

1 FUTTERMAN DUPREE DODD CROLEY MAIER LLP
 JAMIE L. DUPREE (SBN: 158105)
 2 JAIME G. TOUCHSTONE (SBN: 233187)
 601 Montgomery Street, Suite 1210
 3 San Francisco, California 94111
 Telephone: (415) 399-3840
 4 Facsimile: (415) 399-3838
 Email: jdupree@fddcm.com
 5 Email: jtouchstone@fddcm.com

6 *Attorneys for Receiver*
 J. Clark Kelso

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

12 MARCIANO PLATA, et al.,

Case No.: 4:01-cv-01351-JST

13 *Plaintiffs,*

v.

14 GAVIN NEWSOM, et al.,

15 *Defendants.*

16 RALPH COLEMAN, et al.,

Case No.: 2:90-cv-00520-KJM-DB

17 *Plaintiffs,*

18 v.

19 GAVIN NEWSOM, et al.,

20 *Defendants.*

21 JOHN ARMSTRONG, et al.,

Case No.: 4:94-cv-02307-CW

22 *Plaintiffs,*

23 v.

24 GAVIN NEWSOM, et al.,

25 *Defendants.*

26 **NOTICE OF FILING OF RECEIVER'S**
 27 **FIFTY-FOURTH TRI-ANNUAL REPORT**

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PLEASE TAKE NOTICE that Receiver J. Clark Kelso has filed herewith his Fifty-fourth Tri-Annual Report in *Plata, et al. v. Newsom, et al.*, Case No.: 4:01-cv-01351-JST; *Coleman, et al. v. Newsom, et al.*, Case No.: 2:90-cv-00520-KJM-DB, and *Armstrong, et al. v. Newsom, et al.* Case No.: 4:94-cv-02307-CW.

Respectfully submitted,

Dated: October 2, 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-fourth Tri-Annual Report of the Federal Receiver
For May 1 – August 31, 2023**

October 2, 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-fourth report filed by the Receivership, and the forty-eighth 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 successes 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/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) 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 San Quentin Rehabilitation Center (SQ), Ironwood State Prison (ISP), and CHCF and final reports for California Institution for Men (CIM), SQ, California City Correctional Facility (CAC), and ISP. CIM, CAC, and ISP all received adequate ratings while SQ received an inadequate rating. A strategic plan was developed by SQ in 2022, in which the institution self-identified the majority of issues raised in the OIG report and implemented plans to address these items. Following release of the report, SQ evaluated each of the OIG's recommendations, determined which had already been addressed, and considered whether any recommendations require additional plans. During this reporting period, the OIG completed Cycle 7 medical inspections for Wasco State Prison (WSP), California State Prison, Solano (SOL), California Rehabilitation Center (CRC), California State Prison, Corcoran (COR), and California Medical Facility (CMF); draft reports are pending completion by the OIG.

(ii) Delegations

As of the filing of this report, the Receiver has delegated the medical operations at 21 institutions to the CDCR Secretary's authority. During this reporting period, on August 2, 2023, the Receiver delegated ISP.

(iii) The California Model

The foundation of the [California Model](#) is comprised of the following four pillars: Dynamic Security; Normalization; Peer Support; and Trauma Informed Organization. During this reporting period, the focus for the California Model was to provide high-level training to the Planning and Implementation Team, as well as to the eight test site team members from Central California Women's Facility (CCWF), COR, California State Prison, Sacramento (SAC), Richard J. Donovan Correctional Facility (RJD), Substance Abuse Treatment Facility (SATF), SQ, Salinas Valley State Prison (SVSP), and Valley State Prison (VSP). The one-hour training was focused on a California Model introduction to Norwegian and international correctional principles.

Additionally, each of the test sites will receive a two-day training in September 2023 geared towards staff who will implement new projects at their facilities. The training will focus on Resource Team concepts, an intensive program that meets the needs of the highest-risk and highest-need incarcerated persons at the highest levels of security with the goal of reducing the

use of force and violent incidents against staff, as well as the Contact Officer concepts, a high intensity engagement by staff for a group of incarcerated persons who need more support and attention so they can transition to the community successfully. The training will also focus on utilizing the principles of dynamic security, activities, and normalization.

