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

11

12 MARCIANO PLATA, et al.,
13 *Plaintiffs,*
v.

Case No. C-01-1351-JST

14

15 GAVIN NEWSOM, et al.,
Defendants.

16

17 RALPH COLEMAN, et al.,
Plaintiffs,
18 v.

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

19

19 GAVIN NEWSOM, et al.,
Defendants.

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21 JOHN ARMSTRONG, et al.,
Plaintiffs,
22 v.

Case No.: C94-2307-CW

23

24 GAVIN NEWSOM, et al.,
Defendants.

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

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PLEASE TAKE NOTICE that Receiver J. Clark Kelso has filed herewith his Fifty-Eighth 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: February 3, 2025

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-eighth Tri-Annual Report of the Federal Receiver
For September 1 – December 31, 2024**

February 3, 2025

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.

Table of Contents

	Page
1. Status and Progress Concerning Remaining Statewide Gaps	1
A. Reporting Requirements and Reporting Format.....	1
B. Progress during this Reporting Period	2
C. Particular Problems Faced by the Receiver, Including Any Specific Obstacles Presented by Institutions or Individuals	9
2. Other Matters Deemed Appropriate for Judicial Review	11
A. California Health Care Facility – Level of Care Delivered.....	11
B. Statewide Medical Staff Recruitment and Retention	11
C. Coordination with Other Lawsuits	12
D. Master Contract Waiver Reporting.....	12
E. Consultant Staff Engaged by the Receiver	13
F. Accounting of Expenditures.....	13

Section 1: Status and Progress Concerning Remaining Statewide Gaps

A. Reporting Requirements and Reporting Format

This is the fifty-eighth report filed by the Receivership, and the fifty-second 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; nursing; pharmacy; recruitment and hiring; statewide health care grievances; institutional Chief Executive Officers (CEO); 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 24 institutions. During this reporting period, the OIG completed medical inspections at California Institution for Women (CIW), California Men's Colony (CMC), Pelican Bay State Prison, Calipatria State Prison (CAL), and California State Prison, Sacramento (SAC); draft reports are pending completion by the OIG. The OIG issued draft reports for North Kern State Prison (NKSP), Richard J. Donovan Correctional Facility (RJD), Salinas Valley State Prison (SVSP), Substance Abuse Treatment Facility (SATF), California Correctional Institution, and Avenal State Prison (ASP), and issued final reports for NKSP, RJD, and SATF. All three institutions received an adequate rating for case review and an inadequate rating for compliance review.

(ii) Delegations

As of the filing of this report, the Receiver has delegated the medical operations at 29 institutions to the CDCR Secretary's authority (three of these institutions, California Correctional Center, California City Correctional Facility, and Chuckawalla Valley State Prison [CVSP] have since deactivated). The Receiver delegated California State Prison, Los Angeles County (LAC) on December 31, 2024, and RJD on January 24, 2025.

(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.

A new eLearning course titled *Key Principles of the California Model* was released. This optional one-hour course is designed for all CDCR and CCHCS staff to introduce the CA Model and the associated pillars to increase awareness of these efforts. Contact Skills Training, which provides participants with the opportunity to learn dynamic security techniques, including professional communication and interactions, how to influence behavioral change, and engaging in de-escalation techniques, was developed and tested at San Quentin Rehabilitation Center (SQRC) and California State Prison, Corcoran (COR). Training for Trainers classes are also being offered

for instructors, as Contact Skills Training will be provided to all institution staff and headquarters custody staff in 2025 Annual Training. Participants will be provided with tools, knowledge, and skills to more effectively engage in healthy communication and dynamic security.

Support via onsite visits or virtual calls to the Resource Teams at the eight test sites continues to be a focus for the CA Model. During this reporting period, SVSP, COR, and SATF led tours which included job shadow activities for staff from Washington State Penitentiary, Washington State Department of Corrections, Clallam Bay Corrections Center in Washington, and Garner Correctional Institution in Connecticut to show CDCR's leading practices and day-to-day operations promoting positive, proactive engagement with incarcerated people inside facilities where the CA Model has been implemented. The visit created a foundation for future collaboration and innovation as partnering organizations work toward creating safer, more effective correctional environments nationwide.

