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**UNITED STATES DISTRICT COURT**

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**FOR THE EASTERN DISTRICT OF CALIFORNIA**

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**AND FOR THE NORTHERN DISTRICT OF CALIFORNIA**

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MARCIANO PLATA, et al.,

Case No. C01-1351-JST

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*Plaintiffs,*

v.

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GAVIN NEWSOM, et al.,

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*Defendants.*

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RALPH COLEMAN, et al.,

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

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*Plaintiffs,*

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v.

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GAVIN NEWSOM, et al.,

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*Defendants.*

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JOHN ARMSTRONG, et al.,

Case No. C94-2307-CW

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*Plaintiffs,*

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v.

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GAVIN NEWSOM, et al.,

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*Defendants.*

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**NOTICE OF FILING OF RECEIVER'S  
FIFTY-SECOND TRI-ANNUAL REPORT**

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

5 Respectfully submitted,

6 Dated: February 1, 2023

FUTTERMAN DUPREE DODD CROLEY  
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8 By:           /s/ Jamie L. Dupree            
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**CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES**

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

**Fifty-second Tri-Annual Report of the Federal Receiver  
For September 1 – December 31, 2022**

**February 1, 2023**

**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-second report filed by the Receivership, and the forty-sixth 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](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](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 website at <https://www.cdcr.ca.gov/covid19/covid-19-response-efforts/>.

As of January 31, 2023, there have been 91,051 confirmed COVID-19 patient cases throughout CDCR institutions, of which 89,092 have resolved; 1,501 were released while active; and 260 resulted in death. There are 198 active cases within the patient population of CDCR institutions. As of January 25, 2023, there have been 56,551 confirmed COVID-19 staff cases, with 56,349 resolved, and 192 active cases. CDCR and CCHCS are aware of 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 96,013 incarcerated persons have been offered the COVID-19 vaccine with an overall acceptance rate of 80 percent. Acceptance rates continue to be highest among patients who are at the greatest risk for hospitalization and death:

- Patients 50 years of age and older: 90 percent
- Patients 65 years of age and older: 94 percent

Additionally, the Bivalent booster is being offered to all incarcerated persons who qualify for it, with an overall acceptance rate of 43 percent and the highest acceptance rates among patients who are at the greatest risk for hospitalization and death:

- Patients 50 years of age and older: 64 percent
- Patients 65 years of age and older: 78 percent

The high vaccination rate, close clinical monitoring, ready access to therapeutics, and use of preventive medications continue to contribute to the sustained decline of COVID-19 related hospitalization and deaths among this population. Of the 260 COVID-19 related deaths among the incarcerated population to date, four occurred during this reporting period.

At the same time incarcerated persons were offered the Bivalent booster, they were also offered the seasonal flu vaccine. The flu vaccine has been offered to 98 percent of the population with

an acceptance rate of 43 percent. The vaccine is currently being re-offered to high-risk patients 65 years of age and older who initially declined it.

#### Pre-exposure Prophylaxis

CDCR and CCHCS continue to offer the COVID-19 prophylactic antibody treatment, Evusheld™, to patients at the highest risk for COVID-19 related hospitalization and death. As of the end of this reporting period, 528 patients residing within CDCR have received pre-exposure prophylaxis.

#### (ii) Office of the Inspector General

The Office of the Inspector General (OIG) has completed Cycle 6 medical inspections at 33 institutions. During this reporting period, the OIG issued draft reports for California State Prison, Sacramento (SAC), Pleasant Valley State Prison (PVSP), Mule Creek State Prison (MCSP), and Chuckawalla Valley State Prison (CVSP) and final reports for Correctional Training Facility (CTF), SAC, PVSP, and MCSP. PVSP and MCSP received adequate ratings, while CTF and SAC received inadequate ratings. As of the end of this reporting period, draft reports for Sierra Conservation Center, California Institution for Men (CIM), San Quentin State Prison (SQ), California City Correctional Facility (CAC), and Ironwood State Prison (ISP) are pending completion by the OIG. One institution, CHCF, is pending a medical inspection to complete Cycle 6. Cycle 7 medical inspections commence in January 2023.

