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UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA

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

No. 2:90-cv-0520 KJM KJN P

ORDER

The fourth and final quarterly status conference of 2020 is set for videoconference on December 18, 2020 at 10:00 a.m. *See* Sept. 3, 2020 Order, ECF No. 6846, at 29. After review of the record, and good cause appearing, the court now sets the following agenda:

- I. Discussion of defendants’ proposed revised Staffing Plan and proposed Psychiatric Nurse Practitioner policy and response thereto, if any. *See* Nov. 4, 2020 Order, ECF No. 6938, at 8.

The court has directed the Secretary of California Department of Corrections and Rehabilitation (CDCR), Kathleen Allison, to attend the status conference to discuss the proposed Revised Staffing Plan with the court. *Id.* at 9. The court anticipates discussing the following topics with Secretary Allison:

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- A. Assuming without deciding the court approves proposed modifications to the Staffing Plan, including any proposed Psychiatric Nurse Practitioner policy, what specific steps are required to fully implement the Staffing Plan;
- B. What, if any, are the obstacles to full implementation; and
- C. What is the earliest date at which full implementation can be achieved.

II. Resumption of Program Guide-level delivery of mental health care. See, e.g., ECF No. 6398, at 4-5; ECF No. 6791 at 3.

In addition to hearing any information that may be provided by counsel, the court anticipates discussing the following topics with Secretary Allison:

- A. What are CDCR’s proposed specific plans for resuming full compliance with the Program Guide;
- B. What is CDCR’s proposed timetable for complete resumption of full compliance with the Program Guide;
- C. What is CDCR’s specific plan for COVID-19 vaccination of class members;
- D. In any specific vaccination plan, where will seriously mentally ill prisoners fall in order of priority; and
- E. What educational outreach efforts about vaccinations and a vaccination plan are planned for class members.

III. Data Issues

Discussion to include updates from the Special Master and the parties on the following topics as well as proposed deadlines for completion of ongoing work:

- A. Data for Enhanced Outpatient Program/Administrative Segregation Unit Hub certification;
- B. Data for Continuous Quality Improvement Tool indicators;
- C. Verification of integrity and reliability of CDCR’s Mental Health Data Management System;

1 D. Operation of CDCR's Mental Health Data Management System going forward;
2 and

3 E. Updates to Electronic Health Records System.

4 IV. Suicide Prevention. See ECF No. 6973

5 In addition to any information that may be provided by counsel, the court
6 anticipates discussing with Secretary Allison what specific steps she is taking to ensure that all
7 prison institutions obtain and maintain compliance with court-ordered suicide prevention
8 measures.

9 The court also anticipates discussing the following topics with the person or
10 persons most knowledgeable identified by defendants, *see* ECF No. 6973 at 12:

11 A. What specific steps are required to complete implementation of
12 Recommendations 1, 3, 6, 7, 8, 9, 10, 12, 13, 17, 18, 20, 21, 26, 28, 29, 31 and
13 the remaining parts of 32. *See* Attachment A to this order.

14 B. What specific steps are required to ensure compliance with each
15 recommendation, once achieved, is maintained?

16 Finally, the court will hear from the parties and the person or persons identified by
17 defendants on the topics identified in section V of the court's December 3, 2020 order, ECF No.
18 6973, at 11-12.

19 V. Quarantine and Isolation Space

20 The parties should be prepared to update the court on the status of identification of
21 quarantine and isolation space for class members.

22 VI. Other Matters

23 The court will also inquire whether the parties are able to report any improvement
24 in the timeline for transfers to Department of State Hospitals since the court's hearing on
25 transfers.

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The court may identify other issues to be covered at the beginning of the status conference, and will entertain the parties' proposed suggestions for discussion items as well.

IT IS SO ORDERED.

DATED: December 11, 2020.