The SQ Advisory Council met four times during this reporting period. All four sessions were working groups to develop recommendations for inclusion in the report due to the Governor on December 1, 2023.

(iv) Specialty Services Backlog Progress

California Correctional Health Care Services (CCHCS) has continued to focus on reducing the patient appointment backlogs that accumulated during the COVID-19 pandemic and due to lack of available providers. There has been continued statewide success in reducing the backlog of primary care provider, laboratory, and optometry appointments as well as other specialty services.

CCHCS continues to identify new ways of conducting appointments, such as through telemedicine or e-consults, to decrease the amount of unnecessary patient movement and provide the ability for more convenient and timely care. Providers are receiving updated training on e-consults to ensure efficient use of time and timely responses to specialized diagnostic questions.

In an effort to decrease unnecessary, untimely, and costly appointment refusals, CCHCS Quality Management is analyzing the varying reasons why a patient would refuse an outside specialty appointment. A portion of the patient population was surveyed regarding potential refusal reasons, and the data is being analyzed to identify areas where enhanced collaboration and communication between patients and CCHCS will help ensure that patients attend necessary appointments for the purpose of improving quality of life and ensuring medical needs are fulfilled timely.

During this reporting period, CCHCS completed the scheduling initiative project, which details best practices for scheduling of patient appointments both onsite and offsite and implements the Consolidated Patient Provider Calendar (CPPC) for use in the scheduling of medical, dental, and mental health appointments. The CPPC is designed to integrate information from both CDCR and CCHCS patient calendars to decrease the likelihood of conflicting appointments. In addition, the HealthNet Provider Roster has been updated by regional field staff to ensure accurate information is used to schedule offsite patient appointments.

During this reporting period, CCHCS addressed and closed approximately 150,000 specialty orders encompassing numerous types of appointments including offsite, onsite, telemedicine, and treatments such as dialysis and physical therapy. During the reporting period, CCHCS closed 95 percent of pending (completed but still open) specialty appointments.

(v) Institution and Facility Closures

During this reporting period, the closure of California Correctional Center was completed on June 30, 2023, and the following facilities were deactivated: Facility D at California Correctional Institution (CCI); Facilities E and F at California Men's Colony (CMC); and Facilities B and C at CAC. A complete closure of CAC is anticipated by March 2024. Additional information related to institution closures and deactivations can be found on the CDCR website at <https://www.cdcr.ca.gov/prison-closures/>.

(vi) Armstrong

During this reporting period, 16 *Armstrong* Monitoring Tours were scheduled. Of those 16, Plaintiffs conducted 14 onsite tours, and at the request of Plaintiffs, 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. The Deaf and Hard of Hearing workgroup has been focused on the standard and performance of current hearing aids prescribed to patients. CCHCS is working with its hearing expert to identify the specifications for hearing aids to include in the next statewide contract. The Blind and Low-Vision workgroup has explored various auxiliary devices designed to assist class members with reading and writing. CCHCS and CDCR are testing devices recommended by their vision expert to determine the appropriate type to provide to class members.

On May 12, 2023, CCHCS and CDCR introduced a process whereby patients are able to purchase and receive prescription eyeglasses from a third-party vendor. This new program has been well received by the incarcerated population and supported by the statewide Inmate Family Council. Recommendations for improvement have been shared and CCHCS and CDCR leadership are receptive to updating policy. Additionally, CCHCS and CDCR released a policy memorandum on August 25, 2023, instructing institutions to make a Durable Medical Equipment (DME) repair kit available to patients with disabilities who wish to conduct minor repairs on their walkers or wheelchairs. Although a few institutions previously provided this service, this statewide expansion will decrease the need to send DME to outside vendors for repair.

Effective July 11, 2023, a new advocacy letter process was established. Training on this new process was made available on the Learning Management System, and all classifications involved in the process were required to complete training by July 10, 2023. Under this new process, institutions and parole field offices will assume the responsibility of addressing and resolving issues that arise at their respective locations, while headquarters will oversee the process through supervisory reviews. The process is now fully implemented and managed by the CDCR Office of Legal Affairs.