#### (iii) Delegations

As of the filing of this report, the Receiver has delegated the medical operations at 20 institutions to the CDCR Secretary's authority. During this reporting period, on October 17, 2022, the Receiver delegated Wasco State Prison (WSP). Meet-and-confers were conducted on September 28 and 29, 2022, to consider delegation of Richard J. Donovan Correctional Facility (RJD); the Receiver is deferring consideration of delegation to April 2023. Additionally, meet-and-confers were conducted on November 17 and 22, 2022, to consider delegation of California State Prison, Solano (SOL). A follow-up meet-and-confer to consider delegation of California Rehabilitation Center (CRC) was anticipated to occur during this reporting period; however, the Receiver elected not to delegate CRC at this time.

#### (iv) Institution and Facility Closures

During this reporting period, on December 6, 2022, the Secretary announced the planned closures of CAC and CVSP. CAC is expected to close by March 2024 and CVSP is expected to close by March 2025. In addition, CDCR will move to deactivate the following facilities: Folsom Women's Facility (expected deactivation January 2023); West Facility in California Men's Colony (CMC) (expected deactivation winter 2023); Facility C in Pelican Bay State Prison (expected deactivation winter 2023); Facility A in CRC (expected deactivation spring 2023); Facility D in CIM (expected deactivation spring 2023); and Facility D in California Correctional Institution (CCI) (expected deactivation summer 2023).

Additionally, on September 7, 2022, a preliminary injunction that temporarily halted the closure of California Correctional Center (CCC) was dissolved. Closure activities have resumed with complete closure of CCC anticipated by June 2023.



Efforts are being taken by CDCR and CCHCS to minimize the impact of these closures and deactivations on both patients and staff. These efforts, along with additional information related to the closures and deactivations, can be found on the CDCR website at <https://www.cdcr.ca.gov/prison-closures/>.

(v) Armstrong

During this reporting period, 18 *Armstrong* Monitoring Tours were scheduled and conducted. 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.

A special review by the *Armstrong* court expert related to allegations of mistreatment of disabled inmates at Substance Abuse Treatment Facility (SATF) was completed and a report of findings was received by CCHCS on December 20, 2022. On December 28, 2022, the Receiver issued a response which included the status of actions being taken by SATF, CCHCS, and CDCR in response to the recommendations contained within the *Armstrong* court expert's report.

(vi) Integrated Substance Use Disorder Treatment

Screening & Assessments

During this reporting period, approximately 43,994 patients were screened or assessed for substance use disorder (SUD) and approximately 8,993 patients were risk stratified. Of those screened and risk stratified, 6,293 patients were referred for a Medication-Assisted Treatment (MAT) evaluation and 7,748 patients were referred for substance use related Cognitive Behavioral Interventions (CBI).

Close the Gap Initiative

To identify the total population with SUD, during this reporting period, Nursing Services started the Close the Gap Initiative which established a goal to ensure all residents were offered a National Institute on Drug Abuse (NIDA) Quick Screen (QS) by the end of December 2022. At the inception of the initiative, Nursing Services provided institutions with various strategies to complete screenings by the end of the year. Close the Gap NIDA QS data was shared with institution, regional, and headquarters leadership. The collaborative effort between Nursing Services and institutions resulted in an increase of screenings completed statewide. In November 2022, there were 2,767 QSs pending statewide. By the end of this reporting period, the number of residents pending QSs decreased to 32. Since the inception of Integrated Substance Use Disorder Treatment (ISUDT), QSs have been completed on 99 percent of the resident population.

Institution Site Visits

The ISUDT Nursing Consultant, Program Review (NCPR) met with nursing staff and Resource Teams at 18 institutions (Calipatria State Prison, Central California Women's Facility [CCWF], Centinela State Prison [CEN], CHCF, CIM, CMC, California Medical Facility [CMF], CTF, Folsom State Prison [FSP], California State Prison, Los Angeles County [LAC], MCSP, North Kern State

Prison [NKSP], RJD, SAC, SOL, SQ, Salinas Valley State Prison, and WSP) to observe and evaluate nursing processes in specific service areas interfacing with the ISUDT program. The areas observed were Reception Center, Receiving and Release, Treatment and Triage, Medication Administration, Resource Teams, and Primary Care Teams. A standardized management tool was used to evaluate and score performance in each service area. Based on the scores, institutions were informed of areas of excellence and areas that need improvement. Site visit reports were shared with institution, regional, and headquarters leadership. Three institutions (CHCF, CTF, and NKSP) scored 100 percent on the 46 questions asked and ten institutions scored above 80 percent. ISUDT NCPRs will continue to meet and collaborate with institution nursing staff to address areas identified as needing improvement and will provide additional education and share the best practices of institutions that demonstrated high scores.

