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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-THIRD TRI-ANNUAL REPORT**

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PLEASE TAKE NOTICE that Receiver J. Clark Kelso has filed herewith his Fifty-third 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.

Respectfully submitted,

Dated: June 1, 2023

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-third Tri-Annual Report of the Federal Receiver  
For January 1 – April 30, 2023**

**June 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-third report filed by the Receivership, and the forty-seventh 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**

As of June 1, 2023, there have been 93,461 confirmed COVID-19 patient cases throughout CDCR institutions, of which 91,576 have resolved; 1,562 were released while active; and 260 resulted in death. There are 63 active cases within the patient population of CDCR institutions as of June 1, 2023. Current patient tracking information and other COVID-19 related updates can be found on the CDCR website at <https://www.cdcr.ca.gov/covid19/population-status-tracking/>.

### **Relaxation of COVID-19 Restrictions**

In response to high vaccination and booster rates among the incarcerated population and rapid access to antiviral treatments, COVID-19 related hospitalizations and deaths have markedly declined. In March 2023, the Governor announced the end of the COVID-19 State of Emergency and the California Department of Public Health (CDPH) announced updated COVID-19 guidance. Based on both CDPH and Centers for Disease Control and Prevention (CDC) guidance, CDCR and California Correctional Health Care Services (CCHCS) subsequently updated policies related to vaccine requirements and the use of face coverings.

Effective April 3, 2023, face coverings are optional but strongly encouraged for staff, visitors, volunteers, and incarcerated persons in indoor non-isolation, non-quarantine, and non-outbreak settings, including when transporting patients who are not on isolation or quarantine. Face coverings are still required for residents housed in isolation or quarantine and for exposed but asymptomatic residents who test negative and continue to work. Also effective April 3, 2023, COVID-19 vaccination and boosters are strongly encouraged but no longer mandatory except for staff working in the Central California Women's Facility (CCWF) skilled nursing facility pursuant to federal guidance.

On April 13, 2023, CDCR and CCHCS announced modified, less stringent guidelines related to isolation and quarantine for patients who test positive or were exposed to COVID-19. These modifications are based on recommendations from the CDC and align with state and national guidance for correctional settings. All guidance is reviewed on a regular basis and revised as necessary based on current circumstances within CDCR and CCHCS, as well as recommendations from the CDPH and CDC.

(ii) Office of the Inspector General

The Office of the Inspector General (OIG) has completed Cycle 6 medical inspections at 34 institutions. During this reporting period, the OIG issued draft reports for Sierra Conservation Center (SCC), California Institution for Men (CIM), and California City Correctional Facility (CAC) and final reports for SCC and Chuckawalla Valley State Prison (CVSP). SCC and CVSP both received adequate ratings. As of the end of this reporting period, draft reports for San Quentin State Prison (SQ), Ironwood State Prison (ISP), and CHCF are pending completion by the OIG. In January 2023, the OIG began Cycle 7 medical inspections. During this reporting period, the OIG completed Cycle 7 medical inspections at California State Prison, Los Angeles County (LAC) and Valley State Prison (VSP); draft reports are pending completion by the OIG.

(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. No additional delegations were made during this reporting period. A meet-and-confer to consider delegation of ISP is tentatively scheduled for July 2023. As reported in the 52<sup>nd</sup> Tri-Annual Report, meet-and-confers occurred in November 2022 to consider delegation of California State Prison, Solano (SOL); however, the Receiver elected to defer delegation at that time.

(iv) The California Model

During this reporting period, on April 4, 2023, CDCR and CCHCS announced implementation of the California Model, a systemwide change that leverages international best practices and processes to address longstanding challenges related to incarceration and prison working conditions. Specifically, the California Model aims to implement system changes that create an environment rich in rehabilitation for the incarcerated, a safer and more professionally satisfying workplace for all staff, and improved outcomes and opportunities for success of the decarcerated through robust re-entry efforts.

