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

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

Case No. C01-1351-JST

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

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

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

19 GAVIN NEWSOM, et al.,  
 20 *Defendants.*

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

Case No. C94-2307-CW

24 GAVIN NEWSOM, et al.,  
 25 *Defendants.*

26 **NOTICE OF FILING OF RECEIVER'S**  
**FORTY-SEVENTH TRI-ANNUAL REPORT**

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PLEASE TAKE NOTICE that Receiver J. Clark Kelso has filed herewith his Forty-Seventh 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, 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-seventh Tri-Annual Report of the Federal Receiver  
For January 1 – April 30, 2021**

**June 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-seventh report filed by the Receivership, and the forty-first 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**

### **(i) COVID-19 Status**

Responding to the COVID-19 pandemic remains a high priority for both CDCR and California Correctional Health Care Services (CCHCS). As a result of a continued commitment to patient and staff screening and testing, COVID-19 education, and a robust vaccination program, CDCR and CCHCS have seen a dramatic reduction in the number of COVID-19 cases during this reporting period. 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 May 28, 2021, there have been 49,254 confirmed COVID-19 patient cases throughout CDCR institutions, of which 48,395 have resolved and 607 were released while active, with 28 active cases within CDCR institutions. This is a decrease of more than 2,200 active cases since the previous reporting period. There have been 224 patient deaths. Active staff cases have also significantly decreased during this reporting period. There have been 16,770 confirmed staff COVID-19 cases, with 16,694 resolved, and 166 active cases. There have been 28 staff deaths.

### **Vaccines**

Beginning in December 2020, information regarding rollout schedule, benefits of the vaccine, and answers to frequently asked questions was distributed to all staff and patients. CDCR and CCHCS received their initial allocation of approximately 18,000 doses, which consisted of both the Pfizer and Moderna vaccines, during the week of December 21, 2020. Vaccination of staff and patients was scheduled in phases consistent with the California Department of Public Health's (CDPH) prioritization tiers. First priority included front line health care and custody staff at all institutions and residents of Skilled Nursing Facilities at Central California Women's Facility (CCWF), CHCF, and California Medical Facility (CMF). Subsequently, the vaccine was offered to patients statewide aged 65 and older, followed by patients with an increased risk of hospitalization or death if infected with COVID-19 (patients with an elevated "COVID Risk Score"). Eventually, the vaccine was offered to all patients and staff regardless of job classification or location.

During the month of April 2021, the Department hosted town hall forums with external stakeholders for patients at California State Prison, Los Angeles (LAC). The guests included program providers, formerly incarcerated individuals, and incarcerated legal representatives to discuss the important role vaccines play on the road to safely reopening prisons. Plans are in

progress for a second of these events to be held at Salinas Valley State Prison (SVSP).

As of the end of this reporting period, 98 percent of 95,641 patients have been offered the vaccine with an overall acceptance rate of 73 percent. Acceptance rates have been even greater among higher-risk patients:

- Patients 65 years old or greater: 90 percent
- Patients with a COVID Risk Score  $\geq 6$ : 92 percent
- Patients with a COVID Risk Score of  $\geq 3$ : 84 percent

The high vaccination rate among patients has contributed to a dramatic and sustained decline in COVID-19 cases among the incarcerated population.

As of the end of this reporting period, 43 percent of the more than 65,000 CDCR and CCHCS staff have been fully vaccinated. During the month of May 2021, the Department will be contacting every unvaccinated employee and encouraging them to accept the vaccine. Open vaccine clinics will also be held throughout the state during the month of May for eligible staff to receive their choice of either the Moderna or single-dose Johnson & Johnson Janssen vaccine. During this time, education, videos, and information regarding the importance of vaccines will be shared with staff. Additionally, the California Prison Receivership is sponsoring a vaccine rewards program with prizes totaling \$100,000 to award individuals and group efforts related to the vaccine program.

CDCR and CCHCS continue to move forward with an ambitious vaccine administration schedule, inoculating as many individuals as possible. Vaccination remains the best tool to prevent serious illness and death due to COVID-19 and to significantly decrease the spread of the virus.

#### Employee Health Program

At the onset of the COVID-19 pandemic, CDCR and CCHCS worked collaboratively to quickly establish a system for identifying and managing COVID-19 outbreaks. Although significant effort was initially placed on proper identification and management of COVID-19 spread among the patient population, a comparably robust system did not exist for staff. As the result of a joint decision between CCHCS and CDCR, CCHCS assumed oversight of employee and occupational health functions by establishing an Employee Health Program (EHP), effective October 23, 2020. The primary purpose of the EHP is to develop and implement consistent processes for the control and prevention of the spread of any communicable disease in correctional institutions, youth facilities, headquarters, regional offices, and surrounding communities.

