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UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

QUINTON GRAY, et al., on behalf of
themselves and all others similarly
situated,

Plaintiffs,

v.

COUNTY OF RIVERSIDE,

Defendant.

Case No. EDCV13-0444 VAP (OP)
CLASS ACTION

**[PROPOSED] ORDER ON
DEFENDANT’S COVID-19 PLAN**

On April 4, 2020, this Court granted Plaintiffs’ Emergency Motion to Enforce the Consent Decree and ordered Defendant to develop and implement a plan to minimize the spread of COVID-19 in the Riverside County jails, consistent with the guidance of the Centers for Disease Control and Prevention (CDC) and the Court experts. ECF No. 193. The Court directed that the plan include an evaluation of current jail capacity to house people safely consistent with physical distancing to reduce transmission of COVID-19; a plan to safely house and care for people incarcerated in the jails who are at high risk for severe complications from COVID-19 based on guidance from the CDC and the Court experts; adequate hygiene and cleaning measures, including education of the people incarcerated in the jails, consistent with the CDC’s guidelines; and measures to address the mental health needs of people held in quarantine or isolation, as noted by the Court mental health expert. *Id.* The Court further directed the parties to participate in mediation with Judge Raul Ramirez to resolve any disputes over the adequacy of the plan and the production of underlying data. *Id.*

The parties have reported a successful resolution to their negotiations and stipulate that the plan attached as Exhibit A to this Order complies with the Court’s

1 direction. Having reviewed the plan, the pleadings, and the relevant law as set forth
2 in prior orders, the Court agrees.

3 The Court finds that this relief meets the requirements of 18 U.S.C. § 3626.
4 In so doing, the Court finds that the relief is narrowly drawn, extends no further than
5 necessary to ensure the protection of the federal constitutional and statutory rights of
6 Plaintiffs, and is the least intrusive means necessary to accomplish those objectives.

7 IT IS HEREBY ORDERED that Defendant shall implement the plan attached
8 as Exhibit A.

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10 Dated: July ____, 2020

11 Hon. Virginia A. Phillips, Judge
12 United States District Court
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EXHIBIT A

**RIVERSIDE JAILS
COVID-19 RESPONSE PLAN
July 17, 2020**

1. Summary / Overview
2. Inmate Personal Hygiene
3. Inmate Meals
4. Physical Distancing
5. Vulnerable Populations
6. Behavioral Health
7. Testing for Coronavirus
8. Monitoring / Data Sharing
9. End Date for This Program

1. COVID-19 CHS PLANNING SUMMARY / OVERVIEW

Planning Team and Communication:

This plan was formulated by a task force comprised of Correctional Health Services (CHS), RUHS Medical Center, RUHS-Department of Public Health, Riverside County Sheriff's Department and Department of Behavioral Health. The team is well aware of the unique risk that SARS-CoV-2 poses to a correctional facility and the challenges it poses in preventing entry. The team recognizes, and this plan accounts for, the fact that asymptomatic individuals can transfer the disease, the slow progression of illness, and mild symptoms of some infected, make it incredibly challenging to detect in all those infected. With this in mind, this plan aims to take reasonable and appropriate steps to screen, isolate, diagnose and prevent potential spread in the custody environment.

As standards for management of the virus in corrections facilities continue to evolve, changes may be made to this plan based on emerging strategies for containment with the agreement of both parties and subject to the dispute resolution process in the Consent Decree.

The Chief Medical Officer for CHS also functions as the Medical Advisor to the county Medical Health Department Operations Center (DOC) for the COVID-19 response. He acts as the facilitator responsible for the integration and communication between the department of public health, hospitals throughout the county, EMS agencies, and law enforcement. The County DOC receives regular updates on the procedures, status and COVID-19 jail operations.

The plan calls for the CHS Nursing team, Riverside Sheriff's leadership and Correctional Deputies to receive continuing education on COVID-19 as additional information is promulgated by CDC. Education includes:

- Symptoms (including those newly identified)
- Disease onset
- Putting on and removing personal protective equipment (PPE)
- Screening processes
- Process workflows

The plan also provides inmate education on disease prevention measures as recommended by the CDC, including written posted materials and materials broadcast on the Inmate Dedicated Channels of the television system in the jails. This program includes education on proper donning and doffing the masks, handwashing, physical distancing, and hygiene.

