

1 FUTTERMAN DUPREE DODD CROLEY MAIER LLP  
MARTIN H. DODD (SBN: 104363)  
2 601 Montgomery Street, Suite 333  
San Francisco, California 94111  
3 Telephone: (415) 399-3840  
Facsimile: (415) 399-3838  
4 Email: [mdodd@fddcm.com](mailto:mdodd@fddcm.com)

5 Attorneys for Receiver  
J. Clark Kelso

6  
7

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

11 MARCIANO PLATA, et al.,  
12 *Plaintiffs,*

13 v.

14 GAVIN NEWSOM, et al.,  
15 *Defendants.*

Case No.: C01-1351-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 **FORTY-FOURTH TRI-ANNUAL REPORT**

28 ///

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

PLEASE TAKE NOTICE that Receiver J. Clark Kelso has filed herewith his Forty-Fourth 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: June 1, 2020

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-fourth Tri-Annual Report of the Federal Receiver  
For January 1 – April 30, 2020**

**June 1, 2020**

**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
<b>1. Status and Progress Concerning Remaining Statewide Gaps.....</b>	<b>1</b>
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.....	5
<b>2. Other Matters Deemed Appropriate for Judicial Review .....</b>	<b>8</b>
A. California Health Care Facility – Level of Care Delivered.....	8
B. Statewide Medical Staff Recruitment and Retention.....	8
C. Coordination with Other Lawsuits.....	9
D. Master Contract Waiver Reporting.....	10
E. Consultant Staff Engaged by the Receiver.....	10
F. Accounting of Expenditures.....	10

## Section 1: Status and Progress Concerning Remaining Statewide Gaps

### A. Reporting Requirements and Reporting Format

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

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

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

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

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

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

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

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

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

can be found in the Receiver's Eleventh Tri-Annual Report on pages 15 and 16. ([https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/08/T11\\_20090601\\_11thTriAnnualReport.pdf](https://cchcs.ca.gov/wp-content/uploads/sites/60/2017/08/T11_20090601_11thTriAnnualReport.pdf))

Court coordination activities include: health care contracting; facilities, construction, and activation; telemedicine, information technology, and the Electronic Health Records System (EHRS); nursing; pharmacy; recruitment and hiring; statewide health care grievances; institutional Chief Executive Officers; credentialing and privileging; and space coordination.

## **B. Progress during this Reporting Period**

To address the global COVID-19 outbreak and State of Emergency in California, response efforts were implemented by the CDCR and California Correctional Health Care Services (CCHCS) to minimize the impact of COVID-19 on inmates, staff, and operations. These response efforts are on-going and continue as the situation requires. An overview of steps the Department has taken in response to COVID-19 can be found on the CDCR and CCHCS websites at <https://www.cdcr.ca.gov/covid19/covid-19-response-efforts/> and <https://cchcs.ca.gov/covid-19-interim-guidance/>.

While the focus on mitigating COVID-19 has been the highest priority, progress towards improving the quality of health care in California's prisons continues for the reporting period of January 1 through April 30, 2020, and includes the following:

### **(i) Office of the Inspector General**

As of the filing of this report, the Office of the Inspector General (OIG) completed Cycle 6 medical inspections at Valley State Prison (VSP); California State Prison, Los Angeles County (LAC); Wasco State Prison (WSP); California Correctional Center (CCC); California State Prison, Solano (SOL); California Rehabilitation Center (CRC); and California State Prison, Corcoran (COR). The OIG has issued draft reports for VSP; LAC; and WSP. Draft reports for CCC and SOL are pending completion by the OIG. Due to COVID-19, the clinician site visits for CRC and COR were not completed as scheduled but will occur at later dates in Cycle 6.

### **(ii) Delegations**

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

### **(iii) Armstrong**

All parties in the *Armstrong* case completed the majority of the joint audit tool review in February 2020, excluding seven questions in the sustainability section which require additional discussion. The approved document review sections of the joint audit tool were utilized at Salinas Valley State Prison (SVSP), California Medical Facility (CMF), and Pleasant Valley State Prison (PVSP) on a trial basis. Minimal challenges were identified in the methodology sections, and CCHCS continues to collaborate with stakeholders to address concerns and refine processes; however, future workgroup efforts related to the joint audit tool and position papers for disputed

items are pending. Parties accomplished minimal progress after February 2020, based on the shift of departmental efforts to manage the COVID-19 impact statewide. CCHCS has experienced an increase of patient-specific and systemic inquiries by Plaintiffs on behalf of *Armstrong* class members related to programming during COVID-19. Those inquiries are being responded to, as appropriate.

