FUTTERMAN DUPREE DODD CROLEY MAIER LLP
MARTIN H. DODD (104363)
601 Montgomery Street, Suite 333
San Francisco, California 94111
Telephone: (415) 399-3840
Facsimile: (415) 399-3838
Email: mdodd@fddcm.com

Attorneys for Receiver
J. Clark Kelso

UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF CALIFORNIA

AND FOR THE NORTHERN DISTRICT OF CALIFORNIA

MARCIANO PLATA, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

Case No. C01-1351-JST

RALPH COLEMAN, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

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

JOHN ARMSTRONG, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

Case No. C94-2307-CW

NOTICE OF FILING OF RECEIVER'S FORTY-SECOND TRI-ANNUAL REPORT

///

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

Dated: October 1, 2019

FUTTERMAN DUPREE DODD CROLEY MAIER LLP

By: /s/ Martin H. Dodd
Martin H. Dodd
Attorneys for Receiver J. Clark Kelso

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

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

Forty-second Tri-Annual Report of the Federal Receiver For May 1 – August 31, 2019

October 1, 2019

California Correctional Health Care Receivership

Vision:

As soon as practicable, provide constitutionally adequate medical care to patients of the California Department of Corrections and Rehabilitation within a delivery system the State can successfully manage and sustain.

Mission:

Reduce avoidable morbidity and mortality and protect public health by providing patients timely access to safe, effective and efficient medical care, and integrate the delivery of medical care with mental health, dental and disability programs.

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Section 1: Status and Progress Concerning Remaining Statewide Gaps

A. Reporting Requirements and Reporting Format

This is the forty-second report filed by the Receivership, and the thirty-sixth submitted by Receiver J. Clark Kelso.

The Order Appointing Receiver (Appointing Order) filed February 14, 2006, calls for the Receiver to file status reports with the *Plata* Court concerning the following issues:

1. All tasks and metrics contained in the Turnaround Plan of Action (Plan) and subsequent reports, with degree of completion and date of anticipated completion of each task and metric.
2. Particular problems being faced by the Receiver, including any specific obstacles presented by institutions or individuals.
3. Particular success achieved by the Receiver.
4. An accounting of expenditures for the reporting period.
5. Other matters deemed appropriate for judicial review.

(Reference pages 2–3 of the Appointing Order at https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/08/2006-02-14_Order_Appointing_Receiver.pdf)

The Court's March 27, 2014, Order Re: Receiver's Tri-Annual Report directs the Receiver to summarize in each Tri-Annual Report the level of care being delivered at California Health Care Facility (CHCF); difficulties with recruiting and retaining medical staff statewide; sustainability of the reforms the Receiver has achieved and plans to achieve; updates on the development of an independent system for evaluating the quality of care; and the degree, if any, to which custodial interference with the delivery of care remains a problem.

The Receiver filed a report on March 10, 2015, entitled Receiver's Special Report: Improvements in the Quality of California's Prison Medical Care System wherein he outlined the significant progress in improving the delivery of medical care in California's prisons and also the remaining significant gaps and failures that must still be addressed. The identified gaps are availability and usability of health information; scheduling and access to care; care management; and health care infrastructure at facilities.

To assist the reader, this Report provides two forms of supporting data:

- *Appendices*: This Report references documents in the Appendices of this Report.
- *Website References*: Website references are provided whenever possible.

In support of the coordination efforts by the three federal courts responsible for the major health care class actions pending against California Department of Corrections and Rehabilitation (CDCR), the Receiver files the Tri-Annual Report in three different federal court class action cases: *Armstrong, Coleman,* and *Plata*. An overview of the Receiver's enhanced reporting responsibilities related to these cases and to other *Plata* orders filed after the Appointing Order

can be found in the Receiver's Eleventh Tri-Annual Report on pages 15 and 16. (https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/08/T11_20090601_11thTriAnnualReport.pdf)

Court coordination activities include: facilities and construction; telemedicine and information technology; pharmacy; recruitment and hiring; credentialing and privileging; and space coordination.