PPE appropriate to the anticipated exposure is provided to staff throughout the jails, including masks to be worn while interacting with inmates. PPE supplies are maintained at the appropriate level at each site and status is checked on a daily basis. Inmates are provided cloth masks, soap, water, and cleaning and disinfecting materials for their cells and dayrooms. Dayrooms are kept clean and disinfected by a combination of inmate workers, custody staff, and the inmates themselves.

The coronavirus pandemic has been evolving over several months. As CDC recommendations and ongoing changes to those recommendations were rolled out, CHS, RSO and BH responded with the following operational responses:

1. 3/16/20: Increase in number of bars of soap ordered and distributed
2. 4/4/20: Masks provided to all inmates
3. 4/22/20: Social distancing put in place in the jails
4. 4/27/20: Personal hygiene and environmental cleaning put in place
5. 5/20/20: CDC educational materials about COVID-19 added to televised information
6. 5/30/20: Surveillance testing conducted on all consenting inmates

The plan also calls for operational changes to minimize the risk of entry of COVID-19 into the inmate population. Every inmate assessed for booking into the county jails or juvenile facilities is screened for potential symptoms and exposure related to COVID-19. The intake assessment process identifies and tests any inmate with viral symptoms as soon as they are booked. This assessment process is updated and distributed to all staff whenever additional information is provided by CDC concerning newly identified symptoms, etc.

By mid-to-late June, a rapid testing lab at RUHS will afford us the opportunity to test all new bookings at intake and place them in a holding area or quarantine until results are received. Results are anticipated to be received within 24 hours.

All inmates suspected of or who have tested positive for COVID-19 infection are isolated in housing units with other inmates sharing the same status. No inmates will be placed in dorms or cells or pods with people of a different status (negative, positive, or suspected cases). People on isolation because of positive or suspected cases have the same access to dayroom time, phone, showers, reading and writing materials, medical and behavioral health services as they would if not so isolated. Jail clinical staff has been trained in testing protocols and procedures and testing kits are available at the jail. Areas have been identified to isolate any persons under investigation (PUIs), and plans are in place to safely transport inmates requiring hospitalization to the medical center.

Inmates who are 65 years old and older and have comorbidities (to include heightened risk factors according to the Centers for Disease Control and Prevention) are housed in one-and two-man cells and are given day room time alone or with the cellmate. The dayrooms are cleaned after each use. All inmates with comorbidities, regardless of age have been identified and records of their current status are in review by the medical providers. All inmates requesting medical care are being seen by the in-house providers.

As recommended by CDC, physical distancing has been provided within the jails by the plan through a combination of cohorting, modification to dayroom time and usage, and limits on the number of inmates permitted to use telephones, showers, and toilets at any one time. The

physical distancing plan includes movement of some inmates from dorm to celled housing, spacing of inmates in dorms, and the placement of eligible inmates in electronic monitoring programs out of custody. The overall reduction in the jail population due to zero bail policies instituted by the State has also had a positive effect on physical distancing.

Visitation to the jails is restricted to official visits. In return, the inmates have been provided additional free access to telephone use. This is an effort to prevent community exposure to the inmates, visitors, and the staff.

2. INMATE PERSONAL HYGIENE AND CLEANING

Personal Hygiene

- A. All inmates were issued 2 cloth masks
 - a. All newly booked inmates receive 2 cloth masks at booking.
 - b. All inmates were issued surgical masks initially, but they have been replaced with 2 cloth masks from their housing unit deputy.
 - c. Inmates are instructed to take care of their masks and if a mask becomes lost or damaged, they are to ask their housing unit deputy for a replacement.
 - d. Inmates are required to wash one mask daily to ensure they always have a clean mask available. Directions on how to wash their mask were added to the inmate dedicated channel in both English and Spanish.
 - e. Cleaning is conducted by each inmate as they return from dayroom time. They use warm water and soap they are provided. The soap is given to each inmate when booked and they can request more as often as they need. Every inmate is issued an additional bar of soap three times per week, free of charge.
 - f. Inmates are instructed to wear their mask at all times, unless in a cell.

