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8 **UNITED STATES DISTRICT COURT**
 9 **FOR THE EASTERN DISTRICT OF CALIFORNIA**
 10 **AND FOR THE NORTHERN DISTRICT OF CALIFORNIA**

11 MARCIANO PLATA, et al.,

Case No. C01-1351-JST

12 *Plaintiffs,*

v.

13 GAVIN NEWSOM, et al.,

14 *Defendants.*

15 RALPH COLEMAN, et al.,

Case No. CIV-S-90-0520-KJM-DB

16 *Plaintiffs,*

17 v.

18 GAVIN NEWSOM, et al.,

19 *Defendants.*

20 JOHN ARMSTRONG, et al.,

Case No. C94-2307-CW

21 *Plaintiffs,*

22 v.

23 GAVIN NEWSOM, et al.,

24 *Defendants.*

25 **NOTICE OF FILING OF RECEIVER'S**
 26 **FIFTY-FIRST TRI-ANNUAL REPORT**

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PLEASE TAKE NOTICE that Receiver J. Clark Kelso has filed herewith his Fifty-first Tri-Annual Report in *Plata, et al. v. Newsom., et al.*, Case No. C01-1351-JST; *Coleman, et al. v. Newsom, et al.* Case No. CIV-S-90-0520-KJM-DB; and *Armstrong, et al. v. Newsom, et al.* Case No. C94-2307-CW.

Dated: October 3, 2022

FUTTERMAN DUPREE DODD CROLEY
MAIER LLP

By: /s/ Jamie L. Dupree
 Jamie L. Dupree
 Attorneys for Receiver J. Clark Kelso



**CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES**

Achieving a Constitutional Level of Medical Care in California's Prisons

**Fifty-first Tri-Annual Report of the Federal Receiver
For May 1 – August 31, 2022**

October 3, 2022

California Correctional Health Care Receivership

Vision:

We enhance public safety and promote successful community reintegration through education, treatment and active participation in rehabilitative and restorative justice programs.

Mission:

To facilitate the successful reintegration of the individuals in our care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative and restorative justice programs, all in a safe and humane environment.

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Section 1: Status and Progress Concerning Remaining Statewide Gaps

A. Reporting Requirements and Reporting Format

This is the fifty-first report filed by the Receivership, and the forty-fifth submitted by Receiver J. Clark Kelso.

The Order Appointing Receiver (Appointing Order) filed February 14, 2006, calls for the Receiver to file status reports with the *Plata* Court concerning the following issues:

1. All tasks and metrics contained in the Turnaround Plan of Action (Plan) and subsequent reports, with degree of completion and date of anticipated completion of each task and metric.
2. Particular problems being faced by the Receiver, including any specific obstacles presented by institutions or individuals.
3. Particular success achieved by the Receiver.
4. An accounting of expenditures for the reporting period.
5. Other matters deemed appropriate for judicial review.

(Reference pages 2–3 of the Appointing Order at https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/08/2006-02-14_Order_Appointing_Receiver.pdf)

The Court's March 27, 2014, [Order Re: Receiver's Tri-Annual Report](#) directs the Receiver to summarize in each Tri-Annual Report the level of care being delivered at California Health Care Facility (CHCF); difficulties with recruiting and retaining medical staff statewide; sustainability of the reforms the Receiver has achieved and plans to achieve; updates on the development of an independent system for evaluating the quality of care; and the degree, if any, to which custodial interference with the delivery of care remains a problem.

The Receiver filed a report on March 10, 2015, entitled [Receiver's Special Report: Improvements in the Quality of California's Prison Medical Care System](#) wherein he outlined the significant progress in improving the delivery of medical care in California's prisons and also the remaining significant gaps and failures that must still be addressed. The identified gaps are availability and usability of health information; scheduling and access to care; care management; and health care infrastructure at facilities.

To assist the reader, this Report provides two forms of supporting data:

- *Appendices*: This Report references documents in the Appendices of this Report.
- *Website References*: Website references are provided whenever possible.