In an effort to provide transparency during the COVID-19 pandemic, CCHCS opted to voluntarily provide Plaintiffs with data on a weekly basis. The data includes new or existing class members with impacting Disability Placement Program (DPP) codes and indicates whether they are appropriately or inappropriately housed. Transfer restrictions associated with the COVID-19 modified programming are the contributing factor for the errors. CCHCS and CDCR are monitoring activity on a case-by-case basis to ensure housing needs are addressed and accommodations are provided. Transfers will commence when restrictions are lifted. CCHCS also provides a report to Plaintiffs indicating *Armstrong* class members who are on quarantine or isolation status.

(iv) Integrated Substance Use Disorder Treatment

During this reporting period, several Integrated Substance Use Disorder Treatment (ISUDT) operational areas were placed on hold due to COVID-19 response efforts, which requires limited movement within all 35 CDCR institutions, redirection of medical staff to support treatment efforts, and teleworking of administrative staff to mitigate impacts.

On March 15, 2020, the ISUDT Ambassador Program component was placed on hold; however, the communications team has continued to move forward with the recruitment for an Information Officer II position. This position will oversee the ISUDT Ambassador Program “relaunch,” including development of a revised communications plan, creation of virtual or printed SUD education and outreach material for the target population, and determining strategies to continue critical SUD communication in changing situational environments. The “relaunch” is tentatively scheduled for July 1, 2020.

The ISUDT Quality Management (QM) technical dashboard efforts continue during COVID-19 response efforts; however, the QM Quarter Two performance goals and on-site, institutional steering committee meetings have been placed on hold. The Lean Six Sigma team continues working on ISUDT Pre-Release and Transition Services program elements, to ensure stakeholders have statistical information and program development areas can identify operational efficiencies.

Hiring and Staff Training

The ISUDT administrative team continues hiring, training, and contracting. The hiring of Licensed Clinical Social Workers (LCSWs) is more challenging than anticipated. As of the filing of this report, nine of 43 civil service positions are filled, in addition to three registry LCSWs. The relocation plan to move LCSWs from the Santa Ana regional office to the Ontario regional office is final and scheduled to open in June 2020. This relocation has improved recruitment, as the



cost of living in Ontario is significantly lower than in the Santa Ana area. The team has also moved 12 LCSW positions from the regional office into the institutions, which is also anticipated to assist with recruitment.

Medical Services continues to recruit for a Chief Physician and Surgeon to oversee addiction medicine, while all eight addiction medicine provider positions are filled. The providers have been trained and are primarily treating patients with opiate use disorder via telemedicine. Medical Services also commenced training a subset of Primary Care Providers (PCPs) to manage patients on Medication Assisted Treatment (MAT). As of the filing of this report, there is at least one PCP at 31 of the 35 institutions who is trained in MAT. Also as of the filing of this report, 353 PCPs and Advanced Practice Providers (APPs) have completed the training necessary to apply for a Drug Enforcement Agency (DEA) X-Waiver to prescribe buprenorphine for MAT and 270 health care staff from multiple disciplines have received a DEA X-Waiver. Due to the COVID-19 pandemic, these in-person trainings have been suspended.

During this reporting period, CCHCS conducted a statewide ISUDT webinar for health care staff, which provided an educational opportunity to increase knowledge of the ISUDT program. CCHCS has begun additional training and technical support for PCPs who are evaluating and managing patients with primarily opiate use disorder. Nursing Services is developing a series of Motivational Interviewing trainings for custody staff. Unfortunately, the Focused-e-Health Innovations Systems training on the use of the American Society of Addiction Medicine CONTINUUM scheduled for March 2020 was postponed due to COVID-19. The next training is tentatively scheduled for the end of June 2020.