- B. Hand washing
 - g. Inmates are instructed (posted in dayrooms and on the dedicated inmate channel) on the proper hand washing techniques.
 - h. The inmate dedicated channel instruction is in both English and Spanish and read verbally in English and Spanish.
 - i. All documents posted in dayrooms are in English and Spanish
 - j. If an inmate does not read or write English or Spanish, accommodations will be made to have an interpreter for all cleaning and hygiene information, including how to wash their mask.
 - k. All inmates are given soap at no charge. If more soap is needed, they are instructed to request more from their housing unit deputy.

Dayroom, Cell and Common Area Cleaning

- A. Dayroom / Cell / Common Area Cleaning
 - a. Instructions for cleaning and disinfecting the dayrooms and cells are given by the housing unit deputy.
 - b. Inmate workers clean and disinfect all common areas (tables, phones, kiosks, toilets, showers, and door handles) after every meal (3 times per day).

- c. Cleaning and disinfecting solutions (Waxie solutions 764 and 315) are left in the dayroom for inmates to use either in the dayroom or their cell and inmates are provided with cloths and/or paper towels for cleaning.
 - d. Inmates are responsible for cleaning and disinfecting their own cells.
 - e. Deputies spray disinfectant (1 to 10 bleach solution) on all common areas (tables, phones, toilets, showers, etc.) during every other security check.
- B. Supervisors check to ensure all cleaning schedules are being adhered to and note their check on the housing unit log. This is verified by DVR.

3. INMATE MEALS

- A. All inmates eat their meals on their bunks
- B. Meals are served on a disposable Styrofoam tray
- C. Prior to meals being delivered, inmate workers clean the dayroom area (tables, door handles, phones, kiosks, toilets, etc.) using Waxie solutions 764 and 315
- D. Meals are brought to each housing unit by correctional staff wearing gloves and masks
- E. Meals are placed on the dayroom tables and all inmates within their own cohort group are allowed out of their cell or off their bunk to retrieve their meals and return to their cell/bunk.
- F. Once completed, inmates within their own cohort group are allowed off their bunk/out of cell to dispose of their trash
- G. At the end of each meal, inmate workers clean the dayroom area (tables, door handles, phones, kiosks, toilets, etc.) using Waxie solutions 764 and 315

4. PHYSICAL DISTANCING

The Riverside County adult jail system is comprised of four correctional facilities. The Robert Presley Detention Center (RPDC) houses inmates in two-person cells. The remainder of the facilities utilize a combination of open dayroom housing and cells. These facilities include the Cois Byrd Detention Center (CBDC), the Larry D. Smith Correctional Facility (LSCF), and the Blythe Jail. The inmate profiles and overall capacity of each of the open dayrooms and housing units were reviewed and the CDC cohorting guidelines were utilized to implement the physical distancing plan. Additionally, Riverside County staff collaborated with Correctional Health Services and Behavioral Health Services to determine the housing needs of inmates.

As of 04/22/20, the movement of inmates has been completed and all housing units comply with the CDC's cohorting guidelines. Below is an overview of what was achieved as a result of the dayroom reconfigurations:

- Created cohorts (groups of 4 inmates or less) separated by at least 6 feet of space.
- Open dayrooms/dorms have a pattern of 4 occupied beds adjacent to 2 vacant beds, creating, at minimum, a six-foot distance. Inmates sleep in opposite directions on top and bottom bunks.
- Staff ensure inmates remain in their cohort bunk area, unless it is their turn to use the restroom, showers, phone, etc. Classification staff coordinated with medical and behavioral health staff to determine individual needs of inmates who were moved to implement the physical distancing plan.

The following is a brief overview of the maximum capacity and the new adjusted capacity in each of our open dayrooms:

Our current physical distancing plan will be adhered to as previously described. Should booking increase, we have close to 1,000 vacant beds which will allow for the continued physical distancing plan through multiple options, such as Secured Electronic Confinement Program (SECP) and Federal releases for low level inmates.

CBDC

CBDC has a maximum capacity of 1,159 beds. 128 of the 1,159 beds consist of open dayrooms/dorms. The below list details the max capacity of the housing units and the adjusted capacity with the physical distancing plan applied.