In support of the coordination efforts by the three federal courts responsible for the major health care class actions pending against California Department of Corrections and Rehabilitation (CDCR), the Receiver files the Tri-Annual Report in three different federal court class action cases: *Armstrong*, *Coleman*, and *Plata*. An overview of the Receiver's enhanced reporting responsibilities related to these cases and to other *Plata* orders filed after the Appointing Order

can be found in the Receiver's Eleventh Tri-Annual Report on pages 15 and 16. (https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/08/T11_20090601_11thTriAnnualReport.pdf)

Court coordination activities include: health care contracting; facilities, construction, and activation; telemedicine, information technology, and the Electronic Health Records System (EHRS); nursing; pharmacy; recruitment and hiring; statewide health care grievances; institutional Chief Executive Officers; credentialing and privileging; and space coordination.

B. Progress during this Reporting Period

(i) COVID-19 Status

Responding to the COVID-19 pandemic continues to remain a high priority for both CDCR and California Correctional Health Care Services (CCHCS). Response activities, tracking information, and COVID-19 related communications can be found on the CDCR and CCHCS websites at <https://www.cdcr.ca.gov/covid19/covid-19-response-efforts/> and <https://cchcs.ca.gov/covid-19-interim-guidance/>.

As of September 30, 2022, there have been 85,991 confirmed COVID-19 patient cases throughout CDCR institutions, of which 83,950 have resolved; 1,408 were released while active; and 256 resulted in death. There are 377 active cases within the patient population of CDCR institutions. As of September 28, 2022, there have been 52,228 confirmed COVID-19 staff cases, with 51,972 resolved, and 256 active cases. There have been 50 staff deaths due to COVID-19.

Vaccines

During this reporting period, CDCR and CCHCS continued the campaign to offer the Food and Drug Administration approved COVID-19 vaccines to all staff and incarcerated persons. As of the end of this reporting period, 99 percent of the 96,757 incarcerated persons have been offered the COVID-19 vaccine with an overall acceptance rate of 83 percent. Acceptance rates continue to be highest among patients who are at the highest risk for hospitalization and death:

- Patients 50 years of age and older: 91 percent
- Patients 65 years of age and older: 94 percent

The high vaccination rate, close clinical monitoring, ready access to therapeutics, and use of preventive medications continues to contribute to the sustained decline of COVID-19 related hospitalizations and deaths among this population. Of the 255 COVID-19 related deaths among the incarcerated population to date, two occurred during this reporting period.

Pre-exposure Prophylaxis

CDCR and CCHCS continue to offer the COVID-19 prophylactic antibody treatment, Evusheld, to patients who are at the highest risk for COVID-19 related hospitalization and death. The COVID-19 Risk Registry was updated with a flag for "Consider mAB Prophylaxis," to identify patients who meet the criteria for this important medication. As of the end of this reporting period, 504 patients have accepted a dose of Evusheld, with 458 of those patients still residing within CDCR institutions.

(ii) Office of the Inspector General

The Office of the Inspector General (OIG) has completed Cycle 6 medical inspections at 30 institutions. During this reporting period, the OIG issued draft reports for High Desert State Prison (HDSP), California Men's Colony (CMC), Correctional Training Facility (CTF), and Calipatria State Prison (CAL) and final reports for HDSP, CMC, and CAL. CMC and CAL received adequate ratings, while HDSP received an inadequate rating. As of the end of this reporting period, draft reports for Pleasant Valley State Prison (PVSP), Mule Creek State Prison, Chuckawalla Valley State Prison (CVSP), Sierra Conservation Center (SCC), and California Institution for Men (CIM) are pending completion by the OIG. There are four institutions pending medical inspections to complete Cycle 6: San Quentin State Prison, California City Correctional Facility (CAC), CHCF, and Ironwood State Prison (ISP).

(iii) Delegations

As of the filing of this report, the Receiver has delegated the medical operations at 19 institutions to the CDCR Secretary's authority. A meet-and-confer was conducted on May 25 and 31, 2022, with the Plaintiffs to consider delegating California Rehabilitation Center (CRC). At the conclusion of the meet-and-confer, the Receiver elected to defer any decision for six months. A follow-up meet-and-confer will be scheduled before the end of this calendar year. No additional delegations were made during this reporting period. Additional delegation meet-and-confers are scheduled during the upcoming reporting period regarding Richard J. Donovan Correctional Facility (RJD), Wasco State Prison (WSP), and California State Prison, Solano (SOL).

