FUTTERMAN DUPREE DODD CROLEY MAIER LLP
JAMIE L. DUPRRE (SBN: 158105)
MARTIN H. DODD (SBN: 104363)
JAIME G. TOUCHSTONE (SBN: 233187)
601 Montgomery Street, Suite 333
San Francisco, California 94111
Telephone: (415) 399-3840
Facsimile: (415) 399-3838
Email: mdodd@fddcm.com
Email: jdupree@fddcm.com
Email: jtouchstone@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-SIXTH TRI-ANNUAL REPORT

PLEASE TAKE NOTICE that Receiver J. Clark Kelso has filed herewith his Forty-Sixth 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: February 1, 2021

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

Forty-sixth Tri-Annual Report of the Federal Receiver For September 1 – December 31, 2020

February 1, 2021

California Correctional Health Care Receivership

Vision:

We enhance public safety and promote successful community reintegration through education, treatment and active participation in rehabilitative and restorative justice programs.

Mission:

To facilitate the successful reintegration of the individuals in our care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative and restorative justice programs, all in a safe and humane environment.

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Section 1: Status and Progress Concerning Remaining Statewide Gaps

A. Reporting Requirements and Reporting Format

This is the forty-sixth report filed by the Receivership, and the fortieth 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: health care contracting; facilities, construction, and activation; telemedicine, information technology, and the Electronic Health Records System (EHRS); nursing; pharmacy; recruitment and hiring; statewide health care grievances; institutional Chief Executive Officers; credentialing and privileging; and space coordination.

B. Progress during this Reporting Period

(i) COVID-19 Status

Responding to the COVID-19 pandemic continues to remain the highest priority for both CDCR and California Correctional Health Care Services (CCHCS). As the number of cases continued to rise in California and throughout the country during the last quarter of 2020, CDCR and CCHCS also experienced an increase in positive cases among staff and inmates. As health care professionals and disease experts around the world learn more about transmission and control of the virus, CDCR and CCHCS continue to implement actions to slow the spread and ensure the safety of those working and living within the institutions. Response activities, tracking information, and COVID-19 related communications 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/.

As of February 1, 2021, there have been 47,458 confirmed COVID-19 patient cases throughout CDCR institutions, of which 44,326 have resolved, with 2,241 active cases within CDCR institutions. There have been 192 deaths, with approximately 50 percent of those resulting from outbreaks at four institutions [San Quentin State Prison (SQ), California Institution for Men (CIM), Correctional Training Facility, and Richard J. Donovan Correctional Facility (RJD)].

The following summary includes six sections: Policy Development, Data Analytics, Isolation and Quarantine Space, Patient Movement and Transfers, Increase in Staff Cases, and Vaccines.

Policy Development

During this reporting period, CDCR and CCHCS have continued to develop and implement policies focused on COVID-19 prevention and response. CDCR and CCHCS' policies are continually updated to reflect guidance provided by the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH), as well as lessons learned through continued efforts to curtail the spread of the virus.

Between October and December 2020, CDCR and CCHCS released various statewide memoranda regarding staff facial coverings and physical distancing requirements in institutions, facilities, headquarters and field office locations; institution screening procedures; procedure mask distribution and use; COVID-19 reporting procedures for headquarters, regional, and field offices; modified programming; and vaccinations for institutional staff and high-risk populations.

In a coordinated effort to increase staff compliance with mandatory COVID-19 testing and facial coverings, CDCR and CCHCS issued guidance related to mandatory employee COVID-19 testing and non-compliance accountability. Pursuant to the June 11, 2020, *Plata* Order Regarding Staff Testing for COVID-19, and July 1, 2020, Order Re: Baseline Staff Testing for COVID-19, all CDCR and Department of Juvenile Justice institution and facility employees are subject to mandatory COVID-19 testing. Beginning December 21, 2020, any employee who refuses to comply with mandatory COVID-19 testing is not permitted to enter the institution or facility and is placed on unapproved dock (without pay) until tested. In addition, employees that continue to refuse to comply with mandatory COVID-19 testing, properly wear facial coverings, and adhere to physical distancing are subject to progressive discipline.