<u>HOUSING UNIT</u>	<u>MAX CAPACITY</u>	<u>ADJUSTED CAPACITY</u>
C-Pod DR #4	64	44
D-Pod DR #1	64	44
TOTAL	128	88

LSCF

LSCF has a maximum capacity of 1,520 beds. 928 of the 1,520 beds consist of open dayrooms/dorms. The below list details the max capacity of the housing units and the adjusted capacity with the physical distancing plan applied.

<u>HOUSING UNIT</u>	<u>MAX CAPACITY</u>	<u>ADJUSTED CAPACITY</u>
01D0	64	48
02D0	64	48
03D0	64	48
04D0	64	48
05D0	64	48
06D0	32	24
07D0	32	24
18D0	32	24
19D0	32	24
08DB	16	12
08DC	16	12
08DD	16	12
09DA	16	12
09DB	16	12
09DC	16	12
09DD	16	12
10DA	16	12
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12DC	20	16
12DD	20	16
12DE	20	16
12DF	10	8
12DG	10	8
14DA	10	8
14DB	10	8
14DC	20	16
14DD	20	16
14DE	20	16
14DF	20	16
14DG	20	16

TOTAL 928 708

BLYTHE JAIL

Blythe Jail has a maximum capacity of 115 beds. 89 of the 115 beds consist of open dayrooms/dorms. The below list details the max capacity of the housing units and the adjusted capacity with the physical distancing plan applied.

<u>HOUSING UNIT</u>	<u>MAX CAPACITY</u>	<u>ADJUSTED CAPACITY</u>
Tank A	44	33
Tank B	9	6
Tank CF11 - CF18	8	4
Tank CF21 - CF28	8	4
Tank CF31 - CF38	8	4
Tank EF10	6	3
Tank EF20	6	3
TOTAL	89	57

HOLDING CELLS

Each of the five facilities in the Riverside County Jail System are equipped with holding cells to temporarily hold inmates until the booking process is completed and they are assigned a housing location. Only one inmate is placed in a holding cell at a time. If an exigent circumstance arises (such as an inmate on inmate assault, safety alarm, etc.) and more than one inmate needs to be placed in a holding cell, a supervisor will engage in the process and ensure physical distancing is maintained. Holding cells are cleaned and disinfected after each use.

DAYROOM USE

There are two types of dayrooms in the jails:

Open type dayrooms (Dorm style)- where inmates are able to move about with their cohort for exercise, bathroom use, showers or phone use. Once they have completed their dayroom time, they return to their bunks and the next cohort completes their dayroom time.

Cell type dayrooms – we have allowed the occupants of two cells out in the dayroom at a time, which consists of four inmates per cohort. They are able to shower, use the phone, exercise, order commissary, etc.

SHOWERS/TELEPHONE, ETC.

Inmates shower when their cohort is out in the dayroom. In the open type dayroom showers, there are several showers where physical distancing can be achieved when the inmates are in their cohorts. In the cell type dayrooms, there are two showers on the upper tier and two showers on the bottom tier, separated by a steel panel allowing for physical distancing. One inmate in each shower at one time also allows for physical distancing, still within the cohort.

Telephones are cleaned and disinfected by the inmates after each use. Phones are used when the inmate cohort is out in the dayroom, maintaining social distancing.

MOVEMENT OF INMATES WITHIN FACILITIES OR BETWEEN FACILITIES

Inmate movement is restricted within housing and minimized to and from court with the use of video arraignment and computer-based hearings as much as possible. In addition, specialty care telehealth appointments have begun with cardiology and is in the process of being expanded to:

1. Orthopedics
2. ENT
3. Neurology
4. Dermatology

As of the week of June 1st onsite optometry resumed at all locations.

For pill call, inmates in dorm housing units come to the pill slot at the slider with their cohort and remain at a distance from one another as each receives their medication. Inmates in celled housing units come to the pill slot at the slider either alone, or if their cellmate is also receiving medication, with their cellmate, maintaining distance as each receives their medications.

For sick call, inmates are removed no more than five at a time from their housing unit and remain at a distance of at least six feet from one another as each is brought into the medical office in turn for their visit.

