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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.,

13 *Plaintiffs,*

v.

14 GAVIN NEWSOM, et al.,

15 *Defendants.*

Case No. C-01-1351-JST

16 RALPH COLEMAN, et al.,

17 *Plaintiffs,*

18 v.

19 GAVIN NEWSOM, et al.,

20 *Defendants.*

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

21 JOHN ARMSTRONG, et al.,

22 *Plaintiffs,*

23 v.

24 GAVIN NEWSOM, et al.,

25 *Defendants.*

Case No.: C94-2307-CW

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

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PLEASE TAKE NOTICE that Receiver J. Clark Kelso has filed herewith his Fifty-sixth Tri-Annual Report in *Plata, et al. v. Newsom, et al.*, Case No.: C-01-1351-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 3, 2024

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-sixth Tri-Annual Report of the Federal Receiver
For January 1 – April 30, 2024**

June 3, 2024

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-sixth report filed by the Receivership, and the fiftieth 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 7 medical inspections at 14 institutions. During this reporting period, the OIG completed medical inspections at California Correctional Institution (CCI), Avenal State Prison (ASP), and Kern Valley State Prison (KVSP); draft reports are pending completion by the OIG. The OIG issued draft reports for Wasco State Prison and California State Prison, Solano (SOL) and a final report for Valley State Prison (VSP). VSP received an inadequate rating; however, the OIG will no longer determine a single, aggregated overall institution rating but rather will provide individual overall ratings for both clinical case review and compliance review components. Reporting the individual findings rather than a single aggregated rating will clarify the OIG's findings where an institution resulted in different ratings for each component. The change will be retroactive to the beginning of Cycle 7 and the OIG will amend and re-issue final reports for California State Prison, Los Angeles County (LAC) and VSP.

(ii) Delegations

As of the filing of this report, the Receiver has delegated the medical operations at 24 institutions to the CDCR Secretary's authority (two of these institutions, California Correctional Center and California City Correctional Facility (CAC), have since deactivated). The Receiver delegated North Kern State Prison (NKSP) on January 12, 2024.

(iii) The California Model

The California Model (CA Model) is a system-wide change within CDCR and California Correctional Health Care Services (CCHCS) leveraging national and international best practices to improve the well-being of those who work at and live in state prisons. It promotes safety, wellness, and resiliency through a commitment to providing staff with the tools and resources necessary to understand the signs and impacts of trauma. The four foundational pillars of the CA Model include: Dynamic Security; Normalization; Peer Support; and becoming a Trauma Informed Organization.

During this reporting period, the focus for the CA Model was to provide additional training and support to the Resource Teams at the eight test sites. The two-day onsite trainings included trainers from Washington, Oregon, and Norway and focused on Resource Team skills building to meet the needs of the highest-risk and highest-need incarcerated persons at the highest levels of security with the goals of reducing the use of force and violent incidents against staff.

Training-for-trainers sessions continued for the Active Bystandership and Trauma Informed Organization training initiatives. In addition, institutions continue to implement projects using funding that was allocated for initial employee wellness to enhance normalization efforts.

(iv) Specialty Services Backlog Progress

CCHCS continues to prioritize reducing overdue specialty service referrals that accumulated due to the COVID-19 pandemic. Between December 2023 and May 2024, overdue specialty referrals decreased from 3,749 to 2,199. As of May 1, 2024, just 2,199 of 133,210 (1.7 percent) pending specialty service referrals were overdue. Of those, 79 percent have been scheduled.

CCHCS continues to utilize telemedicine to decrease the amount of unnecessary patient transportation and provide more convenient and timely care. Furthermore, the Department is evaluating ways to increase the number of services provided via onsite and telemedicine to reduce the number of offsite transports, which utilize various Department resources that can cause institutional program delays due to short staffing. From January 2024 through April 2024, approximately 80 percent of the 133,210 specialty appointments ordered were ordered as onsite appointments by the provider.

In an effort to decrease unnecessary, untimely, and costly specialty appointment refusals, CCHCS Quality Management surveyed a portion of the patient population regarding potential contributing reasons for refusals. One of the factors identified was that patients did not have sufficient advance notice of the appointment, resulting in potentially avoidable conflicts with work, education, canteen, visiting, and other important events. CCHCS is now developing strategies to allow for patient notification and reminders in advance of specialty consultations, with the goal of decreasing last minute declinations. Trial programs are underway to evaluate utilizing tablet notifications to increase patient awareness of future onsite appointments and decrease the amount of last-minute refusals and appointment cancellations.