On August 24, 2023, six months following the Court's adoption of the *Armstrong* Court Expert's December 2022 report on the treatment of disabled patients at SATF, the Court Expert filed his second report. While he found much improvement in the delivery of accommodations to people with disabilities, he also identified continued deficiencies in the provision of accommodations to

deaf and hard of hearing patients as well as the lack of a standardized process to provide non-medical assistive devices to patients with disabilities. Leadership at SATF, CDCR, and CCHCS will continue to work together to address the findings detailed within the report.

(vii) Integrated Substance Use Disorder Treatment

Screening & Assessments

During this reporting period, approximately 39,414 patients were screened or assessed for substance use disorder (SUD) and approximately 5,029 patients were risk stratified. Of those screened and risk stratified, 4,496 patients were referred for a Medication-Assisted Treatment (MAT) evaluation and 4,431 patients were referred for substance use related Cognitive Behavioral Interventions (CBI).

Medical and Behavioral Health Provider Workforce

Patients are assessed for SUD by Medical Services' Licensed Clinical Social Workers (LCSW) using the National Institute on Drug Abuse (NIDA) Modified Assist (MA), the American Society of Addiction Medicine (ASAM) Co-Triage, and the ASAM Re-Entry Interview Script Enhancement (RISE).

During this reporting period, LCSW staff completed 5,030 NIDA MA assessments, 4,459 Co-Triage assessments, 279 ASAM Continuums, and 1,637 ASAM RISE assessments. Consistent with health care policy, and in an effort to provide ongoing support to high-risk patients and those at highest risk to overdose, CCHCS continues to offer services to this population, including those who previously refused.

Delivery of Cognitive Behavioral Therapy (CBT) based on the Seeking Safety curriculum expanded during this reporting period. Referral to CBT groups is currently active at seven institutions (California Institution for Women [CIW], CHCF, CMC, CRC, Correctional Training Facility, California State Prison, Los Angeles County [LAC], and SOL), with patients at six additional institutions prepared for CBT once services are launched at those institutions in the near future.

Hiring for Integrated Substance Use Disorder Treatment (ISUDT) behavioral health providers continues to be a priority. During this reporting period, 6 LCSWs, 3 Supervising Psychiatric Social Worker (SPSW) Is, and 1 SPSW II were hired. In addition to those hired, recruitment efforts have resulted in offers to an additional 15 LCSWs and 3 SPSW Is to be hired during the next reporting period. In the meantime, registry staff are being sought to bridge staffing needs due to vacancies.

Medication-Assisted Treatment

As of August 31, 2023, the number of patients receiving MAT is 15,813. During this reporting period, 3,303 patients were evaluated for MAT initiation, 2,150 of whom (55 percent) started medication. CCHCS provided naloxone to 8,948 individuals upon release (22 percent of all those released during this period) of which 2,187 (21 percent) were on MAT. Additionally, 5,258 patients previously receiving MAT while incarcerated have chosen to discontinue treatment.

In addition to the standard agents prescribed for MAT (sublingual buprenorphine, oral naltrexone, oral acamprosate), CCHCS offers alternative agents such as methadone, injectable buprenorphine (Sublocade®), and injectable naltrexone (Vivitrol®) via an established alternative agent authorization (AAA) process initiated within the EHRS. With increased demand for alternative agents, Medical Services has refined the process for reviewing AAA requests, resulting in a more efficient review. At the end of the previous reporting period, 258 patients were on alternative MAT agents. That number has increased to 426, with 371 receiving Sublocade®, 12 receiving Vivitrol®, and 43 receiving methadone through a contracted Narcotic Treatment Program.

Beyond providing naloxone to patients upon release or staff administering intranasal naloxone during resuscitation efforts related to suspected opioid overdose, CDCR and CCHCS have begun to offer naloxone nasal spray kits directly to patients as a keep-on-person medication. The goal of expanding naloxone distribution is to further reduce opioid overdose morbidity and mortality.

Cognitive Behavioral Interventions

Institutions continue to return to in-person CBI programming. As of August 31, 2023, 118 patients are participating in packet programming, and 10,225 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. As of August 31, 2023, there are 23,038 Supportive Housing beds identified, with 14,930 beds occupied. Of those occupied, 6,131 are participating or have participated in ISUDT.