5. VULNERABLE POPULATIONS

The County has created a plan to safely house and care for medically vulnerable populations, based on the size of the population and their location, including consideration of:

1. Prioritization for release or transfer to other types of housing. Persons within the vulnerable population who have tested negative will be evaluated by medical and corrections staff regarding placement in housing units other than dorm units.
2. The vulnerable population receives priority consideration for alternative sentencing through our Secure Electronic Confinement Program (SECP).
3. System capacity based on projections for hospital bed needs should the virus spread more aggressively.

Inmates who are 65 years old and older and have comorbidities (to include heightened risk factors according to the Centers for Disease Control and Prevention) are housed in one- and two-man cells and are given day room time alone or with the cellmate. The dayrooms are cleaned after each use. All inmates with comorbidities, regardless of age have been identified and records of their current status are in review by the medical providers.

Per Dr. Michael Mesisca, Chief Medical Officer, Emergency & Disaster Medicine, all 17 acute care hospitals throughout the county have worked together to create ample capacity for critical and non-critical care patients.

Elective surgeries were canceled and other measures were taken to increase potential surge capacity. As of May 31, 2020 ED visits are down 20-50 percent throughout the county and ambulance runs were down 15-20% from baseline; this has been trending upwards but remains well below baseline.

At this time, there are more than sufficient resources to care for the County's inmates. This will be the subject of continual reassessment by CHS and RUHS and should circumstances warrant a change in the provisions of the plan based on reductions in system capacity, counsel for the parties shall meet and confer as to an appropriate solution, and call in the assistance of the court experts as needed.

6. BEHAVIORAL HEALTH

Stimulation for Inmates

- A Behavioral Health (BH) Clinical Therapist (CT) will do rounds one time per day on each designated Behavioral Health housing unit.
- The CT will stop by each cell and will inform the inmates in the cell about the types of materials that are available: CTs will be able to begin this dayroom visitation process immediately after morning pill call, which typically would be at 9:00 am at each facility.
- The CT will have the BH materials on a cart that he/she brings to each housing unit so that the inmate population may view the materials available.

Materials and Self-Soothing Tools Available to Inmates

- Journals, 1,000 ordered
 - Coloring and Activity Books, 4,000 ordered
 - 1,000 each: Shades of Relaxation, Color Mediation, Hues of Happiness and Serenity by the Sea
 - A New Direction workbook (evidence-based practice for substance abuse treatment), Workbook modules include: Criminal and Addictive Thinking, Intake and Orientation, Drug and Alcohol Education, Relapse Prevention, Socialization, and Release and Reintegration.
 - Modules from Anger Management Workbook
 - Modules from Dialectical Behavior Therapy (DBT) Workbook and Handouts
 - Modules from Co-Occurring Life of Recovery (COLOR) Workbook
 - Modules from Discharge Planning group
-
- A list of all inmates in designated BH beds will be created and regularly updated. The list will contain a box for each type of material that may be provided.
 - Once an inmate has received a particular type of workbook or coloring/activity book the box for that item will be checked next to the inmate's name so as to prevent repeated provision of the same material to the same inmate on multiple occasions.
 - The CT will ask each inmate who has received a given workbook or activity book whether or not the workbook or activity book was comprehensible and/or beneficial to them. If not, they will be offered an alternative workbook/activity book.
 - The materials provided will remain in the inmate's possession throughout his/her period of incarceration, as they are not able to be recycled for use with another inmate.
 - Once the inmate has completed a workbook or coloring book it will be placed in his/her property so as to allow for the provision of new material.
 - The above materials will be provided to BH inmates whether or not they are currently in a quarantine or isolation setting due to suspected or diagnosed COVID-19.
 - The above process will occur (i.e., CT will complete daily rounds on BH housing unit with written materials to provide to inmates) at Robert Presley Detention Center (RPDC) 5th and 6th Floor Dayrooms, Smith Correctional Facility (SCF) Housing Units 12, 14, and 16, and Cois Byrd Detention Facility (CBDC) C-Pod Dayroom 2.

- BH Staff distributing written materials will regularly ask inmates if they have completed a given workbook/activity book. If they have completed the workbook/activity book, the CT will offer the inmate an individual session to review the completed material and provide praise for completion and constructive feedback.