The California Model builds upon work already underway that encompasses the Department's mission to facilitate the successful reintegration of decarcerated individuals back to their communities equipped with the tools to be healthy and employable members of society by providing education, treatment, rehabilitative, and restorative justice programs, all in a safe and humane environment. Goals of the California Model include improving the working environment within California prisons by improving the health and well-being of people who live and work in them, with a focus on reducing trauma, toxic stress, recidivism, incidents of use of force, staff assaults, overdoses, self-harm, homicides, suicides, grievances, self-isolation, mental health crisis bed admissions, and other identified outcomes as well as increasing public safety.

Over the last three years, CDCR collaborated with subject matter experts throughout the country and the Norwegian Correctional Services to identify best practices to implement and sustain the California Model. The foundation of this model is comprised of the following four pillars: Dynamic Security; Normalization; Peer Support; and Trauma Informed Organization. Salinas Valley State Prison (SVSP), VSP, and CCWF have been implementing these pillars and report reductions in



rules violations and violent incidents in the Psychiatric Inpatient Program, Youthful Offender Rehabilitative Communities, and Rehabilitative Programming Units.

As one component of the California Model, SQ will be transformed into the San Quentin Rehabilitation Center in the coming months. Led in part by an advisory group of criminal justice, rehabilitation, and public safety experts from around the world, as well as representatives of crime victims and survivors, formerly incarcerated individuals, staff, state-level stakeholders, advocates, and volunteers, the prison will be transformed into a one-of-a-kind facility with a focus on preparing individuals for a successful return to the community.

(v) Specialty Services Backlog Progress

During the unprecedented COVID-19 pandemic, timely delivery of health care services suffered throughout the country, including within CDCR and CCHCS. Due to the development of successful COVID-19 mitigation strategies and policies, the number of positive cases, the number of hospitalizations, and the number of COVID-19 related deaths have significantly declined within CDCR. Attention and efforts have now turned toward reducing patient appointment backlogs that accumulated during the pandemic. To date, there has been significant success in reducing the backlog of primary care provider (PCP), laboratory, and optometry appointments. Overdue optometry appointments in mid-2021 were at 3,796 and by April 2023, that number has been reduced to 99. Similar improvements have been made in overdue laboratory and PCP appointments.

CCHCS and CDCR are now involved in an intense effort to reduce backlog in other specialty services, which is a complex and multi-factorial issue that requires interdisciplinary collaboration from medical, custodial, and contracted registry staff. During the first four months of 2023, there has been a significant improvement in overdue specialty appointments. In January 2023, over 10 percent of specialty appointments were overdue and by April 2023, that number had been reduced to just over 6 percent, which computes to over 93 percent of specialty appointments being completed on time.

Future endeavors include increasing the use of telemedicine and e-consults whenever feasible to allow for treatment in the primary care setting rather than off-site which will decrease unnecessary specialty follow-ups and last-minute patient refusals. Additionally, since last-minute refusals are a significant contributor to the backlog, by providing patients with more advance notice of off-site appointments and the opportunity to refuse the appointment at the time of notification, it will allow another patient to utilize the scheduled appointment and increase specialty services capacity.

(vi) Institution and Facility Closures

During this reporting period, the following facilities were deactivated: Folsom Women's Facility; Facility A at California Rehabilitation Center (CRC); and Facility D at CIM. Closure activities have continued at California Correctional Center with a complete closure anticipated by June 2023. Additional information related to institution closures and deactivations can be found on the CDCR website at <https://www.cdcr.ca.gov/prison-closures/>.

(vii) Armstrong

During this reporting period, 18 *Armstrong* Monitoring Tours were scheduled. Of those 18, Plaintiffs conducted 15 on-site tours, and at the request of Plaintiffs, one was postponed, one was cancelled, and one was changed to a document review only. 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.

In response to the *Armstrong* court expert's December 2022 report on the treatment of disabled inmates at Substance Abuse Treatment Facility (SATF), a bi-weekly call was established with the court expert, the Receiver's Office, and various CDCR and CCHCS stakeholders. The discussions serve as an avenue for SATF to provide any necessary information or updates on pending items. Conversely, next steps and recommendations are discussed to assist in resolving identified concerns within the report.