(iv) Armstrong

During this reporting period, 23 *Armstrong* Monitoring Tours were scheduled. Plaintiffs conducted 15 *Armstrong* Monitoring Tours and at the request of Plaintiffs, two were postponed, four were rescheduled, and two were cancelled. CCHCS continues to coordinate with CDCR in examining the *Armstrong* Monitoring Tour Reports in collaboration with Plaintiffs and the CCHCS Office of Legal Affairs, CDCR Office of Legal Affairs, and Office of the Attorney General. In addition, various workgroups continue to meet to address concerns related to *Armstrong* class members.

As reported in the Fiftieth Tri-Annual Report, Substance Abuse Treatment Facility (SATF) is under a special review by the *Armstrong* court expert related to allegations of mistreatment of *Armstrong* class members. A report of findings is expected in the near future.

(v) Integrated Substance Use Disorder Treatment

Screening & Assessments

CCHCS Nursing Services' staff continue to conduct substance use screening, utilizing the National Institute on Drug Abuse (NIDA) Quick Screens, and CCHCS Medical Services' Licensed Clinical Social Workers (LCSW) continue to conduct substance use risk stratification utilizing the NIDA Modified Assist (MA). During this reporting period, approximately 41,063 patients were screened or assessed for Substance Use Disorder (SUD) and approximately 7,324 patients were risk-stratified. Of those screened and risk-stratified, 4,919 patients were referred for a

Medication Assisted Treatment (MAT) evaluation and 6,404 patients were referred for substance use related Cognitive Behavioral Interventions (CBI).

Medication Assisted Treatment

During this reporting period, 3,687 patients were evaluated for appropriateness for MAT and 2,551 (69 percent) of those patients were started on MAT. As of August 31, 2022, there are 14,440 patients receiving MAT and another 3,821 patients who were prescribed MAT but have discontinued treatment while still incarcerated. In addition to those being actively treated in the institutions, 1,829 patients transitioned back to the community while on MAT, and 1,754 patients were provided Naloxone upon release.

CCHCS prioritized efficiency improvements in the medication administration process, particularly for institutions with high volumes of patients on MAT. In October 2021, approximately 64 percent of patients received MAT during the morning administration, which negatively impacted wait times for patients and represented disproportionate workload for nursing and custody staff. Since October 2021, prescribers have started patients on MAT at times other than the morning medication lines to better distribute the workload. As a result of these efforts, as of the end of this reporting period, approximately 48 percent of patients received MAT during the morning administration times with the remaining patients administered MAT during the noon and evening medication lines.

With the significant increase in Suboxone dispensing, Nursing Services and Pharmacy Services have developed processes, metrics, and oversight tools to improve controlled substance accountability, mitigate discrepancies, and reduce possible diversion. Since the statewide rollout in February 2022, dispensing/administration accountability (the nurse who dispenses the medication is the same nurse who administers it) has reduced transaction mismatches from 32,000 to 1,000 per week.

Furthermore, to allow for direct communication from medication line nursing staff to the prescribing providers of any behavioral concerns regarding MAT medications, the Integrated Substance Use Disorder Treatment (ISUDT) team is developing a documentation method at the point of administration to automatically notify the provider. This notification will allow the provider to readily evaluate any misuse trends directly on the Medication Administration Record for consideration of an expedited follow-up appointment and adjustments to the patient's care management, which may include intensification of treatment or transition to an alternative MAT agent (Methadone, Sublocade, or Vivitrol).

Additionally, a new Medication Line Efficiency Lean Six Sigma project involving Medical Services, Pharmacy Services, Nursing Services, Custody, and Quality Management is underway to improve medication line efficiencies by 1) optimizing the use of keep-on-person prescriptions, 2) consolidating administration times for patients on multiple medications, and 3) evenly balancing workload across medication line times. The improvements are anticipated to improve the patient experience, reduce nursing staff medication administration burden, and minimize

medication administration errors. The project is being tested at Kern Valley State Prison (KVSP) and a reporting tool is being developed to monitor, measure, and manage the interventions.

