, and the local hospital community to determine the availability of beds. This coordination shall be an ongoing assessment to include changing infection and hospitalization rates from the community.
 - c. Conduct an internal assessment regarding the ability to expand housing and direct patient care space into existing structures. These spaces may need to be re-purposed for example but not limited to; chapels, education, and gyms
 - d. During the on-going assessments, in the event that the number of patients begins to approach or becomes apparent the bed need may exceed predicted levels, activations of ACS should begin, first within existing structures.
 - e. Immediately after a determination is made regarding the need to activate ACS, a Resource Request Message (ICS 213 RR) shall be submitted to the DOC. The ICS 213 RR shall include all supporting documentation and needed supporting supplies. The DOC shall elevate to CDCR and CCHCS for final approval.
 - f. Considering the activation of ACS, an immediate and on-going assessment of additional staffing, equipment, medical supplies, and availability of neighboring institutions for support, shall be included in the coordination with local community agencies.

G. Healthcare

Provide via ongoing triage and while mitigating further COVID-19 spread following public health guidelines.

1. Implement Clinical Operations Plan.
2. Respond to emergency situations.
3. CDCR 7362 Health Care Services Request form.
4. On-going scheduled clinical appointments.
5. Specialty services via eConsult.
6. Ongoing randomized and patient specific COVID-19 testing.
7. Conduct contact tracing investigations as needed and report as appropriate to local county health

8. Anticipate the need for staff utilizing nursing predictive staffing tool.
9. Ensure all injectable medications are continued as prescribed.

H. Hygiene

1. Inmate/patients
 - a. Provide hand sanitizer to all inmates/patients by staging hand sanitizer in several locations and encourage frequent use.
 - b. Provide Cell Block 64 and Sani-Guard for liberal cleaning and disinfecting.
 - c. Hand hygiene education should be frequent (every two hours) and before/after meals.
 - d. Cleaning education and supplies for high-touch surfaces (i.e. phones, dayroom tables, handrails, restrooms, etc.).
 - e. Continuous education of hygiene and the spread of COVID-19.
2. Staff
 - a. Provide hand sanitizer to all staff by staging hand sanitizer in several locations and encourage frequent use.
 - b. Provide Cell Block 64 and Sani-Guard for liberal cleaning and disinfecting.
 - c. Hand hygiene education should be frequent (every 2 hours) and before/after meals.
 - d. Cleaning education and supplies for high-touch surfaces such as podium.
 - e. Food and drink only in designated areas with distancing Plexiglas barriers.
 - f. Continuous education of hygiene and the spread of COVID-19.

I. Environmental Considerations

1. Conduct terminal cleaning of the institution.
2. Instruct, educate, and train inmates on terminal cleaning procedures.
3. Frequent regular cleanings with FDA approved product such as Cell Block 64, Sani-Guard, and bleach solution.
4. Clean showers and common areas between cohorts, and as needed using approved cleaning products.
5. Develop an Institution Cleaning Plan.
 - a. How to disinfect areas
 - b. Coordinate with Health Care Facilities (HFM) to ensure appropriate cleaning of clinical areas continue per contractual agreements. If there is a potential inability for HFM to properly sanitize direct patient care areas, due to the expansion of direct patient care areas (I.e. ACS), or the reduction of available HFM-trained workers resulting from infection or exposure to COVID-19, the Warden and Chief Executive Officer, in consultation with the local CALPIA administrator, should review the ability of CALPIA to bring in a contract workforce to supplant the offender population or submit a ICS 213 RR to the DOC requesting permission to utilize a contingency contractor to provide sanitization services for all or some of the direct patient care areas.
 - c. Coordinate to ensure inmate porters continuously clean non licensed/non-clinical areas with appropriate disinfectants as recommended by Cal/OSHA. If there is a potential inability for inmate porters to properly disinfect (as defined in Director Gipson's April 8, 2020, memorandum) non-HFM areas due to the reduction of inmate workers resulting from infection or exposure to COVID-19, the Warden should submit an ICD 213RR to the DOC requesting permission to utilize a contingency contractor to provide disinfection services.

J. Transfer Considerations and Testing

1. COVID-19 Screening and Testing Matrix for Patient Movement dated May 22, 2020 Link: <http://lifeline/HealthCareOperations/MedicalServices/PublicHealth/Coronavirus/Movement%20Matrix%205-22-20.pdf>
2. Cancel all non-essential movement.
 - a. Out to medical
 - i. Emergent and specialty services higher level of care transfers.
 - ii. Escorting and transporting staff following current PPE guidelines.
 - b. Health Care Placement Oversight Program
 - i. Admissions to and discharges from Correctional Treatment Center, Out-Patient Housing Unit, and hospice.
 - ii. All MED/RTN inmates/patients not requiring immediate return to the sending institution should be retained at the current location in a non-restricted housing bed.
 - iii. All returns shall be evaluated by healthcare and housed appropriately in designated locations for quarantine or isolation.
 - c. Restricted Housing Movement
 - i. Shall be managed within the institution via PSR when possible.
 - d. Developmental Disability Program and Disability Placement Program inmates/patients from a non-designated institution to a designated institution to prevent morbidity/mortality.
 - e. Limit all layovers.
 - f. Screen all patient arriving to an institution for COVID-19 signs and symptoms and for continuity of medical needs.

K. Tools and Resources

1. Various QM tools have been developed to support ongoing mitigation efforts.
 - a. Institution Hospital Volume plan (Note: Forecast Tool in process).
 - i. [Nursing Staffing Tool](#)
 - ii. [QM Monitoring Registry](#)
 - iii. [COVID-19: Interim Guidance for Health Care and Public Health Providers \(Lifeline\)](#)
 - iv. [Guidance for first responders](#)

This is a rapidly evolving pandemic and new information is learned daily. We ask that facilities stay up-to-date and monitor public health updates from:

- Local Public Health Department
- California Department of Public Health
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>
- California Department of Corrections and Rehabilitation
<http://intranet/ADM/DSS/hr/oew/Pages/Coronavirus-COVID-19.aspx>
- US Centers for Disease Control and Prevention
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>