(viii) Integrated Substance Use Disorder Treatment

Screening & Assessments

During this reporting period, approximately 40,812 patients were screened or assessed for substance use disorder (SUD) and approximately 7,079 patients were risk stratified. Of those screened and risk stratified, 5,621 patients were referred for a Medication-Assisted Treatment (MAT) evaluation and 6,445 patients were referred for substance use related Cognitive Behavioral Interventions (CBI).

Medical Provider and Licensed Clinical Social Worker Workforce

In December 2022, with the signing of the Consolidated Appropriations Act of 2023, the United States Congress eliminated the DATA-Waiver (X-Waiver) program. With elimination of this program, as of January 12, 2023, an X-Waiver is no longer required for a prescriber to treat patients with buprenorphine for opioid use disorder. Any prescriber with a standard Drug Enforcement Administration registration number may now prescribe buprenorphine. Additionally, there are no longer any limits or patient caps on the number of patients a prescriber may treat for opioid use disorder with buprenorphine. CCHCS will continue to provide extensive training to staff to support the Integrated Substance Use Disorder (ISUDT) program.

CCHCS released an updated Substance Use Disorder Care Guide during this reporting period, with revisions capturing updated workflows and expanding on processes that have been further developed since the last release of the care guide in 2021. Additionally, the catalog of developed provider trainings was updated to ensure new, onboarding, and established providers have up-to-date information and guidance on managing patients with SUD.

Medical Services' Licensed Clinical Social Worker (LCSW) staff continue to 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). Medical Services

continues efforts to optimize scheduling and increase productivity while ensuring patient assessments are thorough and effective. At the end of December 2022, there were 13,473 patients awaiting assessment. During this reporting period, LCSW staff completed 7,079 NIDA MA assessments, 6,466 Co-Triage assessments, and 1,269 ASAM RISE assessments, and the backlog has been reduced to 12,619 patients. Of the 12,619 pending assessments, 2,503 (20 percent) were offered an assessment at least once during this reporting period but refused. Additionally, of the 12,619 patients, 4,127 (33 percent) have been offered an assessment at least once in the past but refused. As is health care policy, CCHCS will continue to offer services to the high-risk population and those at highest risk to overdose, even if they have previously refused.

During this reporting period, Medical Services began the delivery of Cognitive Behavioral Therapy (CBT) by LCSW staff based on the Seeking Safety curriculum for patients needing additional support due to worsening of their SUD. Patients are evaluated using the ASAM Continuum, which provides a thorough assessment based on ASAM's six dimensions and are enrolled in CBT groups if indicated. CBT groups have started at five institutions (California Institution for Women, Correctional Training Facility, CHCF, LAC, and CRC), with a goal of having CBT available at all institutions by the end of the calendar year. Recruitment and hiring of positions within the behavioral health arm of ISUDT continues to be a focus, with 11 LCSW, 4 Supervising Psychiatric Social Worker I, and 1 Supervising Psychiatric Social Worker II positions hired during this reporting period. To support the timely onboarding of these new clinicians, the behavioral health team has developed in-house trainings for the ASAM criteria, Co-Triage and Continuum assessments, as well as Seeking Safety for CBT implementation.

To ensure staff involved in the integrated care provided to patients served by the ISUDT program receive updates on program developments, the ISUDT team delivered a statewide Continuing Medical Education (CME) presentation to a multidisciplinary audience on April 19, 2023. This was co-presented by leaders from the Addiction Medicine Central Team and behavioral health team. More than 500 participants attended the CME presentation, including pharmacy, nursing, behavioral health, and medical representatives. For those unable to attend, a recording of the activity has been uploaded to the Educational Portal on the CCHCS intranet site.