Transition Services

During this reporting period, resource teams have successfully linked 2,034 of 2,258 (90 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, 8,823 of 9,370 patients (94 percent) accepted naloxone upon release with education for its use in the prevention of opioid overdose. Additionally, the ISUDT external and internal tools have been redesigned to a more user-friendly format and enable the resource teams to contact both external and internal providers and stakeholders. The external tool contains community provider contacts organized by county and service type.

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. Recent themes featured The Voice Within, Celebrating Individuality, The Importance of Self-Care, and International Overdose Awareness Day.

Peer Support Specialist Program

On June 28, 2023, training materials were submitted to California Mental Health Services Authority (CalMHSA) for approval, and on August 7, 2023, CalMHSA awarded CDCR the Medi-Cal Peer Support Specialist training provider status. This designation recognizes CDCR as one of 25 approved training providers in California and makes CDCR the first correctional program in the state and first correctional entity in the nation to become certified. Becoming an approved CalMHSA Medi-Cal Peer Support Specialist training entity allows CDCR to structure training to meet the needs of its unique population and ensures the Peer Support Specialist Program aligns with community standards, supports internal program quality control, and achieves cost-effective long-term sustainability. Kick-offs will be occurring during the coming months for the five test sites (Avenal State Prison [ASP], CCWF, CMF, VSP, and Calipatria State Prison).

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 nine Healthcare Facilities Maintenance (HFM) assessments (CCWF, VSP, CRC, CAC, CCI, CMF, SOL, ASP, Pleasant Valley State Prison) and one PRIDE Industries assessment at CMF. CMF uses two separate entities, HFM and PRIDE Industries, to provide janitorial services with separate assessments conducted for each entity. Of the ten assessments published during this reporting period, all received a passing score, with nine scoring over 90 percent and one scoring over 80 percent. The HCFS unit also published three reports for assessments completed during the previous reporting period: CHCF Environmental Services (86.7 percent), CHCF PRIDE Industries (93.3 percent), and High Desert State Prison HFM (93.1 percent).

On May 3, 2023, CCHCS received a decision from the State Personnel Board (SPB) in the challenge filed by Service Employees International Union 1000 (SEIU) regarding the agreement between CDCR and PRIDE Industries, related to environmental and high touch point cleaning services at CMF, Psychiatric Inpatient Program. The SPB decision determined that the contract is impermissible under Government Code section 19130, subdivision (b)(3), and ordered the contract to be terminated effective November 3, 2023. Due to challenges with recruitment efforts for civil service custodial positions and to ensure cleaning services are uninterrupted, CCHCS submitted a request to SPB on August 29, 2023, requesting an extension of the contract termination date. On September 18, 2023, SPB granted the request for extension of termination of the contract to August 3, 2024. CCHCS and CDCR are hopeful that recent negotiated salary increases for custodian union members and collaboration with SEIU will drive sufficient interest in custodial candidates interested in working for CDCR to provide proper and uninterrupted cleaning services at CMF.

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 overall cleanliness, and HFM continues to provide training to civil service and incarcerated staff to ensure compliance is maintained. The sixth and final unannounced visit by HCFS staff was conducted on July 25, 2023,

and the cleanliness was found to be greatly improved since the August 2022 assessment. Memorandums outlining the follow-up inspections for the special reviews completed in May, June, and July 2023 have been completed and submitted to stakeholders.

HFM assessments were conducted at CIW August 23 through 25, 2023, and at SATF August 28 through 31, 2023. Both reports will be published during the next reporting period.

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, inclusive of Minimum Support Facility re-openings, as well as the planned future closures and deactivations.

(ii) Health Care Infrastructure at Facilities

With a consistent focus on communication, transparency, and cross-departmental collaboration, HCFIP has maintained a reduction in project completion delays statewide. The availability of labor remains positive, including for previously challenged projects. The ongoing proactive partnership between the institutions, CDCR Facility Planning, Construction, and Management Division, and CCHCS continues to be 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 (RC) screening area addition at CCWF is complete. Final inspections were successful, and the certificate of occupancy was received for Building 17, Receiving & Release (R&R), on August 25, 2023. The space will open in September 2023.