#### Peer Support Specialist Program

Workforce development, including development of a Peer Support Program, was identified in the Fiscal Year (FY) 2019-2020 ISUDT budget change proposal, but was delayed due to COVID-19. In 2023, ISUDT leaders will be focused on development and implementation of a Peer Support Program through ISUDT to support a larger initiative for CDCR residents to engage in rehabilitation and recovery activities and to gain certification and experience during incarceration that can support employment opportunities post-release. ISUDT leaders are working closely with the California Department of Health Care Services and California Mental Health Services Authority (certifying body for Medi-Cal Peer Support Specialist) and plan to begin a phased implementation of this ISUDT program component in June 2023.

#### Medication-Assisted Treatment

During this reporting period, 4,341 patients were evaluated for appropriateness for MAT and 3,075 (71 percent) of those patients were started on medication. The population of patients receiving MAT is 15,544 as of December 31, 2022. Additionally, there are 4,256 patients who previously received MAT but have discontinued treatment while still incarcerated and 1,889 patients that transitioned back to the community while on MAT. Naloxone was provided to 8,196 patients releasing to the community, of which 1,812 (22 percent) were on MAT.

As the population of patients receiving MAT increases, CCHCS continues its efforts to optimize the medication administration process. At the end of 2021, approximately 60 percent of patients received MAT medications during morning administration. The large volume concentrated during one administration time led to negative impacts for patients, including increased wait times and created logistical challenges for custody and nursing staff. As of the end of this reporting period, approximately 47 percent of patients receive MAT during the morning medication time, reflecting efforts statewide to redistribute patients as appropriate to the noon and evening medication times.

Medical Services, Pharmacy Services, Nursing Services, CDCR Division of Adult Institutions (DAI), local custody staff, and Quality Management continue to develop the Medication Line Efficiency Lean Six Sigma project. The project has continued testing at Kern Valley State Prison (KVSP) while a reporting tool is developed to assist in monitoring and managing the medication line efficiency

interventions. The project aims to optimize medication line performance by 1) using keep-on-person prescriptions where clinically appropriate, 2) consolidating patient medications to one administration time if feasible, and 3) evenly balancing medication administrations across the various medication times offered.

Nursing Services and Pharmacy Services continue to monitor the handling and dispensing of all controlled substances, with the goal of increasing controlled substance accountability, reducing dispensing discrepancies, and mitigating possible diversion. Dispensing/administration accountability has continued to improve during this reporting period, with transaction mismatches down from 32,000 per week in February 2022 to 2,300 per week in December 2022.

The ISUDT team also continues to work on developing a method of documenting behavioral concerns of patients in EHRs during the administration of MAT medications. Medical Services, Nursing Services, Pharmacy Services, CDCR DAI, and local custody staff are coordinating this effort, which will provide a clear pathway for nursing staff to provide communication to medical providers who can then evaluate any non-adherence trends within the Medication Administration Record. After reviewing these trends, providers can intervene through a follow-up with the patient and consideration of alternative therapies.

CCHCS offers all federally approved medications for alcohol and opioid use disorder consistent with community standards of care. The use of alternative MAT agents including methadone, Sublocade® and Vivitrol® has expanded during this reporting period, increasing from 69 patients at the end of August 2022 to 143 patients as of December 31, 2022. There are currently 35 patients on methadone, 101 patients on Sublocade and 7 patients on Vivitrol. All patients on alternative MAT agents are monitored by the Addiction Medicine Central Team.

#### Medical Provider and Licensed Clinical Social Worker Workforce

CCHCS continues to ensure providers have capacity to prescribe MAT to their patients, with nearly all providers in possession of a Drug Enforcement Agency X-waiver with a patient limit of 100 or more. Additionally, all incoming providers receive a series of SUD-specific trainings and introduction to resources that will support their management of patients on MAT. Ninety-three percent of patients who have been on MAT for six months or longer are now being managed by their Primary Care Provider (PCP).