Inmate Review

- Inmate Wellness Checks will be completed cell-front by a BH Clinical Therapist for inmates in all designated BH beds at RPDC 5th and 6th Floors and SCF Housing Units, 12, 14, and 16.
 - All inmates with a behavioral health acuity rating of Severe, Moderately Severe, or Moderate Stepdown continue to be housed in one of the 564 designated behavioral health beds located at RPDC, Smith Correctional Facility, and CBDC.
- Wellness checks will occur daily and will assess (1) presence and severity of behavioral health (BH) symptoms as reported by inmate and as observed by the CT, (2) clinical needs reported by inmates so that they may be addressed by BH, (3) response to psychotropic medication(s) if warranted, and (4) evolving discharge planning needs.
 - Inmates housed on C pod, dayroom 2 at CBDC are receiving considerably more daily behavioral health services than just wellness checks. These inmates are offered individual behavioral health services by a clinical therapist at a minimum of three times per week in addition to daily wellness check. They also receive regular psychiatric medication management services.
- Inmates will be asked if they would like to schedule an individual session with CT at the time of each wellness check.
 - Inmate healthcare requests are still collected from all housing units at least one time daily by Correctional Health Services (CHS) staff. Healthcare requests are provided to Behavioral Health (BH) staff on a daily basis by CHS. BH staff triage the requests and work to ensure that symptom-driven requests are regarded as “urgent” and are slated to be addressed within 48 hours on weekdays and within 72 hours on weekends. Non-symptom-driven healthcare requests are regarded as “routine” by BH staff and are addressed within 14 days but are often addressed much sooner. Of course, referrals for urgent and emergent matters may still be made to BH staff either via telephone or in person by members of CHS or RSO staff.
- BH CTs will provide one individual session per week for all inmates who are housed in a designated BH bed. Inmates are seen in either an attorney booth or a visiting booth with a BH CT on the other side of the glass barrier.
 - That attorney booths/visiting booths are attached to all housing units at CBDC (Housing Units A through G) and are attached to all dayrooms at SCF for Housing Unit 15, 16, and 17. Thus, inmates may move to an interview booth without having to be escorted off of a housing unit. Individual sessions with CTs and psychiatrists are being provided using the attorney booths and visiting booths at CBDC and on Housing Unit 16 at SCF.
 - Inmates located on Housing Units 12 and 14 at SCF are being provided individual sessions with CTs and psychiatrists using the video visiting equipment located on each housing unit.

- Inmates at RPDC located on Housing Units 5A, 5B, 6A, or 6B are provided with individual contact with a CT at their cell door or they are escorted a short distance to an attorney or visiting booth by a Sheriff's deputy. Psychiatric visits for purposes of medication evaluation and medication monitoring are conducted in the same manner.
- Inmates at CBDC who require individual contact with a CT or a psychiatrist are either seen at their cell door or are escorted a short distance by a Sheriff's deputy so that they may be seen in either an attorney or visiting booth.
- BH continues monitoring per Remedial Plan requirements of all inmates who are placed in a safety cell and continues to monitor these inmates for up to three days following safety cell placement and/or return from the Detention Care Unit.
- BH continues to complete all Behavioral Health Screenings of newly booked inmates and continues to complete Behavioral Health Assessments and Clinical Care Plans for inmates who remain in custody for greater than 14 days.
- The process for providing psychiatric services has not changed in light of COVID-19. Inmates who report having an active prescription for psychotropic medication at the time of booking are still placed in a Bridge Medication cue in an effort to verify and bridge their psychotropic medications according to Remedial Plan requirements. Non-bridge-medication Inmates referred for a psychiatric evaluation are still seen by psychiatry within seven days of booking, with a follow up psychiatric visit seven days after their initial psychiatric contact and then are seen again 30 days later, or sooner if medically necessary. This process occurs at all five Riverside County jails.
- BH Staff at all five Riverside County jails continue to see inmates in non-designated behavioral health beds (i.e., inmates with a behavioral health acuity rating of Moderate or less) once every 30 days, or as needed based on inmate healthcare request.
- BH staff will perform daily wellness checks and will offer daily provision of BH written instructional materials and self-soothing materials for inmates with an open BH case who are moved into a COVID-19-related quarantine or isolation-housing unit.