B. Progress during this Reporting Period

Progress towards improving the quality of health care in California's prisons continues for the reporting period of May 1 through August 31, 2019, and includes the following:

(i) Office of the Inspector General

As of the filing of this report, the Office of the Inspector General has initiated Cycle 6 medical inspections at Ironwood State Prison (ISP); Valley State Prison; California State Prison, Los Angeles County (LAC); Wasco State Prison; California Correctional Center (CCC); and California State Prison, Solano (SOL).

(ii) Delegations

As of the filing of this report, the Receiver has delegated to CDCR authority for the medical operations at 19 institutions. No additional delegations were made during this reporting period.

(iii) *Armstrong*

A new contract with Interpreters Unlimited Group was implemented July 1, 2019. The contract provides California Correctional Health Care Services (CCHCS) staff with Video Remote Interpretation services for patients requiring a Sign Language Interpreter. Additional enhancements include audio and video acuity, increased bandwidth, and increased availability of interpreters.

Durable Medical Equipment (DME) reconciliation efforts continue. As of July 1, 2019, Priority 1 discrepancies, which include class members with missing DME, were 96 percent complete. Institutions are completing the remaining Priority 1 discrepancies. The remaining Priority 2 discrepancies consist of documentation errors reflected within the Strategic Offender Management System (SOMS) and the Electronic Health Records System (EHRS) as well as errors comporting information between the SOMS and EHRS systems. Field Operations and Information Technology staff are working together to develop an on-demand report that will allow institution staff to self-audit and correct DME documentation discrepancies continuously.

(iv) Electronic Health Records System

The EHRS was successfully implemented at all institutions statewide as of November 2017. The remaining functionality includes solutions which will reduce paper processes and simplify the delivery of medical information. As of August 30, 2019, six institutions implemented Cerner Direct. This functionality provides CCHCS the ability to utilize Health Insurance Portability and Accountability Act compliant secure electronic communication to send and receive patient data

from the EHRS. Staff will select documents from the patient's chart, including the transition of care referral summary, to send to external providers who utilize the Cerner Direct messaging solution.

(v) Integrated Substance Use Disorder Treatment

Effective July 1, 2019, the California Legislature approved funding for implementation of the Integrated Substance Use Disorder Treatment (ISUDT) Program described in the forty-first Tri-Annual Report. The project begins fiscal year (FY) 2019-20 and allocates 280.2 positions and $71.3 million from the General Fund with an additional 150.8 positions and a total of $161.9 million from the General Fund in FY 2020-21.

On July 17, 2019, the Receiver and CDCR Secretary Ralph Diaz issued a joint memorandum to all departmental staff announcing the ISUDT Program as a critical, departmental initiative. The joint memorandum requires coordination and active involvement from nearly all business areas within CDCR and CCHCS to provide timely, effective, and evidence-based treatment and transitions to incarcerated individuals with SUD.

ISUDT Project Management Planning and Implementation (P&I) efforts encompass Business Team Sponsors and Leads at the directorate level overseeing seven business areas including the following:

- Human Resources and Employee Wellness;
- Staff Training and Development;
- Programming and Supportive Housing Space;
- Cognitive Behavioral Therapy Services;
- Clinical Services;
- Transition Services; and
- Communication and Change Management.

The ISUDT Program has assigned a Project Executive to provide day-to-day project oversight, ensuring involvement and coordination among all stakeholders to achieve project goals on time, within scope, and to lead the P&I weekly workgroup. The project has established an Executive Steering Committee that meets monthly to serve in an advisory role, providing direction on policy and resource allocations, and is co-chaired by Secretary Diaz and the Receiver.

In the first two years, the project scope encompasses establishment of the necessary infrastructure and resources to successfully implement ISUDT including the following:

- Hiring and training staff;
- Contracting with sufficient numbers of qualified counselors;
- Using standardized evidence-based curricula for behavioral group therapy;
- Obtaining adequate supportive correctional housing arrangements;
- Ensuring adequate clinical and programming space;
- Delivering Medication Assisted Treatment (MAT); and
- Providing comprehensive transition services.