#### Medication-Assisted Treatment

As of April 30, 2023, the number of patients receiving MAT is 16,155. During this reporting period, 3,970 patients were evaluated for inclusion in the MAT program of which 2,738 of those patients (69 percent) were started on medication. Naloxone was provided to 8,249 decarcerated patients (94 percent) upon release of which 1,932 (23 percent) were on MAT. Additionally, 4,824 patients previously receiving MAT while incarcerated have chosen to discontinue treatment.

CCHCS continued statewide implementation of the Medication Line Efficiency Lean Six Sigma project, with the goals of optimizing medication administration performance by 1) using keep-on-person (KOP) prescriptions where clinically appropriate, 2) consolidating patient medications to one administration time if feasible, and 3) evenly balancing the distribution of medications across the various medication administration times offered each day. The project has expanded from a single Kern Valley State Prison (KVSP) medication line to all yards at KVSP and Avenal State

Prison, with planned implementation to all Region III institutions by the end of 2023. Additionally, KVSP is piloting a new EHRS tool that requires justification when KOP-eligible medications are administered as Nurse Administered (NA) or Directly Observed Therapy (DOT). This tool aims to reduce unnecessary NA and DOT administrations.

To supplement standard agents utilized in MAT, including sublingual buprenorphine, oral naltrexone, and oral acamprosate, CCHCS offers alternative agents, including methadone (offered via contract with local Narcotic Treatment Programs), injectable buprenorphine (Sublocade®), and injectable naltrexone (Vivitrol®). Patients receiving these alternative agents expanded during this reporting period from 143 to 258 of which 206 patients receive Sublocade®, 38 patients receive methadone, and 14 patients receive Vivitrol®.

#### Cognitive Behavioral Interventions

Institutions continue to return to in-person CBI programming. As of April 30, 2023, 130 patients are participating in packet programming, and 10,566 are participating in in-person programming.

#### Supportive Housing

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. Institutions have the flexibility to implement Supportive Housing based on a menu of evidence-based options. As of April 30, 2023, there are 23,228 Supportive Housing beds identified, with 15,292 beds occupied. Of those occupied, 7,082 are participating, or have participated in ISUDT. As institutions continue to advance this program component, further reporting elements will be developed.

#### Transition Services

During this reporting period, resource teams have successfully linked 1,863 (93 percent) MAT-prescribed patients to community providers for continuation of care. A minimum 30-day supply of MAT medications (excluding Methadone and Sublocade®) was provided to patients releasing to the community as a bridge for the continuity of care. During this reporting period, 8,133 of 8,874 patients (93 percent) accepted naloxone with education for its use in the prevention of opioid overdose.

#### 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. Themes for this quarter featured Gears of Justice, Fentanyl Awareness, Breaking Barriers for Social Work Month, and Stress Awareness.

#### Peer Support Specialist Program

Nursing Services continues to work in partnership with ISUDT Leadership, the Health Equity Workgroup, and in alignment with the California Model to establish the Peer Support Specialist Program (PSSP). The PSSP will provide the CDCR population with skills, knowledge, and

experience that will help them obtain California state certification as a Peer Support Specialist. This certification will provide participants with paid opportunities to provide high quality services to other justice-involved individuals while incarcerated and make them highly marketable upon release.

**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 Health Care Facility Support (HCFS) unit conducted ten Healthcare Facilities Maintenance (HFM) assessments (Pelican Bay State Prison, CVSP, ISP, SCC, LAC, Mule Creek State Prison, Wasco State Prison, CHCF, and High Desert State Prison [HDSP]). CHCF uses two separate entities to provide janitorial services with separate assessments conducted for each entity. Of the seven assessments published during this reporting period, all received a passing score of over 90 percent. The assessments conducted at CHCF and HDSP will be published in May 2023. Multiple follow-up visits to SATF have been completed to assess progress since the initial inadequate assessment in August 2022. SATF has shown improvement in the overall cleanliness, and HFM is continuing to provide additional training to civil service and incarcerated staff to ensure compliance is maintained. Staff from HCFS will continue to conduct unannounced visits at least monthly and provide reports as appropriate. Memorandums outlining the follow-up inspections for the special reviews completed in December 2022, March 2023, and April 2023, have been completed and submitted to stakeholders.