ISUDT clinical leadership continues to support institution care teams and medical leadership with Concierge ISUDT Program Support meetings. Meetings have been held to support 20 institutions statewide, with one meeting held to support headquarters-based telemedicine providers.

Medical Services' Licensed Clinical Social Workers (LCSWs) assess patients for SUD using the NIDA Modified Assist (MA), the American Society of Addiction Medicine (ASAM) Co-Triage, and the ASAM Re-Entry Interview Script Enhancement (RISE). At the end of August 2022, there were over 17,000 patients awaiting SUD assessment. By December 31, 2022, through various efforts to optimize scheduling, the LCSWs were able to increase productivity and lower the backlog to 13,473 patients by completing 8,993 NIDA MA assessments, 7,814 Co-triage assessments, and

741 ASAM RISE assessments. Of those represented in the backlog, 4,779 (35 percent) were offered but refused assessment.

In addition to the existing assessment functions of the LCSWs, preparations continue for the launch of Cognitive Behavioral Therapy, where the LCSWs will be providing individual and group therapy focused on addressing trauma and/or substance use by using standardized trauma-informed therapy curriculum. Recruitment efforts were a primary focus during this reporting period. In addition to backfilling two vacant positions, nine additional LCSWs were hired, with six additional hires expected to be completed in January 2023. The program also recruited two Senior Psychologist Specialists and three Supervising Psychiatric Social Workers Is.

### Supportive Housing

Supportive Housing is identified as an ISUDT component, and part of a larger culture change initiative for CDCR residents engaged in rehabilitation and recovery programs. Supportive Housing aims to provide a safe and secure environment for independent living and housing stability that promotes recovery and eliminates the stigma associated with addiction.

While institutions have the flexibility to implement Supportive Housing based on a menu of evidence-based options, the following are universal requirements: 1) staff training for those working in Supportive Housing, including participation in CDCR Division of Rehabilitative Programs cross training; and 2) interactions - participants and staff in the Supportive Housing units shall openly display and promote prosocial values, including honesty, self-responsibility, work ethic, and community responsibility.

As of December 31, 2022, there are 23,228 Supportive Housing beds identified, with 15,085 beds occupied. Of those occupied, 10,260 are participating, or have participated in ISUDT. As institutions continue to advance this program component, further reporting elements will be developed.

### Transition Services

The Enhanced Pre-Release process continues at all institutions and includes discharge planning for all patients releasing from CDCR. As of December 31, 2022, Resource Teams have successfully linked 1,733 MAT-prescribed patients to community providers for continuation of care.

### Cognitive Behavioral Interventions

Institutions continue to return to in-person CBI programming. As of December 31, 2022, 753 patients are participating in packet programming, and 9,451 are participating in in-person programming.

### ISUDT Publications

ISUDT patients continue to receive a monthly issue of the "ISUDT Insider," a newsletter-style publication that includes program information, wellness tips, brain-teasing activities, inspiring patient feedback, notes of encouragement from staff, and fillable journal entries. Over 84,000 copies of the publication were distributed to patients during this reporting period.

**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 conducted 12 Healthcare Facilities Maintenance assessments (FSP, SAC, NKSP, KVSP, CHCF, CMC, SQ, RJD, California State Prison, Corcoran [COR], and CMF). CHCF and CMF use two separate entities to provide janitorial services with separate assessments conducted for each entity. Of the assessments published during this reporting period, four received a passing score of over 90 percent, and five received a passing score of over 80 percent. The assessments conducted at CMF and COR will be published in January 2023. A follow-up visit to CCI was completed in September 2022 to assess progress since the program's previous assessment in April 2022. CCI received a passing score of over 90 percent. Additionally, a follow-up visit to SATF was completed in December 2022 to assess progress related to the overall cleanliness of the institution from the initial assessment in August 2022. A memorandum outlining the follow-up inspection will be completed in January 2023.

An amendment to the multi-year contract executed in June 2022 with the California Prison Industry Authority is currently being completed to address Health Care Facility Improvement Program (HCFIP) projects as well as the planned, future closures of CAC and CVSP.