In fall 2020, a three-phase EHP implementation began. Phase 1 included establishment of institutional EHP Core Teams (Registered Nurses, Medical Assistants, Associate Governmental Program Analysts, and Staff Services Analysts); implementation of local case investigation and contact tracing; procurement of dedicated space and office equipment; and continued onsite serial staff COVID-19 testing. Phase 2, which rolled out in February 2021, included the recruitment of Licensed Vocational Nurses to establish institutional onsite testing teams;



establishment of an information system to centralize EHP data; and design and implementation of staff COVID-19 reporting, management, and operational tools. Lastly, Phase 3, which is ongoing, includes assessing the viability of the EHP to assume responsibility of existing contracted services, such as tuberculosis and influenza monitoring, and program evaluation as it relates to staffing and scope of work.

Between October 2020 and April 2021, the EHP completed 13,262 case investigations. During this same time period, the following close contact staff tracings were completed: 10,108 minimal risk; 6,120 medium risk; and 4,403 high risk. Additionally, as of the end of this reporting period, 2.9 million COVID-19 tests have been conducted statewide. In coordination with CCHCS Quality Management, numerous tools have been developed to monitor and track EHP data, including: staff testing registry; staff testing history profile; case investigation summary report; contact tracing summary report; and return to work summary report.

Studies have shown the overall health of employees is influenced by factors both inside and outside of work. Workplace conditions can affect health and well-being at home just as activities outside of the workplace can impact health, productivity, and well-being at work. As such, the goal of the EHP is to maintain compliance with mandated health and safety regulations, develop a comprehensive program to reduce workplace hazards, and promote overall worker health and well-being. The EHP will continue to provide updates to CDCR and CCHCS leadership across all levels of the organization as decisions are made and program elements are developed and implemented.

(ii) Office of the Inspector General

The Office of the Inspector General (OIG) has completed Cycle 6 medical inspections at Valley State Prison; 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); SVSP; Richard J. Donovan Correctional Facility (RJD); Substance Abuse Treatment Facility (SATF); Folsom State Prison (FSP); California Correctional Institution (CCI); Avenal State Prison (ASP); and Kern Valley State Prison (KVSP). During this reporting period, the OIG issued draft reports for CMF and NKSP, as well as a final report for COR; COR received an inadequate rating. Draft reports for SVSP; RJD; SATF; FSP; CCI; ASP; and KVSP are pending completion by the OIG.

(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, 19 *Armstrong* Monitoring Tours were scheduled. Plaintiffs conducted 15 *Armstrong* Monitoring Tours, cancelled one, and rescheduled three to occur after this reporting period. CCHCS continues to coordinate with CDCR in examining the *Armstrong*

Monitoring Tour Reports. As reported in the forty-sixth 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. During this reporting period, Nursing Services screened approximately 4,200 patients and risk stratified approximately 4,600 patients for Substance Use Disorder. Of those screened and risk-stratified, at least 3,700 patients have been referred for Medication Assisted Treatment (MAT) evaluation and 3,900 patients have been referred for Cognitive Behavioral Interventions (CBI).

Medication Assisted Treatment

As of April 30, 2021, there are 10,014 patients receiving MAT, an increase of approximately 2,721 patients since January 1, 2021. During the same time period, 340 patients were released from CDCR while receiving MAT, and have been connected to community resources to continue their treatment and aid in successful reintegration. Despite disruptions to health care operations related to COVID-19, assessments for MAT have continued, with an additional 4,788 patients assessed since January 1, 2021. As of the end of this reporting period, the Integrated Substance Use Disorder (ISUDT) program has 5,292 patients pending an initial consultation for MAT.

The increase in the number of sublingual buprenorphine prescriptions and the time to process and administer the medication have impacted the pill line, increasing the workload at several institutions. Nursing Services continues to collaborate with Medical Services and Pharmacy in re-distributing the workload impact of buprenorphine administration and providing guidance on proper administration and observations.

Provider Workforce

During this reporting period, CCHCS expanded access for provider training and technical support. In continued efforts to expand access to care for all patients needing MAT services, the Department has required all Medical Services providers to obtain a Drug Enforcement Agency (DEA) X-waiver and complete a customized series of CCHCS trainings designed to support providers in managing patients on MAT.

The training that began in June 2020 for Primary Care Providers (PCP) to care for patients on MAT continued to expand during this reporting period, in line with departmental directives.

Continuing to utilize this training model, 196 PCPs and 80 physician leaders have received training. The remaining PCPs and physician leaders will be scheduled for training with a target completion date of June 30, 2021.