Work continues to amend the multi-year contract executed in June 2022 with the California Prison Industry Authority 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

With a heightened focus on communication and cross-departmental collaboration, HCFIP has significantly reduced project completion delays statewide. The availability of labor has improved and has been strategically redirected to increase the bandwidth at previously challenged projects. The ongoing proactive partnership between the institutions, CDCR Facility Planning, Construction, and Management Division, and CCHCS has been integral to the overall improvements.

The previously reported destructive testing (pre-construction testing that requires destroying part of the original construction to find hidden issues) at the new Reception Center screening addition at CCWF is nearing completion. The previously removed flooring, equipment, and ceiling tiles have been reinstalled and the repainting process has been completed. Final inspections are anticipated to take place during the second quarter of 2023.

During this reporting period, the following subprojects were successfully activated: the Facility D Primary Care Clinic addition, the Facility D Primary Care Clinic Inmate Holding/Staff Restroom renovation, and the Facility D Primary Care Clinic Lab Draw/Nurse Workroom/Exam/Corridor

Renovation at Calipatria State Prison; the Pharmacy/Men's Toilet/Lab/Clinician Workroom renovation at CVSP; and the Facility B and Facility C Primary Care Clinic renovations at VSP.

(iii) Scheduling and Ducating

Health Care Access Unit Operations Monitoring Audits Focused Reviews were conducted for Round VIIIb. During this reporting period, focused reviews were completed, and reports were finalized and distributed for California Medical Facility and KVSP. Final reports are currently pending for CHCF, SATF, Richard J. Donovan Correctional Facility (RJD), SVSP, and ISP. Three additional focused reviews are planned for the upcoming quarter.

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 California Men's Colony (CMC) concluded on November 30, 2022, and while implementation and operation of the process was successful, it resulted in limitations to scheduling and rescheduling group appointments. Corrections Services developed a report to summarize the project and presented the report, along with recommendations, to the Receiver. The Receiver and the *Coleman* Special Master agreed with the findings and recommendations presented by Corrections Services. Subsequently, the test program concluded, and CMC is scheduled to resume daily ducating for EOP groups in May 2023, pending EHRS programming.

## **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 under 82 percent of patient capacity (2,418 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 May 1, 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 100 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 April 30, 2023, 36 percent of institutions (12 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 43 percent (14 institutions) have filled between 75 and 89 percent of their civil service provider positions; and 21 percent (7 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:

- CCHCS' focused recruiting and streamlined hiring efforts continue to prove a strong source of prospective candidates and hires. Since January 1, 2023, CCHCS has hired 9 new physicians, with 1 hired at headquarters and 8 hired in the institutions. Currently, CCHCS has 14 new-to-state-service candidates in the hiring process for the institutions and an additional 6 at headquarters.
- 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 93 percent filled with active recruitment for 4.4 vacant positions.
- As previously reported, 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. CCHCS leveraged the American College of Physicians 2023 Internal Medicine meeting in San Diego, CA, from April 27 to 29, 2023, to its fullest extent through supplemental advertising and marketing opportunities. In addition to digital advertising designed to promote its attendance and drive attendees to its booth, CCHCS is a sponsor of the onsite Career Center, which will ensure CCHCS' message and career opportunities reach both active and passive job seekers. Additionally, to promote awareness of clinical opportunities within the Complex Patient Populations program, CCHCS has expanded recruitment from attendance at last fall's GLMA (Health Professionals Advancing LGBTQ Equality) Annual Conference on LGBTQ Health to the University of California, San Francisco's National Transgender Health Summit from May 6 to 7, 2023, in San Francisco, CA, and the California Society of Addiction Medicine's 2023 Annual Conference from August 30 to September 2, 2023, in San Diego, CA. These California-based events attract PCPs and specialists from across the nation. Finally, CCHCS will conclude the calendar year with exhibit booths at the American College of Osteopathic Family Physicians of California's Annual Convention from August 3 to August 4, 2023, in Anaheim, CA; the National Commission on Correctional Health Care's National Conference from September 30 to October 4, 2023, in Las Vegas, NV; and the American Academy of Family Physician's Family Medicine Experience from October 26 to 30, 2023, in Chicago, IL.
- CCHCS is moving forward in its partnerships with various social media and recruitment web-based platforms. The recruitment team is focusing efforts on developing social media campaigns across Facebook, Google, and Instagram, in addition to partnering with various vendors to engage both student and candidate populations, implement a virtual recruitment event platform, and expand digital marketing. Additionally, CCHCS is