Cognitive Behavioral Intervention (CBI) training facilitated through the University of California, Los Angeles, began in January 2020, for contracted Alcohol and Other Drug (AOD) Counselors and Supervising AOD Counselors. As of the filing of this report, approximately 200 counselors have been prepared as trainers on the Helping Men/Women Recover (HMR/HWR) and the Texas Christian University (TCU) curriculum (Treatment Readiness and Induction Program, Getting Motivated to Change, WaySafe Risk Reduction, Straight Ahead Recovery Program, and Understanding and Reducing Angry Feelings). Due to COVID-19 training and travel restrictions, the final two training sessions for HMR/HWR and TCU curriculum are being delivered utilizing virtual technology and scheduled to be completed by June 2020. Lastly, the contract for Thinking for a Change training was executed on April 20, 2020, and the contract for Parenting Inside Out curriculum and training is with the California Department of General Services (DGS) for review and approval. CDCR and CCHCS will work with the respective vendors to develop and virtually deliver these trainings to the AOD Counselors.

Taking into consideration the diverse population needs, a supportive housing program has been established at all 35 institutions, with each having identified a minimum of 250 beds. As of April 2020, there are over 600 patients in supportive housing statewide. The ISUDT supportive housing training was piloted virtually to the subject matter experts on April 14, 2020, and the full training implementation is on target for July 1, 2020.

### Treatment, Housing, and Medication

During this reporting period, PCPs completed approximately 5,212 MAT evaluations and initial consultations; 6,458 National Institute on Drug Abuse (NIDA) Modified Assist Evaluations were completed; 5,117 patients were designated as Outpatient or Intensive Outpatient and referred to CBI; and nursing staff screened more than 13,000 patients who were within 15-24 months of release using the NIDA-Quick Screen tool. As of the end of this reporting period, there were approximately 1,700 patients receiving MAT and 4,500 patients waiting for a MAT evaluation. Although CBI was suspended on March 18, 2020, due to movement restrictions and recommended social distancing, patient care remains a priority. Thus, MAT evaluations by the trained provider team are ongoing and ISUDT clients receiving MAT continue to receive their treatment.

On April 6, 2020, CCHCS began an initiative to dispense Narcan® (naloxone) nasal spray, used to reverse opioid overdose, to all patients releasing from CDCR as part of the Naloxone Upon Release Initiative. Current data indicates that naloxone is now being offered to nearly 80 percent of patients releasing.

MAT medications continue to be stocked on-site at all institutions with the exception of methadone, which must be administered by a licensed Narcotic Treatment Program (NTP). Institutions that have methadone delivered and administered onsite by a Registered Nurse from an NTP include: Substance Abuse Treatment Facility (SATF), California Institution for Men, San Quentin State Prison (SQ), and WSP. Additional institutions scheduled to implement on-site delivery and administration of methadone in the next several months include California Institution for Women (CIW) and SOL.

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

#### **(i) In-State Contracting for Community Correctional Facilities**

Currently, there are five in-state contracted, modified community correctional facilities (MCCF) and one in-state female correctional re-entry facility. As of the end of this reporting period, the total population was 1,907, which is a decrease of 1,105 inmates during this reporting period. The CDCR Division of Adult Institutions closed Desert View MCCF on February 28, 2020. Golden State MCCF was anticipated to close on June 30, 2020; however, due to the COVID-19 pandemic, all movement has stopped. The facility will continue to house CDCR inmates until further notice.

The first audit of the 2020 annual audit cycle took place February 25—27, 2020, at Taft MCCF. The facility received a rating of Proficient with an overall score of 92.7 percent. The remaining four audits are suspended until further notice, due to COVID-19.

The facilities are following the COVID-19 guidelines issued by the Centers for Disease Control and Prevention and the California Department of Public Health, as well as orders mandated in their

respective counties. All inmate movement has stopped with the exception of urgent or emergent situations. Visitors are not allowed and staff are screened for symptoms upon entering each facility. As of the filing of this report, no inmates have tested positive for the virus.

(ii) Transportation Vehicles

During this reporting period, one Paratransit bus with modifications was completed and delivered to California State Prison, Centinela (CEN). As of the end of this reporting period, there are 26 Americans with Disabilities Act (ADA) vehicles requiring inspection by the DGS prior to retrofitting at the Prison Industry Authority facility located at SOL. A total of 21 ADA vehicles were retrofitted and a total of nine ADA vans (one per institution) were delivered to the following institutions: Avenal State Prison (ASP); CHCF; Central California Women's Facility (CCWF); LAC; California State Prison, Sacramento (SAC); Folsom State Prison (FSP); PVSP; SVSP; and VSP. Two Type II ambulances were retrofitted and delivered to CIW and Kern Valley State Prison (KVSP).