Once fully developed, the ISUDT Program is expected to result in the following:

- Reductions in both SUD-related morbidity and mortality;
- Rehabilitative environments that improve safety for patients and staff;
- Reduction in overall recidivism;
- Successful reintegration of individuals into their community at the time of release; and
- Improved public safety, promoting healthy families and communities.

Elements of the plan have already begun to enroll patients and statewide implementation of the ISUDT Program will begin on January 1, 2020, with plans to screen and risk stratify patients who are at higher clinical risk for SUD related harm, including: patients entering CDCR who are currently prescribed MAT; patients already in CDCR who have one or more events indicative of high-risk behavior; and inmates preparing to leave CDCR within 15-18 months.

(vi) CDCR Heart Healthy Diet and Menu

The Division of Adult Institutions (DAI), in partnership with CCHCS, reviewed the current CDCR Heart Healthy standardized menu with the goal of achieving dietary requirements while also providing healthy choices for inmates with diabetes mellitus and obesity. To achieve this goal, DAI and CCHCS collaboratively developed the FY 2019-20 Heart Healthy standardized menu using the current healthy eating pattern as recommended by the 2015–2020 Dietary Guidelines for Americans effective July 1, 2019. This allows DAI to continue providing the general population inmates, as well as inmates living with diabetes mellitus and obesity, the ability to identify carbohydrates in their diet and make educated food choices. The four-week menu cycle allows for appropriate forecasting, reduction of food waste, and improvement in the variety to the inmate population. Other factors considered in the menu development include, but are not limited to: inmate meal preferences, plate waste and food acceptability, increased focus on added fruits and vegetables, and identification of carbohydrate exchanges to enhance portion control for inmates living with diabetes. To date, the new menu has received favorable reviews from inmates, and medical staff have begun to report better control for inmates with diabetes.

(vii) Health Care Department Operations Manual and Medical Care Regulations

On July 1, 2019, the Health Care Department Operations Manual (HCDOM) was published and released statewide to all CDCR and CCHCS staff. The HCDOM combines the policies and procedures previously contained within the Inmate Medical Services Policies and Procedures and the Inmate Dental Services Program Policies and Procedures and mirrors the format of the Department Operations Manual (DOM). The Mental Health Services Delivery System Program Guide remains in place.

Also on July 1, 2019, emergency regulations related to medical care were filed with the Secretary of State and became effective statewide. The medical care regulations, which are published in the California Code of Regulations, Title 15, contain regulatory elements of the HCDOM. Adoption of the emergency medical care regulations established comprehensive health care regulations for the provision of care to patients, aligned regulatory language with current department processes, and repealed obsolete and outdated regulations related to medical care.

CCHCS is currently in the process of completing a regular Administrative Procedure Act rulemaking action to permanently adopt the emergency regulations.

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

(i) In-State and Out-of-State Contracting for Community Correctional Facilities

As of August 31, 2019, the population count at the six in-state contracted modified community correctional facilities (MCCF) and the one in-state female correctional re-entry facility (FCRF) was 3,721, with a budgeted capacity of 4,115. McFarland FCRF was closed to intake in November 2018 due to an inadequate audit result. Based on improvements since that time, it was reopened to limited intake in February 2019. In July 2019, intake resumed after significant physician performance improvements were noted and is currently at 95 percent of capacity. On August 12, 2019, CDCR officially announced Central Valley MCCF will close on September 30, 2019.

The last of the out-of-state facilities, La Palma Correctional Center, closed on June 26, 2019. Approximately thirteen years after the issuance of the Governor's emergency proclamation to relieve prison overcrowding in October 2006, CDCR no longer houses inmates out-of-state.

During the reporting period, the last three of the seven on-site annual audits for 2019 were conducted and all seven audit reports were published. Below is a summary of each facility's annual audit rating.