exploring options to enhance its applicant process and hiring tracking to support the increased candidate flow from these initiatives.

- With Governor Newsom’s announcement of the transformation of SQ to San Quentin Rehabilitation Center and the release of the Receiver and Secretary Macomber’s memo sharing plans for statewide implementation of the California Model, CCHCS is developing recruitment messaging and branding designed to spread awareness within the health care community of these sweeping efforts.
- To promote its dietary and nutrition program and career opportunities for Registered Dietitians and Food Administrators, CCHCS attended the California Academy of Nutrition and Dietetics (CAND) Annual Conference in Long Beach, CA, from April 27 to 28, 2023. Additionally, CCHCS has partnered with CAND to secure a sponsorship package with supplemental advertising. The supplemental advertising includes placement of CCHCS’ logo on the organization’s website, announcement of the partnership during the conference, promotion of CCHCS nutritional career opportunities through CAND’s social media channels and accounts, and four customized email blasts to their membership base of approximately 6,500 Registered Dietitians, Dietetic Technicians, and students. With the first email blast scheduled for release in May 2023, messaging will be tailored to conference attendees and provide information about career opportunities, benefits, recruitment contact information, and a link to CCHCS’ careers site. The remaining three email blasts are scheduled for release throughout the year, containing similar messaging from the first email blast but with varied themes. A final email blast will be scheduled and released with information regarding CCHCS’ participation at the Academy of Nutrition and Dietetics Food & Nutrition Conference & Expo in Denver, CO, in October 2023.
- Continuing with its statewide hiring events of the prior year, CCHCS began its 2023 efforts with an event at RJD in January 2023. Additional events are planned for spring and throughout the summer and early fall of 2023. This year, CCHCS is partnering with CDCR to include recruitment materials and marketing at CDCR outreach events and co-market career opportunities at local community events across the state.

### **C. CCHCS Data Quality**

As reported in the 52<sup>nd</sup> Tri-Annual Report, CCHCS continues to implement data quality initiatives 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.

### **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 January 25 and March 7, 2023.

### **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.

During this reporting period, the Receiver approved use of the substitute contracting process for an April 25, 2023, sole source amendment to an existing agreement with San Fernando Subacute Rehabilitation Center, LLC dba Golden Legacy Care Center, Agreement number 21-00129. This Agreement was originally executed on January 6, 2022, as a sole source agreement, utilizing the regular State contracting process. This contract is for skilled nursing facility services for the Expanded Medical Parole Program. The agreement term is January 6, 2022, through December 31, 2024, and the agreement amount is \$45,000,000.

#### **F. Consultant Staff Engaged by the Receiver**

The Receiver entered into two contracts for consulting services during this reporting period. One contract is with Kanwar Kelley, MD, to provide guidance regarding the care, treatment, accommodation, and disability-related education of hearing-impaired patients. The second contract is with Daniel Dewsnap, DO, to assist with assessing the quality of medical care within CDCR institutions that are being considered for delegation.

#### **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 January through April 2023 were \$834,453 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 January through April 2023, the Receiver requested transfers of \$700,000 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 revenue (received and accrued) for the Fiscal Year 2022-2023 to CPR from the State of California is \$1,950,000.

All requested funds were received in a timely manner.