After implementing a pathway to alternative MAT agents, including Methadone, Sublocade, and Vivitrol, more than 120 patients have been referred for consideration. Referring providers often receive recommendations for current treatment modifications and approximately 60 patients have been approved for and are currently receiving an alternative formulation. All patients receiving an alternative agent are followed by the Addiction Medicine Central Team. This new pathway offers both consultative support to the field, as well as additional treatment options for patients that confront barriers with the standard treatment with Suboxone.

Medical Provider and Licensed Clinical Social Worker Workforce

Nearly all CCHCS providers possess an X-waiver with a patient limit of 100 or greater, ensuring providers have the waiver capacity to provide MAT care to their patient populations. New providers continue to receive onboarding support with a custom series of trainings. Additionally, the Substance Use Disorder Care Guide is being updated to reflect current program changes. Currently 89 percent of patients on MAT are managed by their Primary Care Provider (PCP).

For ongoing support for providers and institution medical leadership, ISUDT clinical leadership is offering Concierge ISUDT Program Support meetings. These meetings are designed to address specific challenges and care complexities unique to a particular institution. These institution focused trainings have been effective in reaching a wide cross-section of providers and addressing specific challenges identified by the care teams and within their dashboard metrics.

Medical Services' LCSWs continue to integrate use of the American Society of Addiction Medicine (ASAM) Co-Triage for determining a level of care for CBI, and the ASAM Re-Entry Interview Script Enhancement (RISE), for identifying needs of those transitioning back to the community. During this reporting period, LCSWs assessed 992 patients utilizing the ASAM RISE.

Based on data reviewed for [Transforming Substance Use Disorder Treatment in California's Prison System: Impacts of the Integrated Substance Use Disorder Treatment Program](#) during this reporting period CCHCS prioritized and completed screening for all patients with active Hepatitis C Virus (HCV) or history of HCV infection, realizing the very high prevalence of SUD among patients with HCV, risk of re-infection after treatment for HCV, and risk for other complications related to SUD, including overdose. Initially, the ISUDT program was focused on treating those patients who entered prison prescribed MAT; CDCR patients who had one or more events indicative of high-risk behavior; and patients preparing to leave prison within 15-18 months. CCHCS has since expanded the program to include all patients who have a need. These actions have increased the number of patients awaiting an LCSW assessment, bringing the total number of patients awaiting assessment to 17,826, as of the end of this reporting period. Medical Services is exploring opportunities to mitigate the impact of this backlog, including identifying strike teams to complete the NIDA-MA and ASAM Co-Triage assessments.

Transition Services

The Enhanced Pre-Release processes continue at all institutions and include discharge planning for all patients releasing from CDCR. As of August 31, 2022, the resource teams have successfully linked 1,650 MAT-prescribed patients to community providers for continuation of care.

Cognitive Behavioral Interventions

Institutions continue to work on returning to in-person CBI programming. As of August 31, 2022, 1,756 patients are participating in packet programming, and 7,390 are participating in in-person programming.

ISUDT Publications

ISUDT patients continue to receive a monthly issue of the “ISUDT Insider,” a publication that includes program information, wellness tips, brain-teasing activities, inspiring patient feedback, notes of encouragement from staff, and fillable journal entries. During this reporting period, 75,396 copies of the publication were distributed to ISUDT patients.

Additionally, the third edition of “[The ISUDT Leader](#)” staff newsletter was distributed via email to all CDCR and CCHCS staff. This digital issue includes program outcomes and updates, shared insights and transformations from individuals leading ISUDT’s CBIs, and inspiration for recovery from across the state.

C. Particular Problems Faced by the Receiver, Including Any Specific Obstacles Presented by Institutions or Individuals

(i) Healthcare Facilities Maintenance and Environmental Services

During this reporting period, the CCHCS Compliance Monitoring Unit (CMU) conducted 12 Healthcare Facilities Maintenance (HFM) assessments (SOL, PVSP, Avenal State Prison, CAL, Centinela State Prison, CIM, California Institution for Women [CIW], Salinas Valley State Prison [SVSP], CTF, SATF, and two at California Medical Facility [CMF]). CMF uses two separate entities to provide janitorial services with separate assessments conducted for each entity. Nine of these twelve assessments were published during the reporting period and received a passing score of at least 80 percent. The assessments at CTF, SVSP, and SATF will be published in September 2022. Additionally, a follow-up visit to California Correctional Institution (CCI) is scheduled to assess progress since the program’s previous assessment.