(iii) Health Care Infrastructure at Facilities

Several sub-projects were activated during this reporting period. The more notable activations include the new D yard primary care clinic at California Correctional Institution (CCI); Facility A primary care clinic at SAC; Administrative Segregation Clinic and Facility A primary care clinic at CEN; the East Facility primary care clinic at California Men's Colony (CMC); the Central Health Services Specialty Clinic, Stand-By Emergency, existing pharmacy renovation, and staff support space/minor procedure renovation at CMF; and most of the new Central Health Services Building at FSP, excluding the Triage and Treatment Area and pharmacy.

On March 20, 2020, direction was issued to cease all construction within the secure perimeters at California state prisons due to COVID-19. At that time, all construction related to the Health Care Facility Improvement Program (HCFIP) was halted as Inmate Ward Labor and general contractors went into shut-down mode, including protecting spaces that might be damaged and securing building sites. Currently, it is unknown when a decision will be made to restart construction of HCFIP projects. Following the decision to restart construction, initial progress will be slow on HCFIP and other construction projects, as many casual laborers and inmates will need to be rehired and procurement of construction materials will need to resume. As such, HCFIP completion schedules will likely be delayed longer than the shutdown period by at least a few months and potentially longer for some sites. This will extend completion of the HCFIP construction well into 2022, if not further. With the uncertainty surrounding COVID-19, projected completion dates are not included in this report.

Given the nature of the COVID-19 pandemic and the potential need for health care space, both to provide care to infected patients and also to conform to social distancing needs, several sub-projects are being activated, including clinics at SATF, Ironwood State Prison, and Chuckawalla Valley State Prison. In addition, CCHCS and CDCR reviewed HCFIP projects nearing completion that could potentially receive some level of approval for occupancy from the State Fire Marshal and submitted requests for 12 subprojects. The State Fire Marshal has approved most of the requests and CDCR is addressing issues the State Fire Marshal identified in the remaining projects

to allow for use of the spaces. CCHCS Facilities Planning and Activation Management is working with the CDCR Facility Planning, Construction and Management Division to meet the conditions of occupancy and procure equipment to activate those spaces. While some of the spaces will need to be deactivated after the COVID-19 crisis has ended, others can continue to be occupied. The spaces being requested are:

- SOL Sub Project 2.1-Central Health Services Phase 1
- CCWF Sub Project 1.2-RC Processing
- CCWF Sub Project 4-Pharmacy
- CMC Sub Project 7.2-Central Health Services Specialty Clinic
- VSP Sub Project 3.1-3.2- Facility D Primary Care Clinic
- CCI Sub Project 4.2-Facility C Primary Care Clinic
- COR Sub Project 1-3C-Facility C Primary Care Clinic
- COR Sub Project 3-4A-Facility 4A Swing Space
- COR Sub Project 3-4B-Facility 4B Primary Care Clinic
- KVSP Sub Project SP1-C-Facility C Primary Care Clinic
- NKSP Sub Project 6.1-TTA
- SATF Sub Project 1.1G-Facility G Primary Care Clinic Addition

COVID-19 has also had an impact on the ability of the Aleph Group, Incorporated (AGI), to complete the mobile medical clinic for CRC. AGI reports labor issues, as they had to significantly reduce their staffing due to COVID-19. AGI states they will complete the project during this fiscal year, but continues to make slow progress. The last completion schedule from AGI indicated they would complete and deploy the mobile medical clinic by March 6, 2020; however, they have yet to complete any of the structures and appear to be several months behind schedule.

(iv) Scheduling and Ducating

As indicated in the forty-third Tri-Annual Report, Corrections Services developed new questions and revised existing questions for the Operational Monitoring Audits (OMA) Guide in response to the Scheduling and Ducating Program Special Reviews at several institutions. The intent was to better identify and monitor future issues. Corrections Services was only able to conduct six audits in Round VIII (ASP; Correctional Training Facility; Mule Creek State Prison; California City Correctional Facility; SQ; and Calipatria State Prison) before audit activities were suspended due to COVID-19. Once audits resume, Corrections Services will report on the relative success of the revised OMA questions in addressing scheduling and ducating issues.