Communication remains a critical piece of COVID-19 response efforts. Memoranda, resources, population communications, and COVID-19 tracking and status data continue to be updated and available on the CDCR and CCHCS websites. In addition, the Department Operations Center remains activated and continues to be the central location for COVID-19 planning, strategizing, and decision-making.

Data Analytics

From the outset of the COVID-19 pandemic, CDCR and CCHCS have leveraged data analytics to identify and protect the most vulnerable individuals within CDCR, provide targeted interventions to patients, improve adherence to policies and guidelines, and provide data to inform institution outbreak management strategies. To respond to rapidly-evolving needs, CCHCS data analysts have generated automated reports, registries, and other operational tools at an unprecedented pace during the past year.

Examples of data analytics developed by CCHCS to support COVID-19 response efforts include:

- **Automated COVID-19 Risk Score.** Since early 2020, the CDC has issued and updated guidance related to demographic factors, such as age and health conditions that may place individuals at increased risk of adverse outcomes if infected with COVID-19. CCHCS used this information to establish a weighted risk scoring system at the end of March 2020. Each inmate is assigned a risk score in accordance with his or her age and health conditions and this information is updated daily through health records, invoicing, and demographic data feeds. CCHCS has applied the COVID-19 Risk Score in a variety of areas to protect patients, including: prioritizing which inmates are moved from dormitory to cell housing; determining which inmates with long-term indeterminate sentences should be considered first for early release; and projecting community hospital bed needs for individual prison populations.
- **COVID-19 Monitoring Registry.** Issued at the end of March 2020, the COVID-19 Monitoring Registry report includes each patient housed at a particular institution and critical clinical information, including the patient's COVID-19 Risk Score, housing type, COVID-19 test results, quarantine and isolation status, and vital sign results from recent rounding. The COVID-19 Monitoring Registry provides "alert tiles" to highlight patients

who may be missing services required per guidelines, and allows for filtering by housing unit, care team, and COVID-19 status, among other options. In January 2021, CCHCS added a flagging mechanism to indicate patients who may be eligible for bamlanivimab treatment (monoclonal antibodies).

- **COVID-19 Population Tracker.** Released in April 2020 and posted on CDCR's Internet site, this report provides case status information for the inmate population and individual prisons (active case count, new cases in the past 14 days, resolved cases, and deaths), testing rates, trended data, and institution COVID-19 profiles, and represents the Receivership's first publicly-accessible report with near real-time data. The Population Tracker also includes case and testing rate comparisons with county, California, and United States populations. The tracker has become an important tool for communicating outbreak status information to inmate families and other key stakeholder groups, and has allowed CCHCS to contribute to state and national projects to monitor COVID-19 outbreak patterns, particularly those pertaining to COVID-19 impacts in congregate settings. It has been cited in numerous government reports and media articles.
- **Contact Tracing Report.** The Contact Tracing Report generates a list of all inmate contacts for the past several days, drawing from health care appointment, educational, and vocational data in CDCR databases, and lists the names of staff, cellmates, and other incarcerated individuals who came into contact with the inmate in the course of these activities, and where possible, lengths of time involved. This report, available as of May 12, 2020, facilitates contact tracing by public health staff at the institutional level.
- **Predicted Hospital Volume Report.** CCHCS developed this report in July 2020 to help institutions anticipate community hospital bed needs and collaborate with county and state public health officials in contingency plans. Updated daily to reflect an institution's current patient population, the report calculates hospital bed needs based upon the current infection rate and COVID-19 Risk Scores of the susceptible population. Institution officials can select different infection rates and view estimates of bed needs affiliated with the chosen rate.
- **Staffing Levels Analysis.** Like other health care organizations, CDCR has maintained a close eye on clinical and custody staffing levels. Not only can rapidly-expanding outbreaks pose overwhelming workload to existing staff, but outbreaks among inmates are often preceded by outbreaks among staff, leading to significant numbers of staff unable to work while recovering from COVID-19. This report pulls data from custody and nursing post databases to identify institutions and shifts beginning to see gaps in staffing or resorting to significant overtime coverage.
- **Public Health and Probation Release Tracking Reports.** Originally created to support care coordination for inmates with Substance Use Disorder (SUD) who are soon to be released to county probation or state parole, these reports provide key clinical data points to ensure former inmates retain access to medication assisted treatment and substance use treatment groups. During the pandemic, however, these reports have become an important tool to communicate with county partners on an inmate's COVID-19 status to assist public health staff in providing direction and support to returning inmates, including arranging hotel and meal vouchers for quarantine through partners like Project HOPE.