(ii) Health Care Infrastructure at Facilities

As a result of improved communication and increased procurement lead times, HCFIP continues to minimize statewide project completion delays. The availability of labor to complete projects remains a concern and is consistent with the general market for construction labor. While some delays did present operational challenges, CCHCS proactively worked with institutions and the CDCR Facility Planning, Construction, and Management Division to minimize impacts.

The previously reported 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 screening addition at CCWF is still progressing and on track to be completed in the first quarter of 2023.

During this reporting period, six subprojects were successfully activated. These include the East Facility Building B Medical Records renovation at CMC, the Facility B Primary Care Clinic renovation at High Desert State Prison (HDSP), the Facility D Primary Care Clinic renovation at HDSP, the Facility D Primary Care Clinic renovation at SATF, the Facility A Primary Care Clinic renovation at NKSP, and the Exam Room/Inmate Restroom and janitor closet renovations at SOL.

(iii) Scheduling and Ducating

Health Care Access Unit Operations Monitoring Audits continued for Round VIIIb. During this reporting period, the remaining 11 audits were completed with all reports finalized and distributed (FSP, SATF, SOL, CEN, COR, RJD, NKSP, CVSP, Valley State Prison, ISP, and LAC).

As previously reported, Corrections Services created a process for the transition of Enhanced

Outpatient Program (EOP) group daily ducats to a weekly current inmate schedule. The EOP group scheduling test at CMC was implemented on August 1, 2022, and concluded on November 30, 2022, for data comparison and review purposes. While implementation and operation of the process was successful, it resulted in limitations to scheduling and rescheduling group appointments. With daily ducats no longer being issued, patients were not notified of new and rescheduled appointments for the current week as schedules are distributed on Thursday of the prior week. Additionally, it was discovered that certain patients need the daily reminder that ducats provide. CMC is scheduled to resume daily ducating for EOP groups on February 6, 2023. Corrections Services is developing a report to summarize the project and present recommendations for the Receiver and the *Coleman* Special Master to review.

## **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 80 percent of patient capacity (2,369 current population; 2,953 capacity) and 32 of the 36 budgeted provider positions are filled as follows:

- Physician and Surgeon: 33 positions, 29 filled, 4 vacant
- Physician Assistant: 3 positions, 3 filled, 0 vacant

As reflected in the January 2, 2023, 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 over 93 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 December 31, 2022, 32 percent of institutions (11 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 38 percent (13 institutions) have filled between 75 and 89 percent of their civil service provider positions; and 30 percent (10 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 24 institutions is at or above 90 percent (refer to [Appendix 1](#)). The following summarizes the continuous recruitment efforts during this reporting period:

- Despite workforce impacts related to the COVID-19 pandemic, CCHCS' focused recruiting and streamlined hiring efforts continue to produce a robust pipeline of new hires. During 2022, CCHCS hired 33 new physicians, including 12 during this reporting period. Overall, CCHCS hired 5 physicians in the Telemedicine program, 2 at headquarters, 2 at regional offices, 2 within ISUDT, and 22 at institutions.
- The Telemedicine Program remains consistent in its ability to recruit and retain providers. As of the end of this reporting period, the current telemedicine provider workforce is 94 percent filled, with 3.4 vacant positions.
- Although travel restrictions resulting from Assembly Bill 1887 prohibit state-sponsored travel to 23 states with discriminatory laws targeting the LGBTQ+ community, CCHCS continues to have a presence at national, regional, and local events. This presence ensures continuous building upon the branding of the organization as an employer of choice within the health care community. As indicated in the fifty-first Tri-Annual Report, CCHCS attended the National Commission on Correctional Health Care's (NCCHC) 2022 National Conference in October 2022. CCHCS also attended the GLMA's (Health Professionals Advancing LGBTQ Equality) Annual Conference on LGBTQ Health in San Francisco, CA. CCHCS will have an advertising presence at the American Osteopathic Association's Osteopathic Medical Education Conference 2023 in Orlando, FL, and will attend the American Academy of Family Physicians' 2023 Family Medicine Experience Conference in Chicago, IL. In the first half of 2023, CCHCS has a planned presence at the California Academy of Nutrition and Dietetics Annual Conference and the American College of Physicians Internal Medicine Meeting. Additionally, CCHCS' recruitment team is securing exhibit space at the University of California, San Francisco's National Transgender Health Summit. While the NCCHC Spring Conference will be held in a state impacted by the travel restrictions, CCHCS will maintain a presence via an advertisement in the event's program guide.
- CCHCS continues its work to establish a partnership with Doximity, the online social network site used by 80 percent of all physicians for job searches and workflow tools. Access to the platform is designed to ensure that CCHCS' recruitment messages reach both active and passive candidates. Additionally, CCHCS is in the process of securing a three-month partnership with the NCCHC to engage visitors to their website via a new Web Retargeting tool. Once in place, this tool will allow CCHCS to increase visibility and further brand itself as a leader in correctional health care by retargeting this niche audience with messaging across the internet.
- In addition to promoting CCHCS to current correctional nurses through their lecture "Structural Empowerment through Shared Governance for Correctional Nurses," at the NCCHC National Conference, CCHCS' Nursing Services is increasing outreach to nursing students by sharing information about nursing careers in correctional health. Additional efforts include informational sessions and clinical rotations for future Licensed Vocational Nurses and Registered Nurses. CCHCS' recruitment team is working with Nursing Services to ensure a cohesive recruitment message for these emerging nursing professionals.
- Continuing with CCHCS and CDCR's multi-year Diversity, Equity, and Inclusion (DEI) initiatives, CCHCS is further establishing its presence in the health care community as an