2019 Annual Overall Audit Rating by Facility

Private Facilities		*Public Facilities*	
Central Valley MCCF	**Inadequate**	Delano MCCF	**Proficient**
Desert View MCCF	**Inadequate**	Shafter MCCF	**Adequate**
Golden State MCCF	**Inadequate**	Taft MCCF	**Adequate**
McFarland FCRF	**Inadequate**		

The inadequate components contributing to each facility's compliance rating are illustrated below. Specific areas of non-compliance are related to the facility's policies and procedures, training, health care grievance process, emergency medical response and/or drill incident packages, and physician case review.

Average Facility Score by Component

Administrative Components		
1	Administrative Operations	**75.5%**
2	Internal Monitoring and Quality Management	**73.8%**
3	Health Care Staffing	**63.4%**
Medical Components		
4	Access to Care	**85.4%**
5	Diagnostic and Specialty Services	**86.4%**
6	Health Care Transfer	**89.3%**
7	Medication Management	**80.4%**
8	Preventive Services	**80.4%**
9	Emergency Medical Response	**74.0%**
10	Clinical Environment	**92.8%**
11	Quality of Nursing Performance	**90.8%**
12	Quality of Provider Performance	**75.5%**

In July 2019, the process to re-examine each facility's failing component(s) began with the Taft MCCF audit. These audits will conclude in December 2019.

(ii) Transportation Vehicles

As reported in the forty-first Tri-Annual Report, health care vehicles yet to be received from the Fleet Acquisition Plan for FY 2016-17 included two ambulances for Sierra Conservation Center (SCC) and CCC, which were delivered for retrofitting on June 11, 2019, and June 24, 2019, respectively. Additionally, one paratransit bus expected to be received by August 30, 2019, has been delayed by the vendor until October 16, 2019. As of August 31, 2019, there are a total of 30 vehicles requiring inspection by the Department of General Services prior to delivery to CDCR for retrofitting at SOL.

(iii) Health Care Infrastructure at Facilities

Several sub-projects were activated during this reporting period. The more notable activations include the new E yard primary care clinic at California Correctional Institution (CCI); renovation of B yard medication distribution room at Correctional Training Facility (CTF); renovated central health services specialty and staff support at Deuel Vocational Institution (DVI); renovation of Building 5 medication distribution room at Folsom State Prison; new Administrative Segregation Unit primary care clinic at Kern Valley State Prison; new D yard primary care clinic at North Kern State Prison; new pharmacy, renovation, and addition of D yard primary care clinic, and renovation of the Triage and Treatment Area at Richard J. Donovan Correctional Facility (RJD); and renovation and addition of C yard primary care clinic at SCC.

The following chart indicates the original baseline completion date, the previously reported revised completion date, and the further revised completion date as of August 31, 2019. Three projects, CCI, CTF, and SCC, are ahead of schedule. Three projects, ISP, Chuckawalla Valley State Prison, and Centinela State Prison, have not delayed since the previous reporting period for construction completion. All other projects are showing a delay from the previous reporting

period for construction completion with the greatest delay at Pleasant Valley State Prison of 281 days. DVI completed construction on March 27, 2019, and the final sub-project activated on September 16, 2019.