In June 2022, CCHCS executed a new multi-year contract with the California Prison Industry Authority to provide janitorial services at 33 institutions and training services at CHCF. The contract, which is effective July 1, 2022, through July 30, 2025, includes the following changes: inclusion of all dental direct patient care areas; revision of COVID-19 related cleaning services, which is in alignment with recent CDCR/CCHCS policy guidelines and will address the COVID-19 outbreaks at institutions; addition of a Health Care Facility Improvement Program (HCFIP) rate sheet to capture the added cost for services at the time clinical space is activated; and reorganization and clarification of contract requirements.

(ii) Health Care Infrastructure at Facilities

The HCFIP has made noticeable improvements in its efforts to minimize statewide project completion delays by improving communication related to schedule fidelity and increasing procurement lead times. The availability of labor to complete the projects continues to be a concern and is consistent with the general market for construction labor. While some delays continue to present operational challenges, CCHCS is working with institutions and the CDCR Facility Planning, Construction, and Management (FPCM) Division to address all concerns regarding phasing and swing space to minimize impacts.

The Board of Pharmacy (BOP) Omnicell inspection delays reported in the Fiftieth Tri-Annual Report have been significantly mitigated. The CDCR Facility Planning and Activation Management Unit worked with the BOP to streamline requests for inspection by submitting in advance all documents, photos, and design plans for the new space.

The destructive testing (pre-construction testing that requires destroying part of the original construction to find hidden issues) and re-inspection work at the new Reception Center (RC) screening addition at Central California Women's Facility (CCWF) has progressed better than expected and is now anticipated to be completed sooner than previously projected. A Root Cause Analysis (RCA) was completed regarding the mandatory deactivation of the RC screening addition, which occurred several months ago. In addition, the Receiver's construction management expert consultants initiated a special review of the entire CCWF HCFIP project. Upon completion, both the RCA and the special review will be shared with CDCR.

During this reporting period, four subprojects were successfully activated. These include the Facility G Primary Care Clinic addition at SATF, the new Administrative Segregation Unit Primary Care Clinic at HDSP, and the Facility D Primary Care Clinic renovation and addition at ISP. Lastly, the first of two mobile medical clinics at CRC activated in July 2022. The targeted activation of the second clinic is scheduled for September 2022.

(iii) Scheduling and Ducating

Health Care Access Unit (HCAU) Operations Monitoring Audits (OMA) continued for Round VIIIb. During this reporting period, a total of 11 OMA Round VIIIb audits were completed and 12 reports were finalized and distributed (SVSP, Pelican Bay State Prison, CAL, SCC, CIM, CCI, HDSP, KVSP, CRC, CIW, WSP, and CMC).

As a result of the Scheduling and Ducating Program Special Reviews, reliance on numerous ducats for mental health Enhanced Outpatient Program (EOP) groups may potentially have a negative impact on the delivery of health care services via the ducat process. As previously reported, members of the workgroup conducted a site visit of the CMC EOP program to review the current process and engage local stakeholders in discussions regarding the proposed pilot. After several months of research, the workgroup identified a process with minimal changes to the scheduling, tracking, and reporting processes currently in place.

As reported in the Fiftieth Tri-Annual Report, Corrections Services created a process for the

transition of EOP group daily ducats to a weekly Current Inmate Schedule. Similar to a ducat, the Current Inmate Schedule will allow movement on specific days and times of the week to a specified location. The EOP Group Scheduling Pilot was implemented on August 1, 2022. Corrections Services' staff, along with a member of the *Coleman* Special Master's team, were present at CMC prior to implementation on July 28 – 29, 2022. This onsite visit was to verify information regarding the pilot was shared with the inmate population, observe the Inmate Assignments Office process of running the Current Inmate Schedule, and review the process of distribution to the inmate population. A few minor issues were discovered and resolved during the pre-implementation process, as well as during implementation. All functions of the new process appear to be operating as planned. Staff and inmates have expressed preference of this new process. In September 2022, there will be a review of the first month of the pilot to identify any potential issues or concerns that need to be addressed.