(iv) Specialty Services Backlog Progress

The incarcerated population has identified the lack of advanced notice as one factor that contributes to a high rate of patients refusing scheduled specialty appointments. In response, CCHCS is continuing to develop strategies to allow for patient notification and reminders in advance of specialty consultations, including implementation of a paper notification process to notify patients in advance of their upcoming appointments.

CCHCS continues to utilize telemedicine to decrease the number of unnecessary patient transports and provide more convenient and timely care. Additionally, 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 departmental resources that can cause local program delays due to short staffing.

Efforts continue to evaluate not only active orders but future orders that transport the patient more than 120 miles each way. The Department strives to utilize more local providers, identify additional contracted providers, and in some cases, transfer the patient closer to existing resources in an attempt to decrease the number of long-distance appointments.

(v) Institution and Facility Closures

CVSP was deactivated in November 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, 12 *Armstrong* Monitoring Tours were scheduled. Plaintiffs cancelled four tours at SAC, Folsom State Prison (FSP), CAL, and COR. Plaintiffs conducted the eight remaining tours at RJD, CHCF, SVSP, LAC, Wasco State Prison (WSP), Pleasant Valley State Prison (PVSP), NKSP, and California Medical Facility (CMF). CCHCS and CDCR work in unison to ensure staff are evaluating and rectifying any concerns brought to attention during the *Armstrong*

Monitoring Tour Reports. CCHCS and CDCR continue to address any issues discovered to meet the needs of the impacted population.

After Corrections Services negotiated the specifications of a new hearing aid model with the Plaintiffs, *Armstrong* Court Expert, and a CCHCS contracted specialist, Corrections Services developed and distributed a flyer in September 2024 to inform and educate the incarcerated population on the device. The flyer highlights the updated device's features along with the specifications. It also provides clear guidance on how patients may request the device through the CDCR Form 7362, Health Care Services Request, ensuring streamlined access for eligible patients.

Corrections Services also developed a new Rules Violation Report (RVR) training available on the Learning Management System (LMS) to ensure licensed health care staff focus on alternate behavior interventions rather than the RVR process. In addition, health care staff will be limited from authoring RVRs without supervisory and managerial oversight. The Corrections Services management team has provided in-person training for Regional Health Care Executives and CEOs on expectations of the new RVR policy for licensed health care staff. The training was completed on December 19, 2024, and the corresponding memorandum, supporting documents, and LMS PowerPoint were distributed to the field on January 8, 2025.

Corrections Services continues to collect completed Reasonable Accommodation Process reviews from all institutions to ensure the panels are appropriately addressing reasonable accommodation requests and identifying and providing training as needed. Patients with vision disability codes are being re-evaluated by the Western University low vision specialist for individual assessments for appropriate accommodations. On a case-by-case basis, patients who have monocular vision may also be referred to a low vision specialist. To streamline the process, the Western University specialist began to provide onsite and offsite appointments for evaluations. The onsite appointments occurred at the following institutions: ASP, Central California Women's Facility (CCWF), CHCF, California Institution for Men, CMF, COR, FSP, High Desert State Prison, Kern Valley State Prison (KVSP), LAC, RJD, SATF, SQRC, and Valley State Prison (VSP). From September to December 2024, there were 142 patients seen for offsite appointments, and there were 30 refusals and 2 cancellations with 1 rescheduled appointment. There were 146 patients seen at onsite appointments with 35 refusals.