- **Pre- and Post-Transfer Registries.** CCHCS COVID-19 Screening and Testing Matrix for Patient Movement provides procedures to safely manage inmate transfers within the prison system, between higher levels of care, and to and from community settings. The Pre- and Post-Transfer Registries identify inmates scheduled for transfer in the near future, or who have recently transferred, and prompts staff to provide transfer-related services, such as COVID-19 testing, symptom screening, and quarantine in accordance with Matrix for Patient Movement requirements.
- **Outbreak Management Tool.** To support the institution-level pandemic response, health care and custody leaders at state and regional levels meet with institutions daily during COVID-19 outbreaks and review a standardized tool, which covers major categories of concern, including "hot spots" of COVID-19 infection at the institution; quarantine and isolation housing; community hospital bed needs; staff and inmate testing strategies; staff coverage; availability of personal protective equipment and other COVID-19 related equipment and supplies; and a variety of other infection prevention and control topics. In October 2020, CCHCS automated areas of the Outbreak Management Tool to pre-populate data from available reports and registries into the report. As this report continues to evolve, CCHCS will continue to pull new data points into the report, such as the recent addition of vaccination data.
- **Employee Health Program – Case Investigation Summary.** The first in what will be a suite of tools supporting Employee Health Program operations, the Case Investigation Summary assists Employee Health Program staff manage an evolving caseload of COVID-19 related contact investigations and provides information about close contacts, which is critical to taking timely action to protect patients and staff.
- **Staff and Patient COVID-19 Vaccination Registries.** In January 2021, CCHCS issued the COVID-19 Vaccine Registries to assist institutions in organizing vaccination clinics by prioritized groups (e.g., staff who work closely with high-risk inmates in inpatient settings, or patients who are age 65 and older), identify individuals who have not yet been offered the vaccine, and manage the accruing workload of second-dose administration that will come due approximately four weeks in the future.
- **COVID-19 Testing Tools.** Still a work in progress, CCHCS is working to create tracking tools that will prompt institution staff to provide COVID-19 testing of staff and patients in accordance with public health guidelines, which may differ in accordance with factors such as outbreak status, institution mission, and population dynamics.

Beyond these reports, CCHCS data analysts have responded to a large volume of requests from stakeholders ranging from individual researchers and journalists to the CDC and diplomats from other countries about a wide variety of COVID-19 topics, such as COVID-19 impacts by age, ethnicity, nationality, and health condition. Internally, data analysts continue to provide data to support development of the COVID-19 response strategy. For example, data is critical to managing vaccination logistics, as it allows for the identification of a target population, such as inmates aged 65 and older who are concentrated within a specific institution, to ascertain the appropriate number of doses that must be set aside for that particular institution. To facilitate data sharing, CDCR and CCHCS participate in the California Open Data Portal, a repository of state

government data coordinated by the Government Operations Agency. Many CDCR COVID-19 data points are posted publicly via the Open Data Portal, with daily totals dating back to the beginning of the pandemic: https://data.ca.gov/group/covid-19.