(v) Institution and Facility Closures

During this reporting period, the closure of CAC was completed in 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, 11 *Armstrong* Monitoring Tours were scheduled. Of those 11 tours, Plaintiffs conducted five onsite and three interview-only tours, two were cancelled by Plaintiffs, and one was postponed and pending a reschedule date by Plaintiffs. CCHCS continues to coordinate with CDCR in examining the *Armstrong* Monitoring Tour Reports, in collaboration with the Plaintiffs, 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.

On February 1, 2024, three new hearing aid contracts were executed to provide a hearing aid that met specifications agreed upon by CCHCS, Plaintiffs, and Court Experts. With the

implementation of the contracts, CCHCS has begun distributing the new hearing aid to the incarcerated population.

In January and March 2024, CCHCS and Division of Adult Institutions (DAI) visited institutions that house deaf patients who require American Sign Language interpretation services. Health care staff were provided health care policy updates for providing and documenting effective communication related to sign language interpretation services during health care encounters, and the use of video remote interpretation when in-person interpreters are not available. CCHCS Information Technology deployed additional equipment to various institutions to increase the availability of video remote interpretation services. Review of health care encounters requiring American Sign Language interpreting services during this period revealed most allegations of non-compliance resulted from failure to document how effective communication was reached.

In February 2024, CCHCS began touring and interviewing staff and incarcerated persons at institutions conducting the Over-the-Counter Non-Medical Supplies (foot insoles and elbow, ankle, and knee neoprene sleeves) to Incarcerated Persons trial program to identify any concerns that may be addressed and remedied. On April 24, 2024, CCHCS initiated the process to explore the feasibility of permanent statewide implementation. Some options considered include a phased implementation of four institutions at a time every 120 days and limiting orders to a maximum quantity of 200 per size to alleviate supply issues for all involved institutions. It is anticipated full implementation at all institutions will be 18 months from the initial implementation date if a phased approach with four institutions at a time is adopted.

On April 17, 2024, CCHCS issued a memorandum providing direction to clinicians statewide to re-evaluate patients who have a vision disability code to ensure they have the accurate disability code, and to refer them to a low vision specialist for individual assessment for appropriate accommodations. On a case-by-case basis, patients who have monocular vision may also be referred to a low vision specialist. Each patient is to be seen by a primary care provider (PCP) no later than May 17, 2024. As of April 24, 2024, 60 blind and low vision patients were scheduled for evaluation with a blind and low vision specialist at Western University. Of the 60 patients, 22 have been evaluated and 38 refused to attend their appointments.

(vii) Healthcare Facilities Maintenance Assessments

During this reporting period, the CCHCS Health Care Facility Support (HCFS) unit conducted eight Healthcare Facilities Maintenance (HFM) assessments (Sierra Conservation Center [SCC], KVSP, NKSP, Pelican Bay State Prison [PBSP], California Men's Colony [CMC], CCI, California Rehabilitation Center [CRC], and High Desert State Prison [HDSP]) and one follow-up review at California State Prison, Sacramento (SAC). The HCFS unit published seven reports from assessments completed during the previous three and current reporting periods. All received a passing score, with six scoring over 90 percent and one scoring over 85 percent. Four additional assessment reports for the current reporting period are in the process of being compiled and will be published during the next reporting period. The HCFS conducted one follow-up visit at SAC in February 2024 to monitor the progress made toward resolving critical issues identified in the October 2023 assessment. Improvements made included resolution of pest control and

efficiency of cleaning of biohazard materials in CTC I; however, HFM still needs to address the overall daily cleanliness of health care areas to ensure they are free from dirt, dust, and debris.

(viii) Health Care Infrastructure at Facilities

Health Care Facility Improvement Program (HCFIP) construction activities continue to progress towards completion, with a total of 12 sub-projects remaining across seven institutions: Central California Women's Facility (CCWF), CMC, California State Prison, Corcoran (COR), Pleasant Valley State Prison (PVSP), Substance Abuse Treatment Facility and State Prison, Corcoran (SATF), SOL, and VSP. Fire, Life, and Safety issues continue to be a concern with projects at CCWF, PVSP, and SATF preventing timely completion; however, previously reported labor workforce concerns have been mostly mitigated. Institutional stakeholders; CDCR Facility Planning, Construction, and Management; and HCFS continue to work collaboratively towards the end goal of HCFIP completion across the state, which is anticipated in 2026.