	Baseline Construction Completion Date	**April 30, 2019 Revised Construction Completion Date**	**August 31, 2019 Revised Construction Completion Date**
VSP	January 27, 2016	January 14, 2020	May 1, 2020
SAC	November 7, 2016	December 31, 2019	June 26, 2020
CMF	February 10, 2017	January 8, 2020	April 7, 2020
HDSP	April 17, 2017	February 18, 2020	June 28, 2020
CCI	May 1, 2017	April 16, 2020	March 31, 2020
RJD	May 26, 2017	May 30, 2019	July 19, 2019
WSP	June 19, 2017	June 2, 2020	September 2, 2020
NKSP	July 4, 2017	January 3, 2020	May 4, 2020
SATF	July 28, 2017	November 8, 2019	February 6, 2020
COR	July 31, 2017	July 6, 2020	September 23, 2020
CTF	September 18, 2017	November 30, 2021	August 16, 2021
SVSP	September 20, 2017	May 31, 2019	August 1, 2019
CIM	September 26, 2017	January 31, 2021	March 3, 2021
CCC	October 16, 2017	January 31, 2021	November 1, 2021
SOL	November 6, 2017	October 20, 2020	April 22, 2021
SCC	December 14, 2017	October 31, 2021	June 14, 2021
FSP	December 21, 2017	June 16, 2020	July 15, 2020
CMC	December 22, 2017	June 23, 2020	December 29, 2020
KVSP	January 13, 2018	February 14, 2020	May 21, 2020
CCWF	February 16, 2018	May 19, 2020	October 20, 2020
PVSP	March 30, 2018	June 30, 2020	April 7, 2021
PBSP	August 9, 2018	August 28, 2020	February 25, 2021
ISP	February 19, 2019	October 28, 2020	October 28, 2020
CVSP	February 28, 2019	January 14, 2021	January 13, 2021
CAL	June 15, 2019	November 19, 2020	June 2, 2021
CEN	September 1, 2019	December 16, 2020	December 16, 2020

(iv) Scheduling and Ducating

Subsequent to the Scheduling and Ducating Program Review that was conducted at California State Prison, Sacramento, in the last reporting period, thorough evaluations of access to health care programs have been completed at the following institutions:

1) California State Prison, Corcoran (COR)
2) LAC
3) Salinas Valley State Prison (SVSP)
4) RJD
5) Mule Creek State Prison

One month prior to the Special Reviews of these institutions, the Wardens and Chief Executive Officers received a "lessons learned" document provided by Corrections Services, with direction that the institutions take immediate steps to be compliant with the HCDOM and Health Care

Access Unit standards. The goal of providing the Special Review information in advance was to provide the institutions an opportunity to self-correct prior to the on-site review.

During the subsequent reviews, the following universal issues of concern were identified at COR, LAC, SVSP, and RJD:

1) Scheduling
   - Enhanced communication is required.
   - Formalized training is necessary.
   - Scheduling and provider availability needs to be more consistent.
2) Ducating
   - Supervisory monitoring of the ducat process is required to ensure compliance with policy.
   - Provider adherence to ducat times and the Master Pass list requires improvement.
   - More consistency in generating Rules Violation Reports (inmate disciplinary write-up) for health care service refusals is necessary.
3) Operations
   - Provider and patient confidentiality during health care encounters (e.g., doors are propped open or discussions through holding cells) requires improvement.
   - Staff compliance with policy and procedure needs to be more consistent.
   - Application of security precautions requires greater utilization.
   - Staff access to personal safety devices needs improvement.
   - Operational hours need to be more consistent with staff reporting hours.
   - Staff completion of formalized training requires improvement.
   - Development of DOM supplements and/or Local Operating Procedures is required.
4) Technical Applications
   - Increased access to required computer applications (e.g., SOMS) is necessary.
5) Real-time utilization of the SOMS Health Care Access (HCA) application needs to occur.

Issues identified during the Special Reviews will continue to be monitored by Field Operations to include the following:

1) Expanded and detailed Access Quality Report analysis using data from the SOMS HCA application;
2) New and revised questions in the Operational Monitoring Audits Guide to better identify and monitor issues discovered during the Special Reviews; and
3) Access to care training will be implemented by the Office of Training and Professional Development in annual institutional off-post training for the upcoming year.

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. CHCF opened a 30-bed Palliative Care Services Unit in July 2018

and a 30-bed Memory Care Unit in February 2019. As of August 2019, CHCF is just under 95 percent capacity (2,792 current population; 2,951 capacity) and as of July 31, 2019, 33.5 of the 36 budgeted provider positions at CHCF are filled as follows:

- Physician and Surgeon (P&S): 32 positions, 29.5 filled, 2.5 vacant
- Nurse Practitioners: 1 position, 1 filled, 0 vacant
- Physician Assistants: 3 positions, 3 filled, 0 vacant

As reflected in the September 2, 2019, Primary Care Provider Vacancy/Coverage Report (Refer to Appendix 1), civil service telemedicine providers and contract registry providers are utilized to deliver care at CHCF, which increases the coverage to just over 101 percent for providers.