(vii) Healthcare Facilities Maintenance Assessments

During this reporting period, the CCHCS Health Care Facility Support (HCFS) unit conducted nine Healthcare Facilities Maintenance (HFM) assessments (RJD, SVSP, CTF, CHCF, WSP, CMF, and California State Prison, Solano [SOL]). CHCF and CMF use two entities to provide janitorial services, with individual assessments conducted for each entity. The HCFS unit published eight reports (LAC, Mule Creek State Prison [MCSP], RJD, SVSP, CTF, CHCF, and WSP). Of the published reports, all received a passing score, with 6 scoring over 90 percent (MCSP, RJD, CTF, CHCF, and WSP), 1 scoring over 80 percent (LAC), and 1 below 80 percent (SVSP).

With the exception of LAC and SVSP, the institution assessments reported this quarter continue to maintain a *Proficient* rating or increased from *Adequate* to *Proficient* (MCSP) in their rating from the previous assessment. LAC slightly decreased from the previous assessment, bringing their current score to four percentage points below the *Proficient* threshold. These ratings of *Proficient* show sustainability and consistency with the environmental services provided.

A follow-up visit to SVSP was completed in November 2024 to assess progress in the institution's overall cleanliness from the initial assessment conducted in September 2024. A memorandum outlining the follow-up inspection was sent to stakeholders in December 2024. Additional follow-up visits will ensure progress toward resolving the identified deficiencies from the initial assessment.

The HCFS unit also continues to conduct follow-up visits at SAC, with the most recent review in November 2024, to monitor the progress toward resolving critical issues identified in the October 2023 assessment. The HFM team has improved as they have given some areas additional attention; however, some service areas are still not being maintained. Floor care, policy and procedure education, and attention to detail remain areas where additional training and oversight are needed.

(viii) Health Care Infrastructure at Facilities

Health Care Facility Improvement Program (HCFIP) construction activities progress toward completion, with ten sub-projects remaining at six institutions: CCWF, CMC, COR, PVSP, SATF, and VSP. During this reporting period, SOL, VSP, and SATF completed the construction of their HCFIP sub-projects. Subsequently, HCFIP activation activities are scheduled at SOL and VSP, with the first patients anticipated by the end of January 2025. SATF completed its sub-project on December 19, 2024, and began seeing patients.

In mid-November, the CVSP final closure walkthrough was conducted with the Facility Maintenance Regulatory Compliance Branch. No deficiencies were identified in the CVSP health care areas.

Though multidisciplinary collaboration is ongoing, delays at CCWF, PVSP, and SATF are attributed to concerns from the Office of the State Fire Marshal, Fire and Life Safety Division. The contractor is scheduled to complete the work on the final installation and initiation of the phone and data lines for the last HCFIP sub-project at VSP. All of the required ancillary items are ready for deployment.

Although delays are unforeseen, the HCFIP staff continuously communicate with internal and external stakeholders on barriers to activating all HCFIP projects. Staff strive to complete HCFIP projects on time by prioritizing continuity of care and patient safety. HCFIP activities are still expected to be completed statewide in 2026.

(ix) Integrated Substance Use Disorder Treatment

Screening & Assessments

During this reporting period, approximately 30,835 patients were screened or assessed for substance use disorder (SUD) and approximately 5,575 patients were risk stratified. Of those screened and risk-stratified, 6,142 patients were referred for a Medication Assisted Treatment (MAT) evaluation and 4,928 patients were referred for substance use related Cognitive Behavioral Interventions (CBI). Additionally, CCHCS increased efforts to streamline the process for patients requesting MAT via the CDCR Form 7362, Health Care Services Request, to ensure patients are started on treatment without delay.

SUD Assessments and Cognitive Behavioral Treatment

During this reporting period, the Integrated Substance Use Disorder Treatment (ISUDT) Program Clinical Social Workers (CSW) and contracted Licensed Marriage and Family Therapists completed 2,496 National Institute and Drug Abuse Modified Assist assessments, 2,178 American Society of Addiction Medicine (ASAM) Co-Triage assessments, 1,077 ASAM Continuum assessments, and 4,079 ASAM Re-Entry Interview Script Enhancement (RISE) assessments.