Section 2: Other Matters Deemed Appropriate for Judicial Review

A. California Health Care Facility – Level of Care Delivered

CHCF's health care leadership remains focused on ensuring the delivery of quality health care services to its patient population. As of the end of this reporting period, CHCF is just over 77 percent patient capacity (2,278 current population; 2,953 capacity) and 33 of the 36 budgeted provider positions are filled as follows:

- Physician and Surgeon: 33 positions, 30 filled, 3 vacant
- Physician Assistant: 3 positions, 3 filled, 0 vacant

As reflected in the August 29, 2022, Primary Care Provider Vacancy/Coverage Report (refer to [Appendix 1](#)), civil service telemedicine providers and contract registry providers are utilized to deliver care at CHCF, which increases the available coverage to just under 90 percent of budgeted positions for providers as of the end of this reporting period.

B. Statewide Medical Staff Recruitment and Retention

CCHCS continues to make progress resolving the challenges outlined in the March 10, 2015, *Special Report: Improvements in the Quality of California's Prison Medical Care System*. Through frequent assessment of staffing ratios, health care delivery models, and retention strategies, CCHCS has implemented a series of flexible and continuously evolving solutions to ensure the delivery of timely, quality health care services to patients through a stable provider workforce. As of August 29, 2022, 41 percent of institutions (14 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 24 percent (8 institutions) have filled between 75 and 89 percent of their civil service provider positions; and 35 percent (12 institutions) have filled less than 75 percent of their civil service provider positions. However, when on-site civil service, telemedicine, and contract registry providers are utilized to deliver

care statewide, coverage at 23 institutions is at or above 90 percent (refer to [Appendix 1](#)). The following summarizes the continuous recruitment efforts during this reporting period:

- CCHCS' focused recruiting and streamlined hiring efforts continue to produce a strong flow of new candidates. Since January 1, 2022, CCHCS has hired 21 new physicians, including 9 during this reporting period, with the majority hired into the institutions. Overall, CCHCS has hired 2 physicians in the Telemedicine program, 1 at headquarters, 1 at a regional office, 2 within ISUDT, and 15 at institutions.
- The Telemedicine Program remains strong in its ability to recruit and retain. As of the end of this reporting period, the current telemedicine provider workforce is 90 percent filled, with 5.6 vacant positions and a sufficient number of candidates in the interview process to cover the vacant positions.
- The impact of travel restrictions resulting from Assembly Bill 1887, which prohibits state-sponsored travel to those states with discriminatory laws targeting the LGBTQ+ community, has grown to 23 and is curtailing some of CCHCS' regularly attended professional conferences. While CCHCS has secured booth space at the National Commission on Correctional Health Care's 2022 National Conference in October 2022, attendance has been canceled at upcoming conferences, including the American Osteopathic Association's OMED 2023 in Orlando, FL, and the American Academy of Family Physician's 2023 FMX Conference in San Antonio, TX. In these instances, CCHCS works with the professional associations to engage attendees and have a presence through advertisements and virtual attendance, if possible.
- CCHCS continues with its expansion of social media recruitment, leveraging community engagement, given the success of hiring events across the state implemented by Human Resources. CCHCS has established Twitter, TikTok, and Instagram accounts, in addition to the existing Facebook and LinkedIn accounts. All five platforms are utilized to promote information about careers in correctional health care, promote CCHCS clinicians through recognition days, and encourage attendance at hiring events. To supplement these social media activities and target physicians, CCHCS is securing a relationship with Doximity. This online social network site is used by 80 percent of all physicians for both job searches and workflow tools, ensuring that CCHCS' message will reach both active and passive candidates. Users of this platform include practicing physicians, residents and fellows, medical students, and advanced practice providers. CCHCS' efforts will include job postings, as well as the ability to source Doximity's database of providers.
- Continuing with CCHCS and CDCR's multi-year Diversity, Equity, and Inclusion (DEI) initiatives, CCHCS is increasing exposure at DEI-specific community and national events. This includes engaging with transitioning military personnel via *Corporate Gray* and *RecruitMilitary* virtual events and exhibit booths at both the California State Fair and the GLMA Annual Conference on LGBTQ+ Health. Additionally, outreach via social media promoting CCHCS' attendance at these events and the importance of CCHCS' commitment to a diverse and equitable workforce continues. CCHCS is exploring an additional recruitment campaign to enhance DEI marketing with iHeart Media.