B. Statewide Medical Staff Recruitment and Retention

CCHCS has made significant progress and substantially resolved the challenges present at the beginning of the Receivership, which were outlined in the March 10, 2015, *Special Report: Improvements in the Quality of California's Prison Medical Care System*. Since that time, CCHCS has developed strategies to adapt and respond to new challenges. 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 quality health care services to patients in a timely manner through a stable provider workforce. The following summarizes the continuous recruitment efforts during this reporting period:

- The expanded media outreach combined with a CCHCS streamlined hiring process has produced positive results. Since January 2019, CCHCS has hired 46 new physicians, with 12 hired into the Telemedicine Program, 1 hired at headquarters, and 33 hired at institutions. Two new Advanced Practice Providers were hired.
- The Telemedicine Program is experiencing continued recruitment and health care delivery success. The program has expanded to 56 primary care provider (PCP) positions. As of August 31, 2019, the current telemedicine provider workforce is 95.7 percent filled, with one hire pending.
- The 15 percent pay differential strategy was broadly implemented in July 2017 for 13 institutions with historically hard-to-recruit missions or locations. Since that time, 56 external hires have been made, an increase of 14.3 percent since the last report. As of August 31, 2019, 6 of the 13 institutions are staffed above 90 percent with civil service providers, 5 are staffed between 80 and 89 percent, and only 2 institutions are staffed below 80 percent. Additionally, all 13 institutions have experienced an increase in fill rates since July 2017 with minimal fluctuations. While initial interest consisted primarily of current CCHCS physicians, the majority of hires now consist of externally-recruited physicians.
- In an effort to highlight statewide physician opportunities and further increase the streamlined hiring experience for PCP candidates, CCHCS is developing recruiting landing pages for the CCHCS website. These new landing pages will allow candidates to easily access recruiter's contact information and highlight salary/benefits of working with CCHCS.

- To provide additional support to continue the success of CCHCS' PCP hiring efforts, CCHCS has contracted with Merritt Hawkins, a nationwide recruitment firm. This contract will provide CCHCS assistance with recruiting PCP candidates for its most difficult-to-recruit locations and help to ensure a continuous candidate pipeline for all CCHCS PCP vacancies.
- CCHCS is contracting with an external marketing firm to redesign its PCP recruitment marketing campaigns. The firm will develop new marketing and branding concepts based on current best practice for PCP recruitment efforts with the ultimate goal of delivering a strategic marketing campaign that supports CCHCS' image as a modern and current health care provider.
- CCHCS' relocation assistance program for PCP hires relocating from outside of California has shown initial signs of success. Research was recently conducted to ensure the maximum repayment amount remains consistent and competitive with the private sector. As a result of that research, CCHCS will be requesting an increase in the maximum repayment amount for which it has delegated authority.
- To remain competitive as PCP recruiters, CCHCS is securing membership for recruiters with the Association for Advancing Physician and Provider Recruitment (AAPR). In addition to membership, recruiters will be enrolled in AAPR's Fellowship Program designed to elevate their recruiting skills.

As of July 31, 2019, 31 percent of institutions (11 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 46 percent (16 institutions) have filled between 75 and 89 percent of their civil service provider positions; and 23 percent (8 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 25 institutions is at or above 90 percent (refer to Appendix 1).

C. CCHCS Data Quality

The Receiver continues to assess the impact of the EHRS implementation on the integrity of data presented in CCHCS performance reports and operational tools. As referred to in the thirty-ninth Tri-Annual Report, effective June 15, 2018, the Receiver engaged the firm of Manatt, Phelps & Phillips, LLP (MPP) to analyze data collection and validation processes at CCHCS that are used to compile health care delivery performance statistics published on the CCHCS Health Care Services Dashboard. MPP worked with information technology and software experts from Intueor Consulting, Inc. (Intueor) to evaluate the accuracy of 16 Dashboard measures with suspected data integrity issues, which include seven clinician access metrics, five DME access metrics, two workload metrics, a disease management metric, and a health information management metric.