employer of choice for a diverse workforce. Marketing campaigns complement current marketing concepts of a workforce dedicated to the needs of others and enhance the presentation of the organization as one committed to positive change. CCHCS' recruitment team is boosting its LinkedIn presence with a separate DEI page on the CCHCS Careers page. The page will highlight CCHCS' commitment to DEI and establish for prospective candidates how CCHCS incorporates DEI initiatives into its workday activities.

- CCHCS concluded its 2022 institution hiring events in September 2022. Marketing efforts drove attendance of over 1,750 individuals to these events. CCHCS Human Resources and hiring programs partnered to interview 1,364 candidates across a range of health care and support positions, with nearly 1,000 jobs offered on-site, and 69 percent of those offers resulting in confirmed start dates. Given the remarkable success of these events, CCHCS is currently planning its 2023 hiring events.

### C. CCHCS Data Quality

CCHCS continues its work to ensure health care leaders statewide have accurate PCP and specialty services backlog data to continuously evaluate access to care and identify and address emerging patient safety concerns. As previously reported, three broad strategies were identified to improve data reliability. Current implementation status of these efforts is as follows:

Data Reliability Strategy	Implementation Status
Institutions statewide will examine current backlog orders and close out orders that are duplicative or have already been completed.	Initiated by Regional Health Care Executives (RHCE) in late 2022 and ongoing.
Remaining patients with overdue orders will be scheduled for a triage to ensure patients with the most urgent health care issues are seen first.	Initiated by RHCEs in late 2022 and ongoing.
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) triage and documentation of care occur in a manner consistent with pre-pandemic statewide policy.	<p><u>Data Analytics Tools</u></p> <ul style="list-style-type: none"> <li>- Expanded "Deal with Overdue" tab of medical scheduling report to track all overdue orders.</li> <li>- Built Specialty Registry and Request for Services Registry to ensure institutions closely track specialty referral scheduling and timeliness of appointments.</li> <li>- Modified End Stage Liver Disease Registry to track patients eligible for liver ultrasounds when housed in locations other than CDCR institutions.</li> </ul> <p><u>Standardized Backlog Management Process</u></p> <p>In development as part of Scheduling Process Improvement Initiative Phase 4; scheduled for statewide implementation in summer 2023.</p>



#### **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 September 15, November 2, and December 14, 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 and capital expenses of the Office of the Receiver for the four-month period of September through December 2022, were \$896,211 and \$0.00, respectively. A balance sheet and statement of activity and brief discussion and analysis is attached as [Appendix 2](#).

##### **(ii) Revenues**

For the months of September through December 2022, the Receiver requested transfers of \$650,000 from the State to the California Prison Health Care Receivership Corporation (CPR) to replenish the operating fund of the Office of the Receiver.

An additional amount of \$250,000 was accrued as of December 31, 2022, to cover all operating expenses incurred to date. This additional amount will be requested in early January 2023. Total year to date revenue (received and accrued) for the FY 2022-2023 to CPR from the State of California is \$1,250,000.

All requested funds were received in a timely manner.