- CCHCS' hiring events continue a pattern of success in engaging with local communities and bringing the hiring process directly to the job seeker. With over 1,500 attendees since its inception in January 2022, 24 institutions and their programs have benefited from this statewide effort. Marketing and advertising on multiple platforms including digital radio, billboards, community organizations, and local outreach resulted in over 800 jobs offered on-site, with 63 percent of those offered a job having already started or pending a start date. Upcoming events are planned to support hiring needs for CAC; CCI; CVSP; ISP; KVSP; California State Prison, Los Angeles; North Kern State Prison; RJD; and WSP.

C. CCHCS Data Quality

During this reporting period, CCHCS staff have focused on improving the accuracy of overdue appointment data, also referred to as "backlog metrics." Ensuring that institutions are able to accurately monitor backlog is part of a larger effort to recalibrate operations toward pre-pandemic scheduling practices and access to care guidelines.

CCHCS measures timely access to PCP and specialty services and accumulated backlog of overdue orders. Over the course of the COVID-19 pandemic, the volume of overdue specialty and PCP encounters grew precipitously, in large part due to direction from statewide leaders to defer non-urgent services during COVID-19 outbreaks and redirect efforts toward managing patients with COVID-19. Outbreaks presented other operational challenges as well, such as unexpected PCP and specialty clinic cancellations associated with staff COVID-19 infections.

With the CDCR's Roadmap to Reopening, health care leaders emphasized a return to routine operations and immediate reduction of specialty and PCP backlog. Over time, however, the backlog data has become, at least partially, unreliable. There is substantial "noise" in the system, meaning backlog orders that have been completed or otherwise should have been closed out are still showing as overdue. Preliminary analysis of specialty and PCP appointment backlog as of early August 2022 indicates that as much as 14 percent of specialty backlog and 43 percent of PCP backlog may reflect orders that should have been cleared out of the system.

CCHCS staff are focused on the following three efforts to address data reliability issues in the area of specialty and PCP appointment backlog:

- Institutions statewide will examine current backlog orders and close out orders that are duplicative or have already been completed;
- Remaining patients with overdue orders will be scheduled for a triage to ensure that individuals with the most urgent health care issues are seen first; and
- CCHCS will improve data analytics tools and introduce a standardized process to ensure that 1) completed orders are closed out promptly and duplicative orders are removed from backlog queues, and 2) triaging and documentation of care occur in a manner consistent with pre-pandemic statewide policy.

D. Coordination with Other Lawsuits

Meetings between the three federal courts, *Plata*, *Coleman*, and *Armstrong* (Coordination Group) class actions have occurred periodically. During this reporting period, the Coordination Group met on June 8 and July 27, 2022.

E. Master Contract Waiver Reporting

On June 4, 2007, the Court approved the Receiver's Application for a more streamlined, substitute contracting process in lieu of state laws that normally govern state contracts. The substitute contracting process applies to specified project areas identified in the June 4, 2007, Order and in addition to those project areas identified in supplemental orders issued since that date. The approved project areas, the substitute bidding procedures, and the Receiver's corresponding reporting obligations are summarized in the Receiver's Seventh Quarterly Report and are fully articulated in the Court's Orders, and therefore, the Receiver will not reiterate those details here.

The Receiver did not use the substitute contracting process during this reporting period.

F. Consultant Staff Engaged by the Receiver

The Receiver has engaged no consultant staff during this reporting period.

G. Accounting of Expenditures

(i) Expenses

The total net operating expenses of the Office of the Receiver for the fiscal year (FY) ending June 30, 2022, was \$4,724,733. A balance sheet and statement of activity and brief discussion and analysis is attached as [Appendix 2](#).

For the two months ending August 31, 2022, the net operating expenses were \$751,464.

(ii) Revenues

For the months of May and June 2022, the Receiver requested transfers of \$475,000 from the State to the California Prison Health Care Receivership Corporation (CPR) to replenish the operating fund of the Office of the Receiver. Total year to date funding for FY 2021-2022 to the CPR from the State of California is \$4,725,000.

For the two months of July and August 2022, the Receiver requested transfers of \$350,000 from the State to the CPR to replenish the operating fund of the Office of the Receiver.

All requested funds were received in a timely manner.