ASAM RISE assessments were offered to all patients who were releasing or paroling within the next 6 months, and within 18 months for those patients with triggering events. In addition to expanding access to all patients through the ordering of ASAM RISE assessments, the CSW team continued to expand the delivery of Cognitive Behavioral Therapy (CBT) to patients statewide who are at highest risk for SUD related morbidity and mortality, with 323 participants receiving CBT during this reporting period.

With the ISUDT Behavioral Health program's continued concentration on recruitment efforts, in collaboration with Human Resources, the program has established two new civil service classifications: Marriage and Family Therapist and Clinical Counselor. Establishment of these new classifications will allow the program to recruit clinicians from a larger candidate pool to fill existing vacancies. Recruitment of these new classifications is expected to begin in early 2025.

Medication Assisted Treatment

As of the end of this reporting period, there are 18,727 patients receiving MAT, including 3,886 who newly started MAT during this reporting period. From September to December 2024, 24,051 patients had an addiction medicine appointment, 1,238 patients who were still incarcerated discontinued MAT, and 2,333 patients paroled or were released while on MAT.

Of the patients on MAT, more than 90 percent are prescribed a buprenorphine-based treatment regimen (Suboxone or Sublocade®) to treat opioid use disorder. The remaining patients on MAT are prescribed other medication regimens to treat opioid use disorder or alcohol use disorder.

CCHCS continues to evaluate patients to determine if they are candidates to receive MAT and has increased the timeliness with which patients are seen. During this reporting period, the Addiction Medicine Central Team partnered with Primary Care Providers (PCP) at various

institutions, and the Hepatitis C Central Team, to increase clinic space for MAT evaluation appointments. Along with sustainable delivery model changes that focus scheduling efforts on patients with no prior MAT evaluation refusals, the efforts resulted in successfully resolving nearly all overdue MAT evaluation appointments. As of the end of this reporting period, 27 patients are overdue for evaluation, a sharp decline compared to this time last year. Additionally, workflow and decision support tool updates have been made to expedite the MAT evaluation appointment for patients with objective SUD symptoms. Considering these changes, and having resolved the majority of the backlogged orders, CCHCS anticipates being able to deliver MAT evaluation appointments with increased timeliness, which will improve access to care.

As part of the integration of SUD treatment into primary care, the program delivered a Continuing Medical Education activity in October 2024 focused on re-engaging the disengaged patient. The training focused on the role of motivational interviewing in caring for these patients and helping them prepare for the recovery process, and encouraging them to engage with their appointments, medication, and other treatment elements. This training is part of an ongoing effort for all institutions to incorporate comprehensive SUD management, from diagnosis to MAT evaluation and ongoing follow-up, into the primary care role.

Cognitive Behavioral Interventions

During this reporting period, Aftercare was initiated at all institutions for those with SUD who complete CBI or CBT to support recovery and relapse prevention. Aftercare includes a 1.5-hour mandatory session each week for 13 weeks with materials to work on between sessions and 2 optional 1:1 sessions with an Alcohol and Other Drug (AOD) Counselor.

As of the end of this reporting period, 64 incarcerated people are participating in AOD Counselor guided, independent packet programming, 10,821 are participating in in-person programming including Aftercare, and 1,760 participated in short-term programming.

Transition Services

During this reporting period, ISUDT resource teams successfully linked 2,172 (90 percent) of 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 continuity of care. During this reporting period, 8,137 of 8,442 patients (96 percent) were offered naloxone with education for its use in the prevention of opioid overdose with an acceptance rate of 95 percent. Additionally, 2,190 of 2,318 patients (94 percent) were provided MAT upon release.

ISUDT Publications

ISUDT patients continue to receive a monthly issue of the "ISUDT Insider," a newsletter 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 The Art of Recovery, Emotional Wellness, Connections with Support Systems, and 2024 In Review, recapping the year's most powerful messages.