Lastly, CCHCS Information Technology staff, public health experts, and data analysts have developed data sharing agreements with Stanford University, University of California, and associated non-profit groups to leverage a wider base of analytical tools for COVID-19 response planning, including predictive modeling, and to contribute generally to larger, statewide clinical studies of COVID-19.

The Receivership has long capitalized on the power of data analytics as a planning and implementation tool for critical improvement initiatives; nearly all of the Receiver's large-scale efforts to elevate the quality of care during the past decade have incorporated data analytics tools of increasing sophistication. The public health emergency posed by COVID-19 has tested the organization's capacity to produce data analytics tools as it has never been tested before and has extended data analytics tools to new audiences both within CDCR and CCHCS and beyond.

Isolation and Quarantine Space

As learned during the COVID-19 outbreaks at SQ, CIM, and other institutions, the importance of designating and managing isolation and quarantine space at each institution is critical to prevent further spread of the virus. CDCR and CCHCS have continued to identify and set aside space at each institution and modify reserved spaces and plans for isolation and quarantine, as needed.

In light of recent data showing the number of patients in various quarantine settings, in early December, CCHCS issued guidance regarding housing options for these patients. Patients requiring post-exposure quarantine were to be housed in solid-door cells occupied by only one person, whenever possible. For quarantine cohorting, there should be no more than two persons per shared housing airspace. Institutions in which the available facilities were insufficient to achieve this standard were permitted to quarantine in groups larger than two patients, while ensuring every effort was made to find quarantine alternatives to satisfy the purpose of post-exposure quarantine. Exceptions to this rule were CHCF and California Medical Facility (CMF), as these institutions encompass different missions and operations due to their populations. Decisions about post-exposure quarantine were at the discretion of medical leadership at these two institutions.

Unfortunately, during the following two weeks, it became apparent that this guidance was ineffective and may have created more harm than good. As many institutions began to experience outbreaks of COVID-19 cases, the number of transfers necessary to comply with the previous guidance was creating a churn of patients that was potentially contributing to the spread of the virus. Additionally, the high frequency and number of transfers were increasing patient COVID-19 fatigue, resulting in a substantial increase in both refusals to transfer, and refusals of COVID-19 testing. As a result, on December 18, 2020, new guidance was issued. At institutions experiencing a massive outbreak (defined as 200 or more COVID-19 positive patients

or when the number of quarantine patients exceeds the total number of quarantine beds set aside at an institution), decisions regarding post-exposure quarantine practices and housing are now at the discretion of the Warden and Chief Executive Officer, or their designees, at the institution, in consultation with CDCR and CCHCS regional and headquarters leadership.

Patient Movement and Transfers

In accordance with public health guidance and in an effort to slow the spread of the virus, CDCR and CCHCS took further action to tighten restrictions and movement during this reporting period. Beginning on November 26, 2020, all institutions were closed to intake from county jails, until at least mid-January 2021. Additionally, institutions were placed on modified programming, which limited the movement of staff and inmates within and between institutions.

Increase in Staff Cases

CDCR and CCHCS staff at institutions, headquarters, and field offices have not been immune to the rising number of COVID-19 cases experienced across the nation. As of February 1, 2021, there have been 15,153 confirmed staff COVID-19 cases, with 13,956 resolved, and 1,197 active cases. There have been 22 staff deaths.

In response to the increase in staff cases and to prevent further spread as much as possible, CDCR and CCHCS implemented stringent staff screening and testing protocols at all institutions. On October 28, 2020, CDCR and CCHCS released a statewide memorandum with updated guidance regarding institution screening procedures. Institutions are required to conduct entrance screening for all staff, vendors, volunteers, contractors, and visitors each time they enter an institution. The screenings take place either at the parking lot entrance gate, while individuals are in their vehicles, or at a designated screening location. The screening consists of a symptom and exposure risk screening assessment consistent with current CDC guidance and a temperature measurement. In addition, several institutions initiated twice weekly staff testing due to high positivity rates. Taking into account possible side effects associated with the COVID-19 vaccine, on January 21, 2021, CDCR and CCHCS released an updated memorandum with slightly modified screening questions. In addition, to align with the entrance screening modifications, a new COVID-19 interactive entrance screening eLearning course was launched, which provides detailed entrance screening procedures.