As a result of the Scheduling and Ducating Program Special Reviews, it was determined the number of ducats associated with Enhanced Outpatient Program (EOP) groups were a contributing factor to possible disruptions in access to care. The Receiver directed Corrections Services to develop a pilot program in which EOP group ducating would be converted to an actual job assignment in the Strategic Offender Management System (SOMS) at a single institution with an emphasis on mental health programs. The SOMS job assignment is akin to a ducat in that a job assignment card is issued to a patient. The job assignment card functions as a ducat,

providing the patient the ability to move from one location to another, without the need for a ducat to be issued. In conversations with the *Coleman* Office of the Special Master, CMC was chosen as the location for the pilot with an anticipated start date of May 1, 2020; however, this effort was postponed due to COVID-19.

## **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 the end of this reporting period, CHCF is just under 94 percent capacity (2,756 current population; 2,951 capacity) and 33 of the 36 budgeted provider positions at CHCF are filled as follows:

- Physician and Surgeon (P&S): 32 positions, 29 filled, 3 vacant
- Nurse Practitioners: 1 position, 1 filled, 0 vacant
- Physician Assistants: 3 positions, 3 filled, 0 vacant

As reflected in the April 27, 2020, Primary Care Provider Vacancy/Coverage Report (Refer to [Appendix 1](#)), civil service telemedicine providers and contract registry providers are utilized to deliver care at CHCF, which increases the available coverage to 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 timely, quality health care services to patients through a stable provider workforce. The following summarizes the continuous recruitment efforts during this reporting period:

- The strong media and recruiting outreach combined with a CCHCS streamlined hiring process continues to produce positive results. Since January 1, 2020, CCHCS hired 14 new physicians, with 2 hired at headquarters and 12 hired at institutions. Additionally, 5 new APPs were hired, with 2 in the Telemedicine Program and 3 at the institutions.
- The Telemedicine Program is experiencing continued recruitment and health care delivery success. As of the end of this reporting period, the current telemedicine provider workforce is 97.86 percent filled, with 56 PCP positions filled and 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, 69 external hires have been made, an increase of 9.5 percent since the last report. As of

the end of this reporting period, 6 of the 13 institutions are staffed above 90 percent with civil service providers, 5 are staffed between 80 and 89 percent, and 2 institutions are staffed below 80 percent. While initial interest consisted primarily of current CCHCS providers, the majority of hires now consist of externally-recruited providers.

- CCHCS continues to consult with an external marketing firm to redesign its PCP recruitment marketing campaigns. The firm is currently refining new marketing and branding concepts based on current best practices for health care recruitment efforts with the ultimate goal of delivering a strategic marketing campaign that supports CCHCS' image as a modern and current health care provider. Following the overall marketing concept, the firm will develop a niche marketing concept specifically aimed at attracting new provider hires.
- CCHCS is expanding its professional conference presence to virtual career fairs. This platform allows CCHCS to maintain a presence with potential candidates who have limited access to in-person attendance given current stay-at-home orders in place in many states. Additionally, this new medium provides CCHCS an opportunity to tap into a recruitment platform gaining momentum in health care recruitment overall. To maintain its presence with these potential candidates, CCHCS has secured digital advertising to reach virtual career fair attendees and updated recruitment calendars to include newly announced virtual career fairs.
- CCHCS is creating a Complete Candidate Engagement process to guide institution hiring programs in the critical steps needed to ensure PCP candidate connection from initial communication with the hiring manager to start date. The program will provide a step-by-step engagement process for institutions to implement similar to what candidates would encounter in the private sector. The Complete Candidate Engagement process will reflect to the candidate, and all involved, that the organization is proud of its health care work performance and that both the organization and its members are highly motivated.

As of March 31, 2020, 31 percent of institutions (11 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 43 percent (15 institutions) have filled between 75 and 89 percent of their civil service provider positions; and 26 percent (9 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 20 institutions is at or above 90 percent (refer to [Appendix 1](#)).

### **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 January 15, 2020; February 26, 2020; and April 29, 2020.

#### **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.

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

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

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

#### **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 January through April 2020 were \$794,729 and \$0.00, respectively. A balance sheet and statement of activity and brief discussion and analysis is attached as [Appendix 2](#).

(ii) Revenues

For the months of January through April 2020, the Receiver requested transfers of \$675,000 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 2019-20 to the CPR from the State of California is \$1,725,000.

All funds were received in a timely manner.