Peer Support Specialist Program

As of September 2024, the phase II institutions, CMC, MCSP, SAC, and SATF, have successfully implemented the Peer Support Specialist Program (PSSP). Phase III of statewide implementation concluded in December 2024 at the following five institutions: FSP, KVSP, LAC, SQRC, and WSP.

As of the end of this reporting period, 14 institutions have fully implemented the PSSP with 472 fully trained Peer Support Specialists. CDCR Peer Support Specialists now provide services in housing units or in program areas, such as ISUDT, dental, specialty, and public health. These services include, but are not limited to, support with rehabilitation and recovery, navigation of health care services, custodial and social systems and resources, conflict resolution support, crisis management, emotional support, and self-care management and advocacy.

From March to mid-October 2024, Peer Support Specialists from the five phase I institutions conducted over 29,324 individual sessions and facilitated over 2,383 groups with peers, addressing mental health and wellness, recovery and addiction, life skills, and navigation needs.

Phase IV implementation began December 2, 2024, at an additional five institutions: CHCF, COR, Ironwood State Prison (ISP), PVSP, and SOL. Phase IV institutions are actively engaging with staff and the incarcerated population to recruit program participants with an estimated implementation of April 2025.

(x) Narcan Dispensers

As part of a multipronged strategy to reduce the risk of death related to overdose, CDCR and CCHCS have made naloxone available to staff and the incarcerated population. Self-service naloxone dispensers are being installed within housing units for use by the incarcerated population and adjacent to institutional entry gates for use by staff. As of January 7, 2025, naloxone dispensers have been delivered to approximately 14 institutions. Due to the fulfillment capacity of the vendor, additional dispensers are scheduled to be delivered to the remaining institutions by the end of March 2025.

(xi) CDCR Incarcerated Tablet Initiative

The tablet solicitation process continues with vendors. It is anticipated that CDCR will award the contract in January 2025.

CCHCS continues working on the “kiosk effort” to provide the Cerner HealtheLife patient portal application on a CDCR workstation that will operate on the current Incarcerated Education network. Final work on configuring the patient portal for the production environment is in process. Further efforts to design the digital CDCR Form 7362, Health Care Services Request, continue with CCHCS program areas working with CCHCS Information Technology Services Division staff to ensure workflows are designed according to program requirements.

(xii) Generative Artificial Intelligence

As reported in the 56th Tri-Annual Report, CCHCS will engage in a proof of concept for staff to utilize a “ChatGPT” like experience allowing for greater efficiencies in obtaining CCHCS

information such as policies, procedures, and reference materials. Later in 2025, there will be technology for CCHCS' consideration that will allow clinical staff to work with the patient record conversationally, which will provide greater efficiency and expeditiousness to obtain patient information. Also, within the second half of 2025, CCHCS will review Generative Artificial Intelligence toolsets that will provide efficiencies within the Department's suite of office productivity applications.

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

(i) Healthcare Facilities Maintenance and Environmental Services

As previously reported, the multi-year California Prison Industries Authority (CalPIA) Healthcare Facilities Maintenance services contract was amended a second time to expand services to include Psychiatric Inpatient Program (PIP) areas at CMF as of August 4, 2024. As of December 2024, CalPIA filled 39 of the 46 civil service CMF PIP positions and 32 of the 62 incarcerated custodian positions when they were initially established. During this reporting period, CalPIA participated in seven recruiting events, including five in Sacramento, one in San Francisco, and one in Fairfield. During the event in Fairfield, 28 interviews were held. Other recruitment efforts include targeted mailers sent to residents within Solano County, flyers posted at community colleges in Marin and Solano Counties, joint advertisements with the California Department of Rehabilitation, posts on the California Department of Human Resources Work4CA website, and advertising on social media job seeker platforms such as Sac Jobs. All CMF PIP civil service positions have been filled at various times; however, through the natural course of attrition, vacancies have arisen. CalPIA remains committed to actively recruiting candidates to fill these roles.