(ix) Integrated Substance Use Disorder Treatment

Screening & Assessments

During this reporting period, approximately 37,833 patients were screened or assessed for substance use disorder (SUD) and approximately 7,304 patients were risk stratified. Of those screened and risk-stratified, 6,317 patients were referred for a Medication-Assisted Treatment (MAT) evaluation and 6,230 patients were referred for substance use related Cognitive Behavioral Interventions (CBI).

Medical and Behavioral Health Provider Workforce

The Behavioral Health team's Clinical Social Workers (CSW) and contracted Licensed Marriage and Family Therapists (LMFT) continue to assess patients for SUD using the National Institute and Drug Abuse (NIDA) Modified Assist (MA), the American Society of Addiction Medicine (ASAM) Co-Triage, and the ASAM Re-Entry Interview Script Enhancement (RISE). CSWs and LMFTs completed 7,304 NIDA MA assessments, 6,358 ASAM Co-Triage assessments, 603 ASAM Continuum assessments, and 1,803 ASAM RISE assessments during this reporting period.

In March, the Behavioral Health team revised processes for re-engaging patients who have previously refused an assessment. This change followed review of data showing that patients with two or more refusals were highly unlikely to complete an assessment after a third or subsequent attempt. Under the revised workflow, after a second refusal the CSW provides patient education about requesting services via the CDCR 7362, Health Care Services Request Form, and patients are monitored for opportunity to re-engage for assessment. This change allows access to assessment services for patients who had not yet been offered an assessment.

In addition to providing SUD assessments, the Behavioral Health team has continued and expanded the delivery of Cognitive Behavioral Therapy (CBT). CBT utilizes Seeking Safety curriculum which supports the healing of patients with comorbid trauma and SUD. Patients from all institutions currently can be referred for CBT, and CBT groups are being delivered to 240 participants at 14 institutions (Calipatria State Prison [CAL], CCWF, California State Prison,

Centinela [CEN], CHCF, California Institution for Women [CIW], CMC, California Medical Facility [CMF], CRC, HDSP, Ironwood State Prison [ISP], KVSP, LAC, Richard J. Donovan Correctional Facility [RJD], and SCC).

Recruitment continues to be a priority for the Integrated Substance Use Disorder Treatment (ISUDT) program, supporting patient assessment, the delivery of CBT, and ongoing care for patients with SUD. During this reporting period, Behavioral Health hired three CSWs or Associates of Social Work (ASW) and one Supervising Psychiatric Social Worker II. The program has also filled six registry positions for LMFTs and applied for an extension to continue offering Dual Appointments for CSW/ASW positions which was approved. Dual Appointments have been posted for recruitment and will support the ongoing assessment of patients at high-demand institutions.

Medication-Assisted Treatment

As of the end of this reporting period, the number of patients receiving MAT is 17,496. During this reporting period, 3,909 patients had an addiction medicine evaluation and 2,298 (59 percent) started medication. 5,949 patients previously receiving MAT chose to discontinue treatment.

CCHCS offers Suboxone®, Sublocade®, naltrexone, Vivitrol®, acamprosate, and methadone as MAT agents. Requests for methadone, Sublocade®, and Vivitrol® require submission of an Alternative Agent Authorization (AAA) Request Form in the EHRS. As of the end of this reporting period, 717 patients are receiving Sublocade®, 20 are receiving Vivitrol®, and 45 are receiving methadone.

CDCR and CCHCS continue to expand the availability of naloxone, a medication that can reverse opioid overdose. Naloxone is available in all emergency medical response bags for use by health care staff, is stocked in all housing units for use by correctional staff, is offered to all new arrivals in reception centers, is provided to patients as a keep-on-person medication, and is provided to patients at the time of parole. Additional strategies to expand direct patient access to naloxone are under review.