Tele-psychiatry

- Tele-psychiatry started at CBDC, SCF and RPDC as of April 27, 2020. BH will request RSO to remove an inmate who requires a tele-psychiatry session from his/her cell, the inmate will be brought to a program room where a BH staff is present with a laptop computer to allow the consumer to meet with the Psychiatrist via telehealth using Zoom or Microsoft Teams. This process will allow for the inmate to be seen and heard by a psychiatrist at another detention facility who would be using his/her assigned BH laptop or smart phone. BH is currently working with RSO to write workflow.

Telepsychiatry Update:

- Tele-psychiatry at the Blythe Jail is functioning fine and is being regularly utilized.
- Tele-psychiatry at CBDC is functional via Toughbook laptop computers albeit with some moderate challenges: The inmate and the psychiatrist have moderate difficult hearing and clearly seeing each other when using the laptops for a tele-

psychiatry encounter. BH is working with RSO on adaptable action plans to improve functionality and workflow at this time.

- Tele-psychiatry at Smith Correctional Facility and RPDC via Toughbook laptop computers is functional with some minor challenges: Though less difficult than at CBDC, inmates and psychiatrists have mild difficult hearing and seeing each other when using laptops for tele-psychiatry encounters. BH is working with RSO on adaptable action plans to improve functionality and workflow at this time.

Proof of Practice Data

- The same proof-of-practice data that are collected to track Detention Behavioral Health services are still being collected. Specifically, we are still tracking data for all Remedial Plan metrics, including Mental Health Screenings, timely completion of Behavioral Health Assessments and Clinical Care Plans, Safety Cell placements and Transitional Cue, Bridge Medications, etc. Additionally, we began tracking completion of daily wellness checks in TechCare on April 27, 2020.

7. TESTING FOR CORONAVIRUS

Testing Overview

Testing is one of many strategies used in the community and congregate housing environments to mitigate the spread of SARs-COV-2. It is an adjunct, and not a replacement, to personal hygiene, facility cleaning, social and housing distancing, and masking recommendations.

All symptomatic inmates and all symptomatic new bookings are tested.

All inmates or new bookings who have been in close contact with a positive case within 14 days are tested as well.

Between May 28 – May 30, 2020, every in-custody inmate who consented to testing was tested. The results of the testing are as follows: (2,856) inmates were tested.(2,752) tests results have been returned as of June 5, 2020. Of that number, (43) tested positive – a positive rate of 1.5%. Those inmates with positive results were directly notified by CHS staff and have been seen by a medical provider with a patient-specific care plan. They have been placed in appropriate housing to protect them and to prevent spread of COVID-19 to other inmates and staff.

A total of (2,709) inmates tested negative. They, too, were informed of their results.

No inmates have been admitted to the hospital for COVID-19 related issues since June 2, 2020.

These results demonstrate the effectiveness of the education, masking, hygiene, and social-distancing policies of the County in curbing the spread of COVID-19 in custody.

Newly booked inmates who are to be housed in the jails will be tested at booking, whether symptomatic or not. They will be quarantined as though positive pending the results and then housed as appropriate depending upon the results of the testing.

INMATES

Symptomatic Testing Goals

Testing symptomatic individuals is aimed at early identification and treatment/close monitoring of those infected to ensure high quality medical care and the greatest opportunity for full recovery. Testing is also extended to those known to have been in close contact, within 14 days, of a confirmed positive case.

Surveillance Testing Goals

Surveillance testing of asymptomatic inmates is also critical to identifying individuals who are infected with the virus but not currently symptomatic. The goals here are different, and include (1) early identification of inmates who are positive and eventually may become symptomatic and (2) identification of infected inmates who may never develop symptoms but may be contagious

to others. Testing for surveillance helps early identification, isolation and tracking to prevent further spread within custody.

Testing Program

Symptomatic Testing

CHS will continue testing inmates at the time of booking or while in custody who present with symptoms consistent with CDC screening criteria for COVID-19.