The DEA requires providers to complete a series of X-waiver specific trainings and to have an active X-Waiver to prescribe buprenorphine. CCHCS currently has 446 providers with an X-Waiver (80 percent of the workforce). Additionally, 346 providers (62 percent of the workforce) have increased their buprenorphine prescription limit from the initial limit of 30 patients up to 100 or 275 patients.

#### Transition Services

Nursing Services, in collaboration with other internal stakeholders, effectively implemented Enhanced Pre-Release processes at all 35 institutions. Enhanced Pre-Release training was provided to 12 ISUDT Resource Teams during this reporting period (36 nursing staff). The resource teams have effectively begun facilitating Pre-Release Weekly Huddles with Parole Service Associates, Transitional Case Management Program Benefit Workers, Mental Health Pre-Release Coordinators, and other partners as needed. As of April 30, 2021, the team has successfully linked approximately 574 MAT-prescribed patients to community providers for continuation of care. American Society of Addiction Medicine (ASAM) assessment training was provided to 20 Licensed Clinical Social Workers (LCSWs) during this reporting period. In addition, the LCSWs have completed 296 ASAM assessments for ISUDT high-risk patients within 30 to 60 days of discharge, to determine level of care needs in the community.

#### Cognitive Behavioral Interventions and Supportive Housing

CBI programming continues to be limited at institutions due to COVID-19 movement restrictions; however, institutions are working to get as many participants as is safely possible back to in-person programming. As of the end of this reporting period, 2,521 patients are participating in packet programming, and 3,423 are participating in in-person programming.

#### ISUDT Insider

ISUDT patients continue to receive a monthly issue of the "ISUDT Insider," a newsletter-style publication that includes brain-teasing activities, inspiring patient feedback, notes of encouragement from addiction expert Corey Waller M.D., and fillable journal entries. Over 40,000 copies of this publication have been distributed to patients since January 2021.

### **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 at Taft MCCF was 57, which is a decrease of 320 inmates during this reporting period. Taft MCCF is scheduled to close by May 31, 2021. Due to the closure of Taft MCCF, no remote or onsite audits are scheduled to be completed.

During this reporting period, one patient from Taft MCCF tested positive for COVID-19 and was subsequently resolved. On April 1, 2021, 119 of the patients housed at Taft MCCF received the Johnson & Johnson Janssen vaccine, and 89 patients refused. Taft MCCF remains closed to visitors and continues to follow the COVID-19 guidelines issued by the Centers for Disease Control and Prevention and the CDPH.

(ii) Healthcare Facilities Maintenance and Environmental Services

During this reporting period, the Compliance Monitoring Unit (CMU) conducted Healthcare Facilities Maintenance (HFM) assessments at SATF, ASP, and Pleasant Valley State Prison (February 2021); Correctional Training Facility, SOL, and two assessments at CHCF (March 2021); and California Men's Colony (CMC), Calipatria State Prison, and California State Prison, Centinela (CEN) (April 2021). 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, six of the 10 passed with a score of at least 80 percent. Follow-up site visits are scheduled and occurring for those institutions that scored less than 80 percent on the initial assessment. Upon completion of each institution assessment, a report is provided to both CalPIA HFM and institution leadership.

(iii) Transportation Vehicles

During this reporting period, three Paratransit buses with modifications were completed and delivered to the Statewide Transportation Unit (two) and Deuel Vocational Institution (DVI) (one). The vehicle delivered to DVI will be incorporated into the pool of DVI's Health Care Access designated vehicles to be repurposed upon the institution's closure on September 30, 2021. As of the end of this reporting period, there are two Americans with Disabilities Act (ADA) vehicles requiring inspection by the California Department of General Services prior to retrofitting at the Prison Industry Authority facility located at SOL. A total of six ADA vehicles were retrofitted and are pending delivery to the following institutions: CCWF (one), California Institution for Men (three), SATF (one), and COR (one). Additionally, two Type II ambulances were completed and delivered to SATF (one) and Chuckawalla Valley State Prison (one).

(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. As of the beginning of this reporting period, construction restarted on some level at all institutions with remaining Health Care Facility Improvement Program (HCFIP) work. However, COVID-19 has continued to impact construction schedules due to availability of inmates and casual labor.

HCFIP construction continues to struggle with scheduling delays related to existing facility conditions that were not adequately addressed during the design phase of the program. Most remaining HCFIP construction is being performed in existing health care facilities, including in yard clinics and central health buildings. One of the most significant delays is at NKSP, where there was an issue with spray-on fireproofing knocked loose during a previous roof replacement project. This and other compliance issues have caused delays in reopening the Reception Center

(RC) processing areas at both NKSP and WSP, causing difficulties with processing inmates transferring from county jails to state prison. These challenges have necessitated alternative options to allow for more use of existing space at both institutions to increase RC processing.