(ii) Scheduling and Ducating

Since September 1, 2024, Operations Monitoring Audits (OMA) Round IX was completed at an additional eight facilities, including California Rehabilitation Center, SAC, SATF, CMF, CIW, FOL, VSP, and NKSP. Continued Round IX audits have identified the following challenges within Health Care Access Unit (HCAU) clinics: failure to achieve the performance target of 99 percent for custody access to care success rate, custody staff do not ensure patients appear for priority ducats within 60 minutes of scheduled priority ducat time, and priority ducats are not completed due to a custody reason. Additional observations by auditors included stacking multiple appointments, utilizing inappropriate outcome codes on the Strategic Offender Management System (SOMS) Health Care Access (HCA) function, providers calling for patients out of scheduled order, modified programs, and staffing levels.

On August 23, 2024, CCHCS Field Operations conducted a quarterly statewide training for all HCA Associate Wardens and Captains related to expectations and the approval process for telestaff non-budgeted, reimbursable, and event custody posts. Additionally, a training partnership with the Advanced Learning Institute is ongoing for all newly promoted sergeants and lieutenants. Training topics include the following: priority ducat importance, real time tracking of incoming and outgoing appointments on the SOMS HCA application, off-site specialty scheduling and

transportation, and an emphasis on upward communication when discrepancies arise in scheduling, arrivals to clinics, or refusals.

(iii) Transportation Vehicles

Ongoing collaboration on HCA vehicle support continues with Corrections Services, CDCR Office of Business Services (OBS), and the Division of Adult Institutions (DAI) to ensure access to care. OBS has redirected fleet vehicles by utilizing the Fleet Redirection Analysis Tool (FRAT) in its quarterly analysis process. Utilizing FRAT, the third-round redirection analysis was completed on October 11, 2024. A total of 33 HCA vehicles were redirected to various institutions with instructions to deliver the vehicles to the receiving institutions by November 29, 2024. The fourth-round redirect analysis is scheduled for January 2025.

The FRAT PowerBI Dashboard development has been deployed, allowing users to review data related to HCA vehicle fleet usage for offsite specialty appointments, Mental Health Crisis Bed transports, and PIP admission transports. Additionally, three HCA vehicles are pending installation of telematic devices. The telematic devices provide real-time Global Positioning System tracking of vehicle assets, as well as utilization data (e.g., odometer readings and trip and destination reports). The devices also provide a range of vehicle diagnostic information for maintenance needs. Going forward, all HCA transport vehicles will have telematic devices installed by CalPIA at SOL before delivery to institutions.

In November 2024, a memorandum was released to the field, which provided an expectation, with certain exceptions, for vehicles to be repaired and returned to service within 30 days. There is also a monthly reporting requirement for OBS and the Fleet Management and Acquisitions Section to report redlined vehicles and provide a summary of data to the DAI Deputy Directors of Facility Support and DAI Mission Business Managers to determine appropriate next steps.

The 56 HCA vans purchased for Fiscal Year (FY) 2023-2024 are in production and have been received in batches upon completion. As of the end of the reporting period, 20 vans are still in production with the Ford manufacturer. Of the 36 HCA vans received, 18 vans are pending modifications at CalPIA, 6 vans are a work in progress for modifications, 3 vans with Americans with Disabilities Act (ADA) wheelchair lifts are with the lift vendor, and 4 vans are ready to ship to institutions. The vehicles received are sent to CalPIA to be retrofitted with security caging modifications and ADA wheelchair lifts, as needed, before delivery to institutions. As of December 12, 2024, five vans have been distributed to institutions.

The 61 purchase orders for HCA vans have been completed and all 61 will fall under new model year 2025. OBS has requested information from the vendor on production dates with anticipated receipt of vehicles by spring or summer of 2025 based on previous years.

OBS, DAI, and CCHCS completed the CVSP transportation asset review for redirects to institutions and all assets have been transferred. Additionally, ISP will be redirecting one forklift to the SATF medical warehouse.