Vaccines

In December 2020, as administration of the COVID-19 vaccine began throughout the world, CDCR and CCHCS prepared to receive allocations of the vaccine for staff and inmates. During the week of December 21, 2020, CDCR and CCHCS received approximately 18,000 doses of the Pfizer and the Moderna vaccines for immediate distribution. Administration of the vaccine was prioritized beginning with health care personnel (including both custody and clinical staff) at all institutions, and residents of Skilled Nursing Facilities (SNF) at Central California Women's Facility (CCWF), CHCF, and CMF. These institutions were selected to receive the vaccine on a priority basis, as part of Phase 1A in the statewide rollout, as they house the most vulnerable population of patients within CDCR. The vaccine is being administered by both internal health care staff and a

contractor, Emeryville Occupational Medical Center.

Beginning in December 2020, information regarding rollout schedule, benefits of the vaccine, and answers to frequently asked questions was distributed to all staff and the inmate population. The importance of receiving the vaccine resonated with many, as evident during the first phase of the rollout, when over 90 percent of patients in SNFs accepted their first dose of the vaccine. CDCR and CCHCS continue to move forward with an ambitious vaccine administration schedule, as inoculating as many individuals as possible, within both the institutions and the community, remains the best tool to control and eventually eliminate the spread of the virus.

Pursuant to guidance released by the CDPH on January 5, 2021, inmates who do not receive the vaccine as part of the high-risk priority group will receive the vaccine in Phase 1B Tier Two of the statewide rollout; however, on January 15, 2021, CDCR and CCHCS received updated guidance allowing for the vaccination of all inmates immediately following completion of vaccinations for the high-risk priority group and inmates aged 65 and older. As of February 1, 2021, 10,626 inmates and 22,689 staff have received the vaccine.

(ii) 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; California State Prison, Los Angeles (LAC); Wasco State Prison (WSP); California Correctional Center (CCC); California State Prison, Solano (SOL); California Rehabilitation Center (CRC); California State Prison, Corcoran (COR); CMF; North Kern State Prison (NKSP); Salinas Valley State Prison (SVSP); RJD; and Substance Abuse Treatment Facility (SATF). The OIG issued a draft report for COR. Draft reports for CMF; NKSP; SVSP; RJD; and SATF are pending completion by the OIG. The OIG issued a final report for CRC; CRC received an adequate rating.

(iii) 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.

(iv) *Armstrong*

During this reporting period, 25 *Armstrong* Monitoring Tours were scheduled. Plaintiffs conducted 16 *Armstrong* Monitoring Tours and cancelled nine. CCHCS continues to coordinate with CDCR in examining the *Armstrong* Monitoring Tour Reports. As reported in the forty-fifth Tri-Annual Report, CCHCS continues to participate in weekly meetings with *Armstrong* Plaintiffs, CDCR, and other stakeholders to discuss COVID-19 related matters and Court mandates. In addition, CCHCS continues to provide Plaintiffs with data related to *Armstrong* class members who are on quarantine or isolation status related to COVID-19 and whether class members who have been identified as positive for COVID-19 are appropriately or inappropriately housed. Any *Armstrong* class member found to be inappropriately housed is reported to the institution and addressed accordingly.

(v) Integrated Substance Use Disorder Treatment

Screening & Assessments

Nursing Services continues to conduct substance use screening, utilizing the National Institute on Drug Abuse (NIDA) Quick Screens, and substance use risk stratification, utilizing the NIDA Modified Assist. In addition, beginning November 2020, the Integrated Substance Use Disorder (ISUDT) Licensed Clinical Social Workers (LCSW) initiated the American Society of Addiction Medicine (ASAM) assessment for patients being released within 45 days who have a high risk of SUD. During this reporting period, Nursing Services has conducted 80 ASAM assessments for the purpose of linking patients to appropriate levels of care upon release.