During this reporting period, the state announced the closure of CCC in Susanville. There are several HCFIP subprojects under construction at CCC that are close to completion. If these subprojects can be completed without significant effort, they will be opened to allow use until the closure of the institution on June 30, 2022. All other construction will cease at this time. Subprojects completed during this reporting period include two medication distribution rooms at CCI; the Triage and Treatment Area and pharmacy renovation at CEN; and the Pharmacy renovation at KVSP.

As reported in previous Tri-Annual Reports, the Aleph Group Incorporated (AGI) has experienced delays in completing the mobile medical clinic for CRC due to staffing and manufacturing issues; however, the clinic was ultimately delivered to CRC in April 2021. On-site work continues by AGI, Inmate Ward Labor, and Plant Operations to complete the installation. Based on current timeframes, clinic activation is anticipated to occur in July 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. Corrections Services plans on re-initiating the OMA process during the next reporting period.

As a result of the Scheduling and Ducating Program Special Reviews, the reliance on numerous ducats for Enhanced Outpatient Program (EOP) groups may potentially have a negative impact on the delivery of health care services via the ducat process. As indicated in the Forty-fourth Tri-Annual Report, Corrections Services was in the process of piloting a program at CMC to identify whether ducats related to EOP groups did impact the delivery of health care services. The program would replace movement associated with ducats for EOP groups with a job assignment, thus reducing the burden on staff and patients with the excessive number of ducats required for EOP groups. The pilot was suspended at the advent of the COVID-19 outbreak.

With CDCR and CCHCS implementing a revised “Roadmap to Reopening,” wherein institutions will program in three different phases, Corrections Services will reconstitute the workgroup with representation from the Statewide Mental Health Program, Strategic Offender Management System, CDCR Division of Adult Institutions, Office of the Special Master, and CMC leadership.

## **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 just over 83 percent patient capacity (2,451 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 April 26, 2021, 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 104 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 April 26, 2021, 43 percent of institutions (15 institutions) have achieved the goal of filling 90 percent or higher of their civil service provider positions; 31 percent (11 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 25 institutions is at or above 90 percent (refer to [Appendix 1](#)). The following summarizes the continuous recruitment efforts during this reporting period:

- CCHCS' focused recruiting and streamlined hiring efforts continue to produce a steady pipeline of candidates. As of April 30, 2021, CCHCS hired 12 new physicians, with 5 hired in the Telemedicine program, 1 hired at headquarters, 1 hired at a regional office, and 5 hired at institutions. Additionally, 1 new Advanced Practice Provider was hired at an institution.
- The Telemedicine Program continues to experience consistent hiring. As of the end of this reporting period, the current telemedicine provider workforce is 94.21 percent filled, with 53.7 PCP positions filled and 2 hires pending. With these hires, the program will be 97.72 percent filled.
- During the past fiscal year, CCHCS attended 15 virtual events targeting medical professionals and students across the healthcare field. CCHCS plans on returning to in-person conferences for the fall 2021 conference season, as many professional associations indicate their events will transition from virtual platforms back to traditional onsite meetings. CCHCS will carefully monitor this transition and work to ensure the

safety of its recruiters and subject matter experts who attend to recruit on behalf of CCHCS. CCHCS will continue to maintain a presence at the student and professional level, both at virtual and in-person recruiting events.

- CCHCS is partnering with CDCR on an expansive multi-year diversity strategic marketing plan designed to communicate both organizations' commitment to diversity, equity, and inclusion. This includes a robust recruitment campaign to educate the candidate population on CCHCS' commitment to diversity initiatives and an additional direct outreach effort to potential candidates interested in providing services to CCHCS' unique patient population.
- In support of medical programs throughout the state, CCHCS has developed targeted recruitment advertising for multiple nursing classifications at hard-to-fill locations. Print and digital advertising is implemented at the local level and includes outreach to colleges in the immediate area in order to develop robust candidate pipelines.
- 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, is ready to begin its implementation phase. An internal communication strategy is in development to launch the process.

### **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 February 11, 2021, and March 12, 2021.

### **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 one contract for consulting services during this reporting period. The contract is with Good Pictures, LLC, for video filming services, to inform staff and 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 January through April 2021, were \$1,359,044 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 2021, the Receiver requested transfers of \$1,000,000 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 \$350,000 was requested and accrued as of April 30, 2021, to cover all operating expenses incurred to date. Total year to date revenue (received and accrued) for the FY 2020/2021 to CPR from the State of California is \$3,150,000.

All requested funds were received in a timely manner.