Cognitive Behavioral Interventions

Institutions continue to return to in-person CBI programming. As of the end of this reporting period, 94 program participants are participating in packet programming, and 9,987 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, 2024, there are 23,038 Supportive Housing beds identified, with 14,782 beds occupied. Of those occupied, 6,590 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, ISUDT resource teams successfully linked 1,870 (90 percent) MAT-prescribed patients to community providers for continuation of care. A minimum 30-day supply of MAT medications (excluding methadone and Sublocade®) were provided to patients releasing to the community as a bridge for continuity of care. During this reporting period, 8,073 of 8,540 (95 percent) accepted naloxone with education for its use in the prevention of opioid overdose. Additionally, 1,891 of 1,989 patients (95 percent) were provided MAT upon release.

The team collaborated with other stakeholders to create patient education materials like posters, videos, and newsletter content to support harm reduction efforts and substance use disorder treatment. Additionally, the team is working closely with other disciplines and leaders to support the implementation of the naloxone expansion project.

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 reporting period featured Pre-Release Services, Heart Health, Social Workers, and Alcohol Awareness.

Peer Support Specialist Program

The inaugural phase of the Peer Support Specialist Program (PSSP) continues to progress, with the exception of CMF; all other test sites (ASP, CAL, CCWF, and VSP) have concluded the training program and have fully implemented the PSSP utilizing the Peer Support Specialists (PSS) in housing units or in program areas such as ISUDT, dental, specialty, receiving and releasing, public health, and other institutional programs. Current peer support services include checking on incarcerated persons who have recently returned from a higher level of care or had a recent stressful event. Additionally, PSSs may assist with promoting healthcare campaigns for health screenings and immunization, appointment reminders, navigating refusals and improving compliance to treatment regimen, providing recovery groups for individuals on CBI waitlists or at risk for relapse and overdoses, educating peers on harm reduction such as overdose prevention and use of naloxone, and providing new orientation groups.

On April 24, 2024, the PSSP became an approved California Mental Health Services Authority Continuing Education Provider with the certification being valid for two years. Nursing Services is actively engaging community organizations and community colleges to stand up a continuing education and pathway through apprenticeship programs designed to promote employment opportunities with potential partner employers.

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

(i) Healthcare Facilities Maintenance and Environmental Services

California Prison Industries Authority (CalPIA) continues to recruit civil service custodians for

permanent, full-time HFM positions at CMF. A second amendment to the CalPIA HFM contract is in process to expanded services to include Psychiatric Inpatient Program areas at CMF once the PRIDE Industries contract terminates on August 3, 2024. CMF is no longer hiring custodian positions. CalPIA held a large recruitment event at CMF on March 6–8, 2024, and was able to hire 33 staff.

The multi-year amended contract with CalPIA was executed on March 1, 2024. This amendment incorporated added supervisory positions, the General Salary Increase awarded in recent ratified labor agreements, and the California Department of Human Resources wage adjustments made to the custodian classification series.

(ii) Scheduling and Ducating

The Health Care Access Unit (HCAU) Operations Monitoring Audits (OMA) guide has been updated and OMA Round IX is currently in use. OMA Round IX started on March 15, 2024, and has been completed at five institutions, CHCF, Mule Creek State Prison (MCSP), ASP, San Quentin Rehabilitation Center (SQ) and California Training Facility (CTF). The remaining 27 institutions will be completed by March 2025. Institutions continue to struggle with adherence to ducat times, which is due in part to staff calling the ducated individual in earlier to fill vacated times due to refusals or no shows. Other common scenarios include security level adjustments when multiple programs are on one yard, program modifications and HCAU Officers who create their own appointments list, which is not consistent with the scheduled ducat list, and providers calling patients out of order.

CCHCS headquarters conducted a two-day, statewide, in-person training for HCAU Associate Wardens (AW) and Captains which provided direction and assistance regarding daily duties as they relate to the access to care. HCAU staff were extremely receptive to the training and the increased communication between the institutions and CCHCS headquarters. Health Care Audits and Support (HCAS) also conducted a southern region, central region, and northern region training for HCAU AWs and Captains who have recently been assigned in the HCAU positions. HCAS will continue to provide statewide training to all newly appointed HCAU managerial staff.