Lastly, OBS is in the process of finalizing a five-year HCA Fleet Acquisition Plan for FY 2025-2026 through FY 2029-2030 with \$7,000,000 in annual dedicated funding to HCA vehicle replacement.

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 71 percent of patient capacity (2,100 current population; 2,953 capacity) and 34 of the 36.5 budgeted provider positions are filled as follows:

- Physician and Surgeon: 33.5 positions, 31 filled, 2.5 vacant
- Physician Assistant: 3 positions, 3 filled, 0 vacant

As reflected in the December 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 96 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, 39 percent of institutions (12 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 29 percent (9 institutions) have filled between 75 and 89 percent of their civil service provider positions; and 32 percent (10 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 25 institutions is at or above 90 percent (refer to [Appendix 1](#)). The following summarizes the continuous recruitment efforts during this reporting period:

- CCHCS' recruitment marketing activities are generating awareness of and interest in correctional health care while expanding the candidate pipeline of PCPs. Current marketing efforts maintain a digital presence through career advertisements to providers via mobile devices and websites. Metrics gathered from past marketing efforts are continuously analyzed to ensure that messaging and media placement best position CCHCS with this candidate pool. Future efforts will include testing messaging to

determine themes that best resonate with PCPs with an updated marketing campaign currently in review.

- Since September 1, 2024, CCHCS has hired 13 new physicians, with 1 hired in the Telemedicine program, 1 hired at headquarters, and 11 hired in the institutions.
- The Telemedicine program maintains its strong recruitment trend. There was a slight increase in fill rates from 77.6 to 79.9 percent since the previous reporting period. The program currently has 3 pending hires for 6 vacancies. Recruitment for vacancies is ongoing.
- As CCHCS transitions to its recently implemented Applicant Tracking System, the CCHCS Career Site will again host program-specific web pages. These pages will optimize the historic social presence of the prior pages with updated Search Engine Optimization efforts and continual review of analytics to support positioning of the sites in digital marketing efforts.
- CCHCS is launching a new multi-page addition to the CCHCS Careers Site for Medical Services Educational Partnership Program. These pages will grow the candidate pipeline by providing students at various stages of their education with pertinent information about the organization and student opportunities, including rotations, internships, and other learning experiences with CCHCS.
- CCHCS is finalizing its FY 2025-2026 calendar of professional conferences. While travel restrictions may still impact attendance, spring 2025 events being assessed include the Osteopathic Physicians & Surgeons of California's 64th Annual Convention in Newport Beach, CA, and the American College of Physician's Internal Medicine Meeting in New Orleans, LA. While attendance at these events is under consideration, CCHCS will continue its efforts to engage with attendees at the conferences it is unable to attend via geo-targeted digital marketing messaging in addition to assessing availability of advertising or sponsorship options.
- CCHCS maintains its presence and activities on its third-party physician recruitment platform with focused marketing and direct sourcing. Recent strategic outreach activities focused on using the platform's direct email tool to engage residents and geo-target practicing physicians within California's Central Valley while still representing CCHCS' overall departmental need through job postings. While current efforts focus on providers residing in California, future strategic plans include targeting physicians in other states and California-based providers in single group practices.

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 September 4, October 4, November 7, and December 6, 2024.

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 did not use the substitute contracting process.

E. Consultant Staff Engaged by the Receiver

During this reporting period, the Receiver entered into a consultant services contract with GPS West LLC, related to the California Advancing and Innovating Medi-Cal ("CalAIM") initiative.

F. Accounting of Expenditures

(i) Expenses

The total net operating and capital expenses of the Office of the Receiver for the four-month period from September through December 2024 were \$942,897 and \$0.00, respectively. A balance sheet and statement of activity and brief discussion and analysis is attached as [Appendix 2](#).

(ii) Revenues

For the months of September through December 2024, the Receiver requested transfers of \$1,050,000 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 FY 2024-2025 to the CPR from the State of California is \$1,300,000.

All requested funds were received in a timely manner.