Treatment Demand

As of December 31, 2020, there are 7,287 patients receiving Medication Assisted Treatment (MAT), an increase of approximately 2,527 patients since September 1, 2020. During the same time period, 973 patients have been released from CDCR while receiving MAT, and have been connected to community resources to continue their treatment to aid in successful reintegration. Despite the disruptions to health care operations related to COVID-19, assessments for SUD have continued, with an additional 4,859 patients being assessed since September 1, 2020. As of the end of this reporting period, the ISUDT program has 6,679 patients pending an initial consultation for MAT.

Provider Workforce

CCHCS increased access to provider training, technical assistance, and system wide interventions to address the number of patients waiting to be seen for MAT. The training that began in June 2020 for Primary Care Providers (PCP) to care for patients on MAT was expanded during this reporting period. The new registration process creates a pathway for providers to select more training, should they desire it. Utilizing this new training model, 87 additional PCPs and 17 physician leaders have received training.

CCHCS continues to provide technical assistance to providers in the form of a mentorship post-training, warm line, office hours, weekly meetings, and opportunities to collaborate across disciplines.

Since buprenorphine prescribing is limited to those with a Drug Enforcement Administration X-Waiver, increasing the number of X-Waived providers is critical to program success. The number of providers with an X-Waiver increased by 36 for a total of 392 (68 percent of the medical provider and leadership workforce) during this reporting period. Of those providers with an X-Waiver, 78 have increased their buprenorphine prescription limit to the maximum of 275 patients.

The CCHCS Intoxication and Withdrawal Care Guide was finalized and released in October 2020, which includes guidance on the Rapid Induction Workflow, identifying updated standards of care for treating opioid withdrawal, and appropriate emergency response for potential overdose

patients. The Care Guide also includes further instruction and guidance regarding overdose signs, symptoms and treatment, and information on treating patients in active substance withdrawal.

Medications

Concerns have increased during this reporting period regarding medication misuse and diversion. CCHCS is developing guidance for providers to identify and navigate occurrences of misuse or diversion. In conjunction with that guidance, CCHCS is developing an Alternative Agent Authorization form within EHRS to allow providers to consider alternative MAT agents, such as methadone or injectable therapies, when the desired effects of first-line, less costly agents are not achieved. In addition, CCHCS and CDCR are increasing staff awareness and education about the science and evidence behind MAT and why increasing access to needed treatments is essential to combat diversion and complications related to untreated SUD.

Transition Services

Nursing Services, in collaboration with other internal stakeholders, has effectively implemented Enhanced Pre-Release processes at 23 of 35 institutions. Enhanced Pre-Release training was provided to 23 ISUDT Resource Teams statewide (approximately 60 nursing staff). This affords the Resource Teams with a well-defined process to identify resources for linking patients to care upon release and providing warm handoffs to community providers. Due to a resurgence of COVID-19, the Enhanced Pre-Release training roll-out schedule was slowed and is expected to resume in full-force during the first quarter of 2021.

Impact of COVID-19

With continued impact from COVID-19, MAT remains an essential service which patients are able to access. However, Cognitive Behavioral Interventions (CBI) programming continues to be limited at most institutions due to movement restrictions. Despite the absence of CBI, 3,355 patients are participating in packet programming until group programming can resume. The recent surge in COVID-19 outbreaks at institutions has also hampered the ability to respond to patient demand for MAT; however, CCHCS has taken internal steps to monitor patients by priority and risk level to ensure those patients most in need are seen timely.

ISUDT Insider

Since July 2020, ISUDT patients have received a monthly issue of the "ISUDT Insider," a newsletter-style publication that includes brain-teasing activities, inspiring patient feedback, answers to frequently asked questions, and fillable journal entries. Nearly 37,000 copies of this publication have been distributed to patients.