Asymptomatic Testing

1. Exposed individuals with known close contact

Inmates with known close contact (within the past 14 days) with a confirmed positive case in-custody will be tested as soon as identified and possible (goal within 72 hours). Close contact is defined by the CDC as:

- a) being within approximately 6 feet (2 meters) of a COVID-19 case; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, OR
- b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

2. Surveillance Testing of Asymptomatic Inmates

A. Vulnerable Population

Inmates in the vulnerable population, defined as inmates who are 65 years old and older or have comorbidities (to include heightened risk factors according to the Centers for Disease Control and Prevention, shall be offered a test by medical staff every two weeks at a medical encounter. The inmate has the right to choose not to be tested.

B. Remaining Population

All other inmates in the population will be offered a test every four weeks. Staff will advertise the availability of free testing and encourage the inmates to take advantage of it. The inmates who choose to be tested need only submit a medical request slip for same. The inmates will be informed of the results of their test and managed appropriately based on the results.

If previously-asymptomatic inmates become symptomatic, they are tested and medically managed as called for in the Plan.

JAIL STAFF TESTING

A. Symptomatic Staff

Symptomatic staff follow the policies of the Riverside University Health System (for medical and behavioral health staff) and the Riverside Sheriff's Department (for other staff, including custody staff): they remain at home, report that they are ill to their appropriate supervisor(s), and take any other actions required by policy.

B. Asymptomatic Staff

The County makes free testing available to all jail staff at their workplaces, during work hours, on a voluntary basis. The County will advertise and encourage its employees to take advantage of this testing program. It is the County's position that the program must, due to collective bargaining agreements, be entirely voluntary in nature and that mandating that employees be tested would be outside the boundaries of the Memorandum of Understanding with the Correctional staff and Deputy Sheriffs and the labor agreements with health care and behavioral health care staff.

Those employees whose test results are positive are to follow the policies and protocols of their departments.

TESTING DATA

The County will provide data to plaintiffs' counsel as to the number of tests of inmates conducted, the number of negative results, and the number of positive results, every two weeks. The data produced will show the positive and negative results by jail. The data will also show the number of tests performed (but not results) broken down by housing unit and will include the total population of each unit (as of one day during the production period) as a point of comparison.

The County will provide data to plaintiffs' counsel as to the number of tests of jail staff conducted and the percentage of jail staff tested for each jail, on a monthly basis.

The parties shall meet and confer every 90 days regarding any other steps that should be taken to achieve the surveillance testing goals of early identification, isolation and tracking to prevent further spread within custody.

8. MONITORING / DATA SHARING

The following data will be provided to plaintiffs' counsel weekly. The spreadsheets are produced on a confidential basis subject to the terms of the existing protective order.

Summary data which includes:

1. Total number of tests performed
2. Total number of confirmed cases
3. Number of inmates on quarantine/medical isolation
4. Inmates sent to hospital for Covid-19 complications and/or suspected complications
5. Number of deaths suspected to be due to Covid-19
6. Census by jail location

Spreadsheets of the following: (includes name, location, age, sex, ethnicity)

1. Hospital Admissions
2. Current PUI-Tests Pending
3. Current Monitoring

In addition, information exchange between class counsel and the County will be facilitated by the following means:

1. Email from plaintiff's counsel re particular issues Tuesday @ 1200
2. Response from County by Wednesday @ 1700
3. Telephone discussion as needed Thursday or Friday
4. Arrange calls with some inmates, subject to appropriate hygiene and security measures on an as-needed basis

9. END DATE FOR THIS PROGRAM

This program should remain in place as long as, but only as long as, medically necessary in light of the COVID-19 health emergency.

Therefore, at the point that the California Department of Corrections and Rehabilitation determines that the coronavirus emergency in its facilities has ended, a rebuttable presumption shall arise that this program shall be concluded. The parties shall meet and confer and if they are unable to resolve the matter, County may move for termination of some or all of the provisions of the Plan.

In the alternative, when local conditions demonstrate that the Plan measures are no longer needed, Defendant may move for relief from some or all of the provisions of the Plan following good faith meet and confer efforts with counsel for Plaintiffs and utilization of the Alternative Dispute Resolution processes of the Consent Decree.