During this reporting period, the following subprojects were successfully activated: the Facility B Primary Care Clinic renovation at VSP; Central Health Services Specialty Exam and Administration renovation, RC Health Care Processing renovation, and R&R Nurse Reception at North Kern State Prison; two RC Health Care Processing renovations and the RC Health Care Processing R&R renovation at WSP.

(iii) Scheduling and Ducating

Health Care Access Unit (HCAU) Operations Monitoring Audits (OMA) Focused Reviews were completed for Round VIIIb. During this review period, HCAU Focused Reviews were conducted for COR, SAC, and LAC. The OMA guide is currently being revised to identify and monitor issues reported throughout Round VIIIb Focused Reviews and Special Reviews. Institutions continue to have concerns with adherence to ducat times, which is due in part to interruptions to normal operations, such as modified programs lasting less than 24 hours. Other instances of non-adherence are due to patients reporting to their appointments outside of the required timeframes once they are called by clinic areas. In the future, an emphasis will be placed on collaboration between custody and health care to ensure the ducat process is followed.

Corrections Services has begun a review of HCAU Officer positions. Due to COVID-19 and adjustments made to accommodate health care processes, a review of positions is being

conducted to ensure appropriate utilization. The review began with SAC and has been completed at RJD, Pelican Bay State Prison, CIW, SVSP, and CCWF. The review identified many positions that could be utilized in a more efficient manner and improve patient access to care. Recommendations have been made to align the positions with workload. Reviews of the remaining institutions will continue in the coming months.

Transportation Vehicles

The majority of institutions are experiencing challenges keeping pace with specialty appointments due to the number of offsite appointments versus the availability of serviceable vehicles. General maintenance of vehicles due to the accumulation of extensive mileage and breakdowns (redline) are impacting access to care. Institution closures allowed vehicles to be redirected to assist institutions for medical transports. Temporary redirects from one institution to another have been occurring to further assist in access to care.

As of the end of the reporting period, CHCF has 16 Americans with Disabilities Act (ADA) vehicles and 7 passenger vehicles redlined due to repairs, or a pending appointment with a vendor. Corrections Services redirected six vehicles to CHCF from the closure of existing facilities. The Chief Medical Executive reviews patients to determine the priority of each appointment.

Prior to COVID-19, the window to order vehicles (order banks) spanned multiple months and were generally open during the spring when the Fleet Acquisition Plan is approved. Thus, placing orders was not affected by order banks. Since COVID-19, order banks have had limited windows of being open, sometimes only a few days, and have been staggered with windows of openings. In fiscal year (FY) 2021-2022, the department purchased 28 vehicles and in FY 2022-2023, an additional 2 were purchased. The state is currently in the process of procuring 51 vehicles for health care access. The window for this FY has opened and purchase orders for the 51 vehicles have been confirmed and sent to the manufacturer. Of those, 21 vehicles were funded by reducing the number of Emergency Response Vehicles (ERV) to be purchased. The number was reduced from a total of five down to three with the expectation that the other ERVs will be purchased during the next procurement process.

The annual budget for fleet replacement is \$8,000,000. The department is currently utilizing Geotab Telematics System for all vehicles with the annual cost of the contract at \$1,000,000 per year. This expense is deducted from the \$8,000,000 per year, reducing the annual fleet replacement allotment to \$7,000,000 per year. The cost of modifications for a transport van prior to being placed into service is estimated as being \$23,000, and \$30,000 for an ADA/security transport van. The required vehicle modifications are also deducted from the \$7,000,000.

The department is increasing the ratio of ADA accessible vehicles over regular transport vans, as the number of patients requiring this type of vehicle has increased. The Office of Business Services has determined the priority vehicles need to be 140, due to high mileage and purchase year. Corrections Services provided a survey to all institutions requesting the number of health care vehicles at each institution and the current number that are inoperable. Information received indicated that out of 1,008 health care vehicles statewide, 170 were not in service.