CHIEF UNITED STATES DISTRICT JUDGE

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ATTACHMENT A

1 Suicide Prevention Recommendations Remaining to Be Fully Implemented

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3 Recommendation 1: Expand the length and content of the pre-service “Crisis Intervention and
4 Suicide Prevention training workshop to include topics as described above [i.e., including (1)
5 self-injurious v. suicidal behavior and dealing effectively with inmates perceived to be
6 manipulative; (2) identifying inmates at risk for suicide despite their denials of risk; (3) updated
7 research on CDCR suicides; (4) identified problem areas and corrective actions from previous
8 CDCR Suicide Reports; and (5) results of any recent *Coleman* and/or SPRFIT audits of suicide
9 prevention practices.

10
11 Recommendation 3: Ensure that all custody and health care staff receive both pre-service and
12 annual suicide prevention training.

13
14 Recommendation 6: Intake screening should be conducted only in the nurse’s office within an
15 R&R unit.

16
17 Recommendation 7: The nurse’s office should be of sufficient size to conduct adequate intake
18 screening and the door to the office (which should contain a large viewing window) should
19 remain closed during the screening process.

20
21 Recommendation 8: Nurse and officer safety should remain the top priority during the intake
22 screening process. If an inmate’s security classification or unknown security status creates a
23 safety concern, the screening should be conducted in the least restrictive setting that ensures both
24 staff safety and inmate confidentiality.

25
26 Recommendation 9: CDCR should revise its SRE Mentoring Program to eliminate its
27 “graduation” component after completion of two adequate assessments, conduct ongoing
28 mentoring throughout the year, and audit clinicians’ SREs on a regularly scheduled basis.

Recommendation 10: Each facility’s SPRFIT should audit the quality of completed SREs on a
monthly basis.

Recommendation 12: CDCR should ensure that there are a sufficient number of suicide-resistant
retrofitted cells to house newly admitted inmates (i.e., those within their first 72 hours of their
housing in the unit) and the inmates of special concern or heightened risk of suicide (e.g., inmates
recently released from suicide observation status).

Recommendation 13 – CDCR should enforce its existing policy of housing only newly admitted
inmates in retrofitted cells, and immediately re-house inmates remaining in the retrofitted cells
beyond their first 72 hours.

Recommendation 17 – CDCR should adopt the recommendations made in connection with SREs
(Recommendations 9 and 10) set forth above, which will also improve treatment planning
contained in the SREs section above.

1 Recommendation 18 – CDCR should develop a specific timetable for the training of all of its
2 mental health clinicians on treatment planning for the suicidal inmate, using its PowerPoint
3 presentation, “Safety/Treatment Planning for Suicide Risk Assessment.”

4 Recommendation 20 – CDCR should develop a corrective action plan (CAP) to ensure that
5 supervising nursing staff regularly audits psych tech practices during daily rounds of mental
6 health caseload inmates in administrative segregation and during weekly and bi-weekly rounds in
7 the SHUs.

8 Recommendation 21 – CDCR should enforce its Program Guide requirements authorizing only
9 the two levels of observation which may be provided for suicidal inmates: (1) observation at
10 staggered intervals not exceeding every 15 minutes on Suicide Precaution, and (2) continuous
11 observation for inmates on Suicide Watch.

12 Recommendation 26 – Any inmate housed in an OHU for more than 24 hours should be provided
13 with a suicide-resistant bed.

14 Recommendation 28 – All inmates discharged from an MHCB or alternative housing, where they
15 had been housed due to suicidal behavior, should be observed at 30-minute intervals by custody
16 staff, regardless of the housing units to which they are transferred.

17 Recommendation 29 – The length of time an inmate is observed at 30-minute intervals following
18 MHCB or alternative housing discharge should be determined on a case-by-case basis by the
19 mental health clinician and clinically justified in the inmate’s treatment plan. No other frequency
20 of observation should be authorized.

21 Recommendation 31 – CDCR under the guidance of the Special Master, should re-examine and
22 revise its local SPRFIT model to make the local SPRFITs a more effective quality
23 assurance/improvement tool.

24 Recommendation 32 – CDCR, under the guidance of the Special Master, should examine and
25 consider taking reasonable corrective actions to address these additional miscellaneous issues:
26 Privileges for Inmates in MHCBs, Continuous Quality Improvement, and Reception Centers. *See*
27 ECF No. 6879 at 24-25 for specific discussion of remaining parts of this recommendation to be
28 implemented.