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 is one in-state contracted, modified community correctional facility (MCCF). As of the end of this reporting period, the total population was 377, which is a decrease of 647

inmates during this reporting period. The CDCR Division of Adult Institutions closed McFarland female correctional re-entry facility (FCRF) on September 18, 2020, and Shafter MCCF on October 23, 2020. The remaining facility, Taft MCCF, is anticipated to close by June 30, 2021. Due to the anticipated closure of Taft MCCF, no remote or onsite audits are scheduled to be completed.

Taft MCCF remains closed to visitors and continues to follow the COVID-19 guidelines issued by the CDC and the CDPH, as well as orders mandated in the county. As reported in the forty-fifth Tri-Annual Report, all inmate movement in and out of the facility remains restricted to urgent or emergent situations. If an inmate is transferred to another facility or institution, the inmate must test negative prior to transfer.

During this reporting period, 195 inmates from Taft MCCF tested positive for COVID-19. McFarland FCRF and Shafter MCCF had no inmates test positive. All 195 patients testing positive were resolved. Taft MCCF had six COVID-19 positive patients parole between September 9 – 20, 2020.

(ii) Healthcare Facilities Maintenance and Environmental Services

During this reporting period, the Compliance Monitoring Unit (CMU) conducted Healthcare Facilities Maintenance (HFM) assessments at CHCF (September 2020), CIM (October 2020), California Institution for Women (October 2020), and SVSP (November 2020). The assessments are conducted utilizing an assessment guide, developed by reviewing the California Prison Industry Authority (CalPIA) HFM and PRIDE Industries contracts, and policies and procedures. Following these assessments, no institutions passed with a score of at least 80 percent. Upon completion of each institution assessment, a report is provided to both CalPIA HFM and institution leadership. Due to the state issued stay-at-home order and the rising number of COVID-19 cases, CMU postponed assessments at CMF and SATF during the month of December 2020, and will reschedule in 2021.

(iii) Transportation Vehicles

During this reporting period, two Paratransit buses with modifications were delivered to the transportation vehicle fleets at CIM and RJD. As of the end of this reporting period, there are six Americans with Disabilities Act (ADA) vehicles requiring inspection by the California Department of General Services prior to retrofitting at the CalPIA facility located at SOL. A total of six ADA vans were retrofitted and one ADA van was delivered to each of the following institutions as a replacement for decommissioned vehicles: CIM, LAC, SVSP, SATF, and WSP. Additionally, there is one ADA retrofitted van pending delivery to Sierra Conservation Center.

(iv) Health Care Infrastructure at Facilities

As previously reported, on March 20, 2020, direction was issued to cease all construction within the secure perimeters at California state prisons due to COVID-19. Construction related to the Health Care Facility Improvement Program (HCFIP) restarted in June, with specific COVID-19 related instructions on restarting provided to general contractors and Inmate Ward Labor (IWL);

however, there continue to be difficulties in restarting construction due to both staff and inmate issues for IWL. As of the end of this reporting period, construction has restarted on some level at all institutions with remaining HCFIP work.

Due to COVID-19 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 continue to be activated. During the previous reporting period, eight subprojects were activated under special permits. An additional four subprojects received special permits but were unable to open for other reasons. During this reporting period, the following subprojects were activated under special permit:

- California Correctional Institution Sub Project 4.2-Facility C Primary Care Clinic
- California Men's Colony Sub Project 7.2-Central Health Services Specialty Clinic
- SOL Sub Project 2.1-Central Health Services Phase 1 Triage and Treatment Area only
- CCWF Sub Project 1.1-Reception Center Screening

In addition, office space at CCC and High Desert State Prison was activated during this reporting period.

Until COVID-19 is resolved, construction will continue to be slow. Although CCHCS and CDCR continue to work together to address schedule fidelity and accuracy, COVID-19 continues to delay completion of HCFIP projects. As such, a major effort was recently undertaken to re-baseline project schedules to more accurately reflect actual project conditions.