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 at 79 percent of patient capacity (2,333 current population; 2,953 capacity) and 33 of the 36.5 budgeted provider positions are filled as follows:

- Physician and Surgeon: 33.5 positions, 30 filled, 3.5 vacant
- Physician Assistant: 3 positions, 3 filled, 0 vacant

As reflected in the August 2023 Primary Care Provider Clinical Vacancy Coverage Monthly Staffing 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 97 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 31, 2023, 30 percent of institutions (10 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 21 percent (7 institutions) have filled between 75 and 89 percent of their civil service provider positions; and 49 percent (16 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 19 institutions is at or above 90 percent (refer to [Appendix 1](#)). The following summarizes the continuous recruitment efforts during this reporting period:

- CCHCS' recruiting and dedicated hiring efforts continue to generate a consistent candidate pipeline. Since January 1, 2023, CCHCS has hired 17 new physicians, with 1 hired in the Telemedicine program, 2 hired at headquarters, and 14 hired in the institutions.
- The Telemedicine Program maintains its ability to recruit and retain providers. While there was a slight drop in fill rates from 93 to 87 percent since the previous reporting period, the program currently has 2 pending hires and 15 candidates interviewing for 7 vacancies.
- The list of states identified for travel restrictions by Assembly Bill 1887 continues to expand. Currently, 26 states with discriminatory laws targeting the LGBTQ+ community are included in the travel ban. When unable to attend in person, CCHCS ensures an advertising presence at events, as available. CCHCS will conclude the calendar year with

exhibit booths at the National Commission on Correctional Health Care National Conference from September 30 through October 3, 2023, in Las Vegas, NV, and the American Academy of Family Physician's Family Medicine Experience from October 26 through 30, 2023, in Chicago, IL. In addition to general recruitment efforts, CCHCS is expanding its candidate pipeline through the promotion of the California Model and speaking with education exhibitors about potential partnerships.

- CCHCS is utilizing a third-party physician recruitment platform for focused marketing efforts inclusive of job postings and direct communication to providers from recruiters. Additionally, the platform allows for geo-targeted outreach by specialty, current employer, and medical license. Interested physicians are connected to the centralized hiring process where they receive individualized and guided assistance throughout the hiring process. Social media recruitment expansion also continues. Campaigns are currently in development showcasing the many innovative medical programs CCHCS is implementing. Additional efforts are planned for promoting Medical Services' Educational Partnerships Program to ensure future candidate pipelines. All efforts will be marketed with a tie-in to Diversity, Equity, and Inclusion efforts, promoting CCHCS as an employer of choice committed to care and diversity.
- As implementation of the California Model continues, CCHCS is developing messaging for both CDCR and CCHCS that complements current recruitment marketing efforts. These will be applied to digital and print advertisements, collateral pieces, and related outreach.
- Throughout spring and summer 2023, CCHCS held multiple hiring events across the state. This successful model has resulted in over 615 job offers and continues to assist in its mission of bringing open jobs directly to the workforce. Efforts at these events provide support for allied health, health care administration, and nursing vacancies and promote the correctional health care career path to those entering the health care field.

C. 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 May 2, June 20, and August 1, 2023.

D. 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 a sole source contract with Western University of Health Sciences, Agreement number 22-00175. This contract is for low vision consulting services. The agreement term is July 18, 2023, through March 31, 2024, and the agreement amount is \$240,000.

E. Consultant Staff Engaged by the Receiver

The Receiver did not engage any consultant staff during the reporting period.

F. Accounting of Expenditures

(i) Expenses

The total net operating and capital expenses of the Office of the Receiver for the FY ending June 30, 2023, was \$2,530,294. A balance sheet and statement of activity and brief discussion and analysis is attached as [Appendix 2](#).

For the two months ending August 31, 2023, the net operating expenses were \$383,254.

(ii) Revenues

For the months of May and June 2023, the Receiver requested transfers of \$580,000 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 2022-2023 to the CPR from the State of California is \$2,530,000.

For the two months of July and August 2023, the Receiver requested transfers of \$120,000 from the State to the CPR to replenish the operating fund of the Office of the Receiver. An additional amount of \$265,000 was accrued as of August 31, 2023, to cover all operating expenses incurred to date. This additional amount was requested in September 2023. Total year to date revenue (received and accrued) for FY 2023-2024 to CPR from the State of California is \$385,000.

All requested funds were received in a timely manner.