Applying techniques consistent with international standards, Intueor experts evaluated the systems and processes that load patient data into CCHCS-hosted databases ("data capture" operations) and transfer and extract data from state repositories to CCHCS databases ("data transfer" operations). In addition, Intueor conducted a detailed software code review and software engineering analysis for each data processing step included in a specific measure, which involved "a detailed assessment of the software logic used to derive results in the Public

Dashboard." Intueor compared CCHCS-defined business rules, exceptions, and filters as described in the Dashboard Glossary with the actual code generating data. To assess accuracy, Intueor independently recalculated results using the same data set that was the basis for the June 2018 Public Dashboard (the most recently published Public Dashboard at the time Intueor began this analysis).

On August 27, 2019, MPP produced a 23-page final report with findings and recommendations, concluding that Dashboard reporting for these 16 measures is highly accurate. Independent coding of the same metrics by Intueor yielded the same results or results within 1 percent of what the Dashboard published for all 16 measures investigated. MPP identified minor flaws in Dashboard reporting in the following two categories:

1) Minor errors in Glossary specifications when compared to actual code logic: For 7 of the 16 measures, business rules depicted in the glossary accurately aligned with code construction; for 9 measures, there were technical disparities between the stated business rules and the way the code functioned, such as citing a data source in the Glossary that has since been decommissioned. MPP recommended addressing those minor discrepancies in glossary documentation.
2) Software discrepancies: Intueor found that 3 measures dropped data for the last day of the reporting month, a problem that has since been remedied. Also, some patient data did not correctly link with the correct care team for some measures, particularly in instances when a patient moved around the time of a health care event. The care team linking issue did not impact Public Dashboard reporting because the Public Dashboard provides performance at the statewide and institution levels only.

MPP opined that all of these identified issues could be handled with "modest corrective action," bringing these 16 measures, which are 99 percent accurate, to higher levels of reliability. CCHCS has been making changes to improve performance per Intueor's findings over the course of the past year and will take action on all recommendations in this report by the end of 2019.

D. Coordination with Other Lawsuits

Meetings between the three federal courts, *Plata, Coleman,* and *Armstrong* (Coordination Group) class actions have occurred periodically. The Coordination Group met on June 10, 2019, and August 30, 2019.

E. Master Contract Waiver Reporting

On June 4, 2007, the Court approved the Receiver's Application for a more streamlined, substitute contracting process in lieu of State laws that normally govern State contracts. The substitute contracting process applies to specified project areas identified in the June 4, 2007, Order and in addition to those project areas identified in supplemental orders issued since that date. The approved project areas, the substitute bidding procedures, and the Receiver's corresponding reporting obligations are summarized in the Receiver's Seventh Quarterly Report

and are fully articulated in the Court's Orders, and therefore, the Receiver will not reiterate those details here.

The Receiver did not use the substitute contracting process during this period.

F. Consultant Staff Engaged by the Receiver

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

G. Accounting of Expenditures

(i) Expenses

The total net operating and capital expenses of the Office of the Receiver for the FY ending June 30, 2019, was $2,644,556 and $0.00, respectively. A balance sheet and statement of activity and brief discussion and analysis is attached as Appendix 2.

For the two months ending August 31, 2019, the net operating and capital expenses were $398,358 and $0.00, respectively.

(ii) Revenues

For the months of May and June 2019, the Receiver requested transfers of $800,000 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 the FY 2018-19 to the CPR from the State of California is $2,625,000.

For the months of July and August 2019, the Receiver requested transfers of $400,000 from the State to the CPR to replenish the operating fund of the office of the Receiver.

All funds were received in a timely manner.