Offsite specialty appointments have increased as providers prefer to see patients in their office as opposed to coming to the institutions. In many cases, the provider's office is in a different part of the state, which increases the distance the transportation team must drive to complete the appointment. This is a concern, as the number of offsite appointments have increased, as CCHCS focused efforts to reduce its offsite specialty appointment backlog. As a partial consequence, missed appointments increased in part to the lack of transportation vehicles and patient refusals. Other short term consequences include staff being redirected from the facilities to transportation, resulting in the facilities being short staffed and causing a suspension of program due to not having the required amount of staff to safely program. Although there was a surge in offsite appointments, institutions continually struggle to meet the ongoing demands of offsite appointments and other transportation needs.

Staffing reviews were conducted at all 32 institutions to ensure HCAU staff were being properly utilized. Recommendations were made at SAC, LAC, CHCF, Salinas Valley State Prison (SVSP), SATF, PBSP, MCSP, CIW, CCWF, SQ, RJD, COR, CTF and California Institution for Men to ensure HCAU positions are being utilized in the most efficient manner. This included a wide range of areas such as utilization of the positions, start times, and locations. During the exit interview at these institutions, DAI, Program Support Unit (PSU) participated and responded to recommendations. Corrections Services has partnered with the PSU to survey certain identified institutions to correct any oversight in standardized staffing.

(iii) Transportation Vehicles

Corrections Services and the CDCR Office of Business Services (OBS), along with DAI, have multiple efforts continuing to ensure access to care. OBS has redirected fleet vehicles and implemented a quarterly analysis process of the designed Fleet Redirection Analysis Tool. This tool utilizes offsite medical appointment data gathered from Monthly Health Care Access Quality Reports, and institutional patient transportation fleet totals to determine realignment needs.

In March 2024, 20 vans were redirected from institutions with a lesser need for offsite appointments to assist other institutions with a higher need for access to care for offsite appointments. In April 2024, an additional three were redirected for a total of 23 vans:

From	To	Number of Vehicles
CAL	CTF	1
CAL	LAC	1
CCI	CTF	1
CCI	MCSP	1
Chuckawalla Valley State Prison (CVSP)	CEN	2
ISP	CEN	1
PBSP	SQ	4
PVSP	CTF	2
PVSP	MCSP	1
SCC	MCSP	3
SOL	SQ	1
SVSP	SQ	2
CVSP	COR	2
CVSP	VSP	1
Total Vehicles Redirected		23

CDCR submitted purchase orders for 55 Transit vans, which were accepted by the manufacturer. The vans were scheduled for production in January 2024 and were estimated for delivery in Spring 2024. However, the manufacturer reported a supply chain issue with receiving parts to

start production for 51 of the vans. OBS will meet with the vendor to determine a timeline for production. Other manufacturers are being considered as a possible secondary solution if the current manufacturer is not able to produce the vans. This will cause a delay, as it would have to go through the bid process. Additionally, utilizing another new vendor for which there are currently no specifications for a retrofit of the vans may create issues and delays. OBS, DAI, and CCHCS will meet to discuss how the Department moves forward after discussions with the manufacturer and the California Department of General Services.

The manufacturer did have four vans available on their lot and ready from the 55 originally submitted for purchase. CMF received one van in January 2024, COR and SOL received one van each in March 2024, and SVSP received one van in April 2024.

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 74 percent of patient capacity (2,180 current population; 2,953 capacity) and 35 of the 36.5 budgeted provider positions are filled as follows:

- Physician and Surgeon: 33.5 positions, 32 filled, 1.5 vacant
- Physician Assistant: 3 positions, 3 filled, 0 vacant

As reflected in the April 2024 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 99 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 the end of this reporting period, 28 percent of institutions (9 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 34 percent (11 institutions) have filled between 75 and 89 percent of their civil service provider positions; and 38 percent (12 institutions) have filled less than 75 percent of their civil service provider positions. However, when onsite civil service, telemedicine, and contract registry providers are utilized to deliver care statewide, coverage at 18 institutions is at or above 90 percent (refer to

[Appendix 1](#)). The following summarizes the continuous recruitment efforts during this reporting period:

- CCHCS' focused recruitment efforts continue to generate a steady candidate pipeline of PCPs. Since January 1, 2024, CCHCS has hired 17 new physicians, with three hired in the Telemedicine program, one hired at headquarters, and 13 hired in the institutions.
- The Telemedicine program maintains its strong recruitment trend. There was a slight decrease in fill rates from 87 to 77.6 percent since the previous reporting period. The program currently has six pending hires and 15 candidates interviewing for 14 vacancies.
- Event review for the summer conference season is underway. With the repeal of Assembly Bill 1887, which prohibited California state employees to travel to certain states, CCHCS is again able to travel to professional conferences in any state if approved under current budgetary restrictions. The 2024 third quarter calendar includes the American College of Osteopathic Family Physicians of California's Annual Convention in Anaheim, CA, and the California Academy of Family Physicians' Family Medicine POP 2024 in Costa Mesa, CA. While attendance at these events is under consideration, CCHCS will move forward with development of marketing plans to engage with attendees at the conferences via geo-targeted digital marketing messaging in addition to assessing availability of advertising and sponsorship options.
- CCHCS' creation of a multi-page web platform for the Medical Services' Educational Partnership Program progresses and phases of the marketing designs are completed. Once completed, these pages will expand the PCP candidate pipeline by allowing students at any stage in their education to view engaging opportunities, including rotations, internships, and other learning experiences with CCHCS.
- In an effort to ensure undergraduate students, especially pre-med students, are aware of CCHCS as a future employer and to promote correctional healthcare as a viable career option, CCHCS is ensuring career fair attendance at universities with medical schools and strong pre-med programs. This engagement with undergraduate student populations, affords CCHCS the opportunity to tailor messaging to students' professional and personal interests; explain the breadth of the medical care CCHCS provides, including specialized programs; and promote the Educational Partnership Program's efforts as a valuable resource for their professional development.
- CCHCS launched an updated marketing strategy for physicians inclusive of digital campaigns across various social media platforms, professional organizations, industry publications, digital advertisements, and programmatic geo-targeted efforts. Additionally, CCHCS is partnering with a third-party vendor in the creation of short, 30 seconds or less, recruitment video campaigns. These efforts drive candidates to linked job postings and sourced landing pages that allow CCHCS' recruitment team to identify leads and contact prospective candidates to assist them through the application process.

C. CDCR Incarcerated Tablet Initiative

Parties from *Plata*, *Coleman*, and *Armstrong* worked with CDCR and CCHCS to obtain a comprehensive list of requirements that CDCR will consider for the next tablet solicitation. The next tablet solicitation will proceed to vendor review within the next several weeks, and it is anticipated that the tablet vendor will be awarded in Fall 2024. Development work on tablets will not commence until the new tablet contract is in place. Efforts not requiring development work, such as adding appointment reminder messaging, is being explored as a proof of concept (POC) at Folsom State Prison.

CCHCS is also working on the “kiosk effort” to provide the Cerner HealtheLife application on a CDCR workstation that will operate on the current Incarcerated Education network. As of the end of this reporting period, CCHCS, CDCR and Oracle/Cerner teams are working on the registration technology to allow the incarcerated population to access the HealtheLife portal. Another update will be provided once the POC is successfully demonstrated.

D. Generative Artificial Intelligence

CCHCS will engage in a POC for staff to utilize a “Chat GPT” like experience allowing for greater efficiencies in obtaining CCHCS information such as policies, procedures, and reference materials. Included in this effort will be functionality for clinical staff to obtain patient data and utilization of Generative Artificial Intelligence (Gen AI) to perform comparative analysis, predictive modeling, etc. utilizing CCHCS and world data in a secure environment.

Later in 2024, there will be technology for CCHCS’ consideration that will allow clinical staff to work with the patient record conversationally, whereby Gen AI will provide a digital assistant-like experience where questions can be asked of the patient record and the digital assistant will respond with natural language, providing greater efficiency and expeditiousness for CCHCS staff to obtain patient information. Also, later this year, CCHCS will review Gen AI toolsets that provides efficiencies within our office productivity suite of applications.

E. 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 24, February 23, and March 22, 2024.

F. 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 did not use the substitute contracting process.

G. Consultant Staff Engaged by the Receiver

During this reporting period, the Receiver appointed Dean Borders as a general management consultant for the California Prison Health Care Receivership Corporation, to guide institution leadership through the delegation process.

H. Accounting of Expenditures

(i) Expenses

The total net operating and capital expenses of the Office of the Receiver for the four-month period from January through April 2024 were \$1,258,223 and \$0, 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 2024, the Receiver requested transfers of \$1,150,000 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 for FY 2023-2024 to the CPR from the State of California is \$2,435,000.

All requested funds were received in a timely manner.