The Aleph Group, Incorporated, continues to have difficulty completing the mobile medical clinic for CRC. Despite intermittent progress observed during site visits to the factory, the vendor projects completion and delivery to occur in February 2021.

(v) Scheduling and Ducating

Due to COVID-19 and in an effort to reduce the spread of the virus to staff and patients, all Operations Monitoring Audits (OMA) and Scheduling and Ducating Program Special Reviews were placed on hold during this reporting period. Once audits resume, Corrections Services will report on the relative success of the revised OMA questions in addressing scheduling and ducating issues.

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 80 percent capacity (2,360 current population; 2,951 capacity) and 34 of the 36 budgeted provider positions

at CHCF are filled as follows:

- Physician and Surgeon (P&S): 32 positions, 30 filled, 2 vacant
- Nurse Practitioners: 1 position, 1 filled, 0 vacant
- Physician Assistants: 3 positions, 3 filled, 0 vacant

As reflected in the December 28, 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 102 percent of budgeted positions for providers.

B. Statewide Medical Staff Recruitment and Retention

CCHCS is making progress in resolving 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. As of December 28, 2020, 54 percent of institutions (19 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 20 percent (7 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 26 institutions is at or above 90 percent (refer to Appendix 1). The following summarizes the continuous recruitment efforts during this reporting period:

- CCHCS' combined recruiting and candidate-focused hiring efforts continue to produce positive results. Since January 1, 2020, CCHCS hired 44 new physicians (an increase of 62.96 percent), with 4 hired in the Telemedicine program, 4 hired at headquarters, and 36 hired at institutions. Additionally, 15 new Advanced Practice Providers were hired, with 2 in the Telemedicine Program and 13 at the institutions.
- The Telemedicine Program continues to experience consistent hiring. As of the end of this reporting period, the current telemedicine provider workforce is 86.14 percent filled, with 49.1 PCP positions filled and 3 hires pending. With these hires, the program will be 91.4 percent filled.
- CCHCS has now recruited at multiple professional virtual conferences and has experienced a decrease in attendee visitation for virtual career booths in line with decreased conference attendance overall. However, virtual career fairs hosted by colleges and universities provided greater interaction with more attendees, allowing CCHCS to still maintain a presence for future health care candidate pipelines.
- CCHCS continues to promote internal physician dual appointment opportunities and the efficient hiring of providers for essential clinical coverage. Marketing outreach has

recently expanded to support the clinical efforts of the ISUDT program and COVID-related efforts.

- CCHCS is participating with other State departments and union leaders in a committee dedicated to assessing the recruitment and retention of physicians in civil service and finding targeted, applicable solutions. The findings of the committee will be presented in a report submitted to the State Legislature and the Director of the California Department of Human Resources.
- CCHCS' Complete Candidate Engagement, the 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, has been finalized and is being sent to subject matter experts for review and feedback. Upon implementation, it will provide a step-by-step engagement process for institutions to utilize, similar to the process candidates would encounter in the private sector.

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 15, 2020; November 12, 2020; and December 16, 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 reporting period.

E. Consultant Staff Engaged by the Receiver

The Receiver entered into two contracts for consulting services during this reporting period. One contract, with Destiny Coaching and Consulting, LLC, is to conduct focus groups for the United States District Court, Northern District of California, for formerly incarcerated persons to provide information regarding their experiences. The second contract, with Thai Lunch Special, LLC, is for video filming services, to inform the patient population about the benefits of COVID-19 vaccination.

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 2020, were $1,510,011 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 2020, the Receiver requested transfers of $900,000 from the State to the California Prison Health Care Receivership Corporation (CPR) to replenish the operating fund of the Office of the Receiver. An additional amount of $650,000 was accrued as of December 31, 2020, to cover all operating expenses incurred to date. These additional amounts will be requested in early January 2021. Total year to date revenue (received and accrued) for the FY 2020/2021 to CPR from the State of California is $1,800,000.

